

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **NOV 1, 2005** **and ending** **OCT 31, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EASTERN NATIONAL		D Employer identification number 23-1401703
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 470 MARYLAND DRIVE 1		E Telephone number (215) 283-6900
		City or town, state or country, and ZIP + 4 FORT WASHINGTON, PA 19034		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

Hand 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

G Website: ▶ **WWW.EASTERNATIONAL.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.**

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **30,876,890.**

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		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		153,065.
	5 Dividends and interest from securities	5		
	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 ▶ LOSS FORM SUBSIDIARY)	7		<62,937.>	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
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	30,469,256.		
	b Less: cost of goods sold	10b	15,156,727.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1	15,312,529.
11 Other revenue (from Part VII, line 103)	11		317,506.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		15,720,163.	
Expenses	13 Program services (from line 44, column (B))	13	11,845,282.	
	14 Management and general (from line 44, column (C))	14	3,223,254.	
	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		15,068,536.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	651,627.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,121,431.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		<335,193.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		7,437,865.

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>2,279,394.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 2,279,394.	2,279,394.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 390,637.	0.	390,637.	0.
26 Other salaries and wages	26 8,264,314.	6,789,178.	1,475,136.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 115,500.		115,500.	
32 Legal fees	32 54,514.		54,514.	
33 Supplies	33 635,490.	545,209.	90,281.	
34 Telephone	34			
35 Postage and shipping	35 824,794.	757,361.	67,433.	
36 Occupancy	36 237,125.		237,125.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 401,594.	194,805.	206,789.	
40 Conferences, conventions, and meetings ...	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 362,569.	158,574.	203,995.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 1,502,605.	1,120,761.	381,844.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 15,068,536.	11,845,282.	3,223,254.	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 INTERPRETIVE PROGRAMS, MUSEUM ACTIVITIES, RESEARCH ACTIVITIES, FREE PUBLICATIONS AND LIBRARY, EQUIPMENT DONATIONS, ADMINISTRATIVE AID TO SERVICE, OTHER DONATIONS.	
(Grants and allocations \$ 2,279,394.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,279,394.
b OPERATION OF SALES OUTLETS, PRIMARILY BOOKSTORES, LOCATED IN NATIONAL AND STATE PARKS IN THE EASTERN SECTION OF THE UNITED STATES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,565,888.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	11,845,282.

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	119,519.	125,770.
	46 Savings and temporary cash investments	7,094,568.	7,981,463.
	47 a Accounts receivable	145,340.	
	b Less: allowance for doubtful accounts	16,000.	129,340.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	5,187,185.	4,677,249.
	53 Prepaid expenses and deferred charges	244,944.	266,247.
	54 Investments - securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,098,305.	2,325,803.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other SEE STATEMENT 7	0.	<62,937.>	
57 a Land, buildings, and equipment: basis	3,885,951.		
b Less: accumulated depreciation STMT 8	2,876,814.	1,009,137.	
58 Other assets (describe SEE STATEMENT 9)	188,974.	78,238.	
59 Total assets (must equal line 74). Add lines 45 through 58	16,235,338.	16,530,310.	
Liabilities	60 Accounts payable and accrued expenses	2,810,477.	2,899,441.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe SEE STATEMENT 10)	6,303,430.	6,193,004.
66 Total liabilities. Add lines 60 through 65)	9,113,907.	9,092,445.	
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	7,121,431.	7,437,865.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	7,121,431.	7,437,865.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	16,235,338.	16,530,310.

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? 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.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	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
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	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.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	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?		
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	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 <u>PA, IL</u>		
90b	Number of employees employed in the pay period that includes March 12, 2005		454
91 a	The books are in care of <u>JOHN F. RYAN</u> Telephone no. <u>(215) 283-6900</u> Located at <u>470 MARYLAND DRIVE, SUITE #1, FORT WASHINGTON, PA</u> ZIP + 4 <u>19034</u>		
91b	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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91c	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 <u>N/A</u>		X
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 <u>92</u>		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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	153,065.	
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			01	<62,937.>	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					15,312,529.
103 Other revenue:					
a TAPE TOUR INCOME					1,183.
b OTHER INCOME					182,752.
c NET FEE COLLECTION					69,271.
d MANAGEMENT FEE INCOME					64,300.
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		90,128.	15,630,035.
105 Total (add line 104, columns (B), (D), and (E))					15,720,163.

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 14

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 _____ Date _____ Type or print name and title. _____

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **RSM MCGLADREY, INC.**
512 TOWNSHIP LINE RD ONE VALLEY SQ 250
BLUE BELL PA 19422

EIN: _____ Phone no.: **215.641.8600**

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 EASTERN NATIONAL	Employer identification number 23 1401703
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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 CREIGHTON</u> 470 MARYLAND DRIVE, FORT WASHINGTON,	OPER. MANAGER 40.00	92,040.	31,780.	0.
<u>BARBARA BELL</u> 470 MARYLAND DRIVE, FORT WASHINGTON,	HR MANAGER 40.00	97,861.	19,383.	0.
<u>PETER MILOVICH</u> 470 MARYLAND DRIVE, FORT WASHINGTON,	SYS. ANALYST 40.00	62,350.	10,181.	0.
<u>JASON SCARPELLO</u> 470 MARYLAND DRIVE, FORT WASHINGTON,	PRODUCTION MG 40.00	56,034.	11,968.	0.
<u>STEPHANIE MADALENA</u> 470 MARYLAND DRIVE, FORT WASHINGTON,	REG. MANAGER 40.00	66,598.	15,598.	0.
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>CREATIVE DATA SOLUTIONS</u> 104 EAST VINE STREET, HATFIELD, PA 19440	COMPUTER CONSULTANTING	215,041.
<u>RSM MCGLADREY</u> 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	ACCOUNTING AND AUDITING	134,730.
<u>PRESIDENT & FELLOWS OF HARVARD</u> HOLYOKE CENTER, ROOM 600, CAMBRIDGE, MA 02138	GRANT - GULAG PROJECT -SEMINAR	75,000.
<u>DUANE, MORRIS,HECKSCHER, ATTORNEYS AT LAW</u> ONE LIBERTY PLACE, PHILADELPHIA, PA 19103	LEGAL	55,293.
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
NONE		
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
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		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 STATEMENT 15	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.)					
16 Membership fees received		0.	250.	625.	875.
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	28,938,976.	27,085,136.	27,832,939.	28,112,415.	111,969,466.
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	69,167.	36,127.	51,849.	88,897.	246,040.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	491,824.	318,959.	SEE STATEMENT 16 200,274.	85,785.	1,096,842.
23 Total of lines 15 through 22	29,499,967.	27,440,222.	28,085,312.	28,287,722.	113,313,223.
24 Line 23 minus line 17	560,991.	355,086.	252,373.	175,307.	1,343,757.
25 Enter 1% of line 23	295,000.	274,402.	280,853.	282,877.	
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 _____ 16 875. 17 111,969,466. 20 _____ 21 _____					27c 111,970,341.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 111,970,341.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 113,313,223.					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.8149%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .2171%

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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	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	35	

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 (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		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	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

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

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	PROGRAM SERVICES							
1	SALES EQUIPMENT							
	VARIES	VAR	.000	16	365,182.		365,180.	0.
3	GETTYSBURG MAP							
	VARIES	VAR	.000	16	16,974.		16,549.	0.
6	FEE COLLECTION							
	VARIES	VAR	.000	16	747.		747.	0.
12	TABLE ROCK RESERVATION							
	VARIES	VAR	.000	16	5,231.		5,231.	0.
13	GETTYSBURG CYCLORAMA							
	VARIES	VAR	.000	16	9,929.		9,929.	0.
14	EQUIPMENT - WAREHOUSE							
	VARIES	VAR	.000	16	19,879.		17,945.	0.
15	EQUIPMENT - SALES TREDEGAR							
	VARIES	VAR	.000	16	3,134.		3,134.	0.
29	SALES EQUIPMENT - GETTYSBURG							
	VARIES	VAR	.000	16	5,998.		2,125.	0.
33	SALES EQUIPMENT - WB PAVILION							
	VARIES	VAR	.000	16	10,318.		3,956.	0.
37	POS SYSTEM-SALES							
	VARIES	VAR	.000	16	422,264.		152,705.	0.
40	SALES EQUIPMENT-REFRIGERATOR IVC							
	VARIES	VAR	.000	16	1,182.		99.	0.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES							
					860,838.	0.	577,600.	0.
	MANAGEMENT AND GENERAL							
2	AUTO EQUIPMENT							
	VARIES	VAR	.000	16	91,974.		92,327.	0.
4	OFFICE EQUIPMENT							
	VARIES	VAR	.000	16	74,835.		72,872.	0.
5	COMPUTER							
	VARIES	VAR	.000	16	756,393.		750,880.	0.
7	CAPITAL LEASES							
	VARIES	VAR	.000	16	46,697.		46,697.	0.
8	LEASEHOLD IMPROVEMENTS							
	VARIES	VAR	.000	16	364,589.		343,711.	0.
9	AGENCY IMPROVEMENTS							
	VARIES	VAR	.000	16	20,209.		20,209.	0.
10	LEASEHOLDS - EL PORTAL							
	VARIES	VAR	.000	16	6,620.		6,620.	0.
11	SECURITY							
	VARIES	VAR	.000	16	7,397.		7,397.	0.
16	OFFICE EQUIPMENT-METRO NY							
	VARIES	VAR	.000	16	1,699.		1,700.	0.
17	FIELD COMPUTERS							
	VARIES	VAR	.000	16	258,243.		197,251.	0.
18	OFFICE EQUIPMENT- WAREHOUSE							
	VARIES	VAR	.000	16	4,594.		4,595.	0.
19	OFFICE EQUIPMENT - WESTERN PA							
	VARIES	VAR	.000	16	1,495.		1,096.	0.
20	OFFICE EQUIPMENT - NEW ENGLAND							
	VARIES	VAR	.000	16	1,194.		855.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
21	OPERATION SECURITY EQUIPMENT							
	VARIES	VAR	.000	16	1,377.		987.	0.
22	EQUIPMENT - EL PORTAL							
	VARIES	VAR	.000	16	5,710.		5,710.	0.
23	EQUIPMENT - TRADESHOW BOOTH							
	VARIES	VAR	.000	16	6,550.		4,778.	0.
24	GLASSHOUSE PRODUCTION STARTUP							
	VARIES	VAR	.000	16	94,685.		89,999.	0.
25	OFFICE EQUIPMENT - MIS							
	VARIES	VAR	.000	16	8,042.		3,217.	0.
26	OFFICE EQUIPMENT - ACCOUNTING							
	VARIES	VAR	.000	16	5,918.		4,906.	0.
27	OFFICE EQUIPMENT - HR							
	VARIES	VAR	.000	16	1,100.		843.	0.
28	OFFICE EQUIPMENT - PRESIDENT							
	VARIES	VAR	.000	16	8,326.		2,572.	0.
30	OFFICE EQUIPMENT - PURCHASING							
	VARIES	VAR	.000	16	869.		435.	0.
31	OFFICE EQUIPMENT - OPERATIONS							
	VARIES	VAR	.000	16	930.		865.	0.
32	POS SYSTEM							
	VARIES	VAR	.000	16	210,535.		75,985.	0.
34	OFFICE EQUIPMENT - STEAMTOWN							
	VARIES	VAR	.000	16	10,000.		2,167.	0.
35	OFFICE EQUIPMENT - NCR REGION							
	VARIES	VAR	.000	16	2,845.		738.	0.
36	POS SYSTEM							
	VARIES	VAR	.000	16	638,836.		172,191.	0.
38	LEASEHOLD IMPROVEMENTS-NCR							
	VARIES	VAR	.000	16	5,694.		335.	0.
39	EQUIPMENT - GETTYSBURG JANITORIAL							
	VARIES	VAR	.000	16	2,099.		140.	0.
41	PO SERVER&SOFTWARE							
	VARIES	VAR	.000	16	187,568.		12,590.	0.
42	PO PHONE SYSTEM							
	VARIES	VAR	.000	16	24,949.		1,620.	0.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL							
					2,851,972.	0.	1,926,288.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR							
					3,712,810.	0.	2,503,888.	0.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	30,469,256	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		30,469,256
4. COST OF GOODS SOLD (LINE 13)	15,156,727	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		15,312,529

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	5,187,185	
7. MERCHANDISE PURCHASED	14,646,791	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		19,833,976
12. INVENTORY AT END OF YEAR	4,677,249	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		15,156,727

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DECREASE IN ADDITIONAL MINIMUM PENSION LIABILITY	<335,193.>
TOTAL TO FORM 990, PART I, LINE 20	<335,193.>

FORM 990

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	172,123.	172,123.		
BANK CHARGES	35,983.		35,983.	
MISCELLANEOUS	31,282.	18,954.	12,328.	
TRAINING	173,617.	154,210.	19,407.	
COMPUTER COSTS	266,201.		266,201.	
TELEPHONE & UTILITIES	239,299.	239,299.		
CREDIT CARD DISCOUNTS	536,175.	536,175.		
SERVICE TO MEMBERS	6,924.		6,924.	
PROFESSIONAL SERVICES	41,001.		41,001.	
TOTAL TO FM 990, LN 43	1,502,605.	1,120,761.	381,844.	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MELODY WEBB	2,500.	0.	0.	2,500.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	2,500.			2,500.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN COOK	8,875.	0.	0.	8,875.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	8,875.			8,875.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES DRAPER	5,000.	0.	0.	5,000.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	5,000.			5,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GARY EVERHARDT	2,875.	0.	0.	2,875.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	2,875.			2,875.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BOB REYNOLDS	625.	0.	0.	625.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	625.			625.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RON TYLER	1,375.	0.	0.	1,375.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	1,375.			1,375.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
MARYE WELLS-HARLEY	2,000.	0.	0.	2,000.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	2,000.			2,000.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
GEORGE R. LAMB	1,000.	0.	0.	1,000.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	1,000.			1,000.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
CHESLEY A. MOROZ	190,103.	31,694.	0.	221,797.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	190,103.	31,694.		221,797.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN F. RYAN	109,107.	32,858.	0.	141,965.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	109,107.	32,858.		141,965.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GERALD HALPIN	1,625.	0.	0.	1,625.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	1,625.			1,625.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BILL SCHENK	1,000.	0.	0.	1,000.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	1,000.			1,000.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				390,637.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>390,637.</u>

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
INTERPRETIVE PROGRAMS	NATIONAL PARK SERVICE	NATIONAL PARKS	NONE	1034728.
MUSEUM ACTIVITIES	DEPARTMENT OF THE INTERIOR	SERVICE SITES	NONE	118,459.
RESEARCH ACTIVITIES	DEPARTMENT OF THE INTERIOR	VARIOUS	NONE	59,809.
FREE PUBLICATIONS & LIBRARY	DEPARTMENT OF THE INTERIOR	VARIOUS	NONE	117,970.
EQUIPMENT DONATIONS	DEPARTMENT OF THE INTERIOR	VARIOUS	NONE	149,164.
ADMINISTRATIVE AID TO SERVICE	DEPARTMENT OF THE INTERIOR	VARIOUS	NONE	161,997.
OTHER DONATIONS	DEPARTMENT OF THE INTERIOR	VARIOUS	NONE	637,267.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				2279394.

EXPLANATION

THE PURPOSE OF THE ASSOCIATION IS TO PROMOTE THE HISTORICAL, SCIENTIFIC, EDUCATIONAL, AND INTERPRETIVE ACTIVITIES OF THE NATIONAL PARK SERVICE PRINCIPALLY IN THE NATIONAL PARK SYSTEM IN THE EASTERN HALF OF THE UNITED STATES. THE ASSOCIATION SEEKS TO COOPERATE WITH THE NATIONAL PARK SERVICE IN THE FOLLOWING ACTIVITIES.

1. PUBLISH AND MAKE AVAILABLE TO PARK VISITORS, BY SALE OR FREE DISTRIBUTION, SUITABLE HISTORICAL AND OTHER LITERATURE INTERPRETING THE AREA IN QUESTION AND THE EVENTS IN OUR HISTORY WHICH THEY COMMEMORATE.
2. HANDLE REPRODUCTIONS AND PRODUCTS CALCULATED TO INTERPRET OR SYMBOLIZE THE HISTORICAL SIGNIFICANCE OF EVENTS, CULTURAL DEVELOPMENTS AND PERSONAGES ASSOCIATED WITH THE AREAS TO STIMULATE PUBLIC INTEREST IN OUR NATION'S HISTORY.
3. ACQUIRE HISTORICAL MATERIAL AND OBJECTS PERTAINING TO THE HISTORY OF SEVERAL AREAS FOR THE PURPOSE OF ADDING THEM TO THE MUSEUM COLLECTIONS OF THE PARKS.
4. DEVELOP SUITABLE PARK LIBRARIES.
5. DEVELOP AND IMPROVE INTERPRETIVE FEATURES WITHIN THE PARKS, INCLUDING SIGNS, MARKERS, AND MUSEUMS.
6. ACQUIRE THE LANDS NEEDED TO PRESERVE AND PROTECT HISTORICALLY IMPORTANT FEATURES WITHIN OR ADJACENT TO THE PARKS, SUCH AS LANDS TO BE ADDED TO THE PARKS.
7. TO DO ALL POSSIBLE THAT IS CALCUALTED TO CONSERVE, DEVELOP, AND INTERPRET THE NATIONAL PARKS, MONUMENTS, AND HISTORIC SHRINES FOR THE BENEFIT OF THE PUBLIC AND POSTERITY.

FORM 990

OTHER INVESTMENTS

STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN SUBSIDIARY	COST	<62,937.>
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<62,937.>

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SALES EQUIPMENT	365,182.	365,180.	2.
AUTO EQUIPMENT	91,974.	92,327.	<353.>
GETTYSBURG MAP	16,974.	16,549.	425.
OFFICE EQUIPMENT	74,835.	72,872.	1,963.
COMPUTER	756,393.	750,880.	5,513.
FEE COLLECTION	747.	747.	0.
CAPITAL LEASES	46,697.	46,697.	0.
LEASEHOLD IMPROVEMENTS	364,589.	343,711.	20,878.
AGENCY IMPROVEMENTS	20,209.	20,209.	0.
LEASEHOLDS - EL PORTAL	6,620.	6,620.	0.
SECURITY	7,397.	7,397.	0.
TABLE ROCK RESERVATION	5,231.	5,231.	0.
GETTYSBURG CYCLORAMA	9,929.	9,929.	0.
EQUIPMENT - WAREHOUSE	19,879.	17,945.	1,934.
EQUIPMENT - SALES TREDEGAR	3,134.	3,134.	0.
OFFICE EQUIPMENT-METRO NY	1,699.	1,700.	<1.>
FIELD COMPUTERS	258,243.	197,251.	60,992.
OFFICE EQUIPMENT- WAREHOUSE	4,594.	4,595.	<1.>
OFFICE EQUIPMENT - WESTERN PA	1,495.	1,096.	399.
OFFICE EQUIPMENT - NEW ENGLAND	1,194.	855.	339.
OPERATION SECURITY EQUIPMENT	1,377.	987.	390.
EQUIPMENT - EL PORTAL	5,710.	5,710.	0.
EQUIPMENT - TRADESHOW BOOTH	6,550.	4,778.	1,772.
GLASSHOUSE PRODUCTION STARTUP	94,685.	89,999.	4,686.
OFFICE EQUIPMENT - MIS	8,042.	3,217.	4,825.
OFFICE EQUIPMENT - ACCOUNTING	5,918.	4,906.	1,012.
OFFICE EQUIPMENT - HR	1,100.	843.	257.
OFFICE EQUIPMENT - PRESIDENT	8,326.	2,572.	5,754.
SALES EQUIPMENT - GETTYSBURG	5,998.	2,125.	3,873.
OFFICE EQUIPMENT - PURCHASING	869.	435.	434.
OFFICE EQUIPMENT - OPERATIONS	930.	865.	65.
POS SYSTEM	210,535.	75,985.	134,550.
SALES EQUIPMENT - WB PAVILION	10,318.	3,956.	6,362.
OFFICE EQUIPMENT - STEAMTOWN	10,000.	2,167.	7,833.
OFFICE EQUIPMENT - NCR REGION	2,845.	738.	2,107.
POS SYSTEM	638,836.	172,191.	466,645.
POS SYSTEM-SALES	422,264.	152,705.	269,559.
LEASEHOLD IMPROVEMENTS-NCR	5,694.	335.	5,359.
EQUIPMENT - GETTYSBURG			
JANITORIAL	2,099.	140.	1,959.
SALES EQUIPMENT-REFRIGERATOR			
IVC	1,182.	99.	1,083.
PO SERVER&SOFTWARE	187,568.	12,590.	174,978.
PO PHONE SYSTEM	24,949.	1,620.	23,329.
TOTAL TO FORM 990, PART IV, LN 57	3,712,810.	2,503,888.	1,208,922.

FORM 990

OTHER ASSETS

STATEMENT 9

DESCRIPTION

AMOUNT

INTANGIBLE PENSION ASSET
DEPOSIT

0.
78,238.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

78,238.

FORM 990

OTHER LIABILITIES

STATEMENT 10

DESCRIPTION	AMOUNT
MONIES DUE NATIONAL PARK SERVICE	4,013,487.
PAYROLL AND SALES TAX PAYABLE	78,797.
RESERVE FOR VACATION ACCRUAL	383,660.
RESERVE FOR HEALTH INSURANCE FASB 106	918,950.
ADDITIONAL MINIMUM PENSION LIABILITY	798,110.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	<u>6,193,004.</u>

FORM 990

OTHER SECURITIES

STATEMENT 11

SECURITY DESCRIPTION

COST/FMV

OTHER
SECURITIES

RESTRICTED INVESTMENTS

FMV

2,325,803.

TO FORM 990, LINE 54, COL B

2,325,803.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MELODY WEBB 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	CHAIRMAN 7.00	2,500.	0.	0.
JOHN COOK 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	CHAIRMAN / VICE CHAIR 8.30	8,875.	0.	0.
JAMES DRAPER 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	TREASURER 2.70	5,000.	0.	0.
GARY EVERHARDT 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	VICE CHAIRMAN 3.30	2,875.	0.	0.
BOB REYNOLDS 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 1.00	625.	0.	0.
RON TYLER 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 1.80	1,375.	0.	0.
MARYE WELLS-HARLEY 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 1.90	2,000.	0.	0.
GEORGE R. LAMB 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 0.90	1,000.	0.	0.
CHESLEY A. MOROZ 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	PRESIDENT 40.00	190,103.	31,694.	0.
JOHN F. RYAN 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	CFO 40.00	109,107.	32,858.	0.
GERALD HALPIN 470 MARYLAND DRIVE, SUITE 1 FORT WASHINGTON, PA 19034	DIRECTOR 2.20	1,625.	0.	0.

BILL SCHENK
470 MARYLAND DRIVE, SUITE 1
FORT WASHINGTON, PA 19034

DIRECTOR
2.40

1,000.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

326,085.

64,552.

0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 13

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
EMPLOYEES & ALUMNI ASSOCIATION OF THE NATIONAL PARK SERVICE	X	
NATIONAL PARK SERVICE EMPLOYEES & ALUMNI THE EDUCATION TRUST	X	
PARK TREK, INC.		X

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 14

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
102	SALES OF EDUCATIONAL AND INTERPRETIVE SALES ITEMS TO VISITORS OF NATIONAL PARKS.
103A	INCOME PRODUCED FROM RENTAL OF TAPE RECORDERS & INTERPRETIVE TAPES, THAT VISITORS OF NATIONAL PARKS CAN USE TO TOUR A SITE.
103B	MISCELLANEOUS INCOME FROM VISITOR SERVICE EVENTS.
103C	EASTERN NATIONAL COLLECTS FEES ON BEHALF OF THE NPS FOR VARIOUS PROGRAMS. THE NPS PAYS EASTERN NATIONAL A PERCENTAGE OF THE FEES COLLECTED.
103D	FEE RECEIVED FOR ADMINISTRATIVE SERVICES PROVIDED TO A RELATED PARTY.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 15

SEE FORM 990, PART V-A

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
TAPE TOUR INCOME	3,237.	4,856.	18,820.	18,966.
OTHER INCOME	41,676.	31,554.	25,098.	66,819.
FEE COLLECTION INCOME	414,911.	9,611.	77,599.	0.
COMMISSION INCOME	0.	0.	19,962.	0.
GUIDED TOUR INCOME	0.	0.	58,795.	0.
CONCESSION INCOME	0.	20,938.	0.	0.
MANAGEMENT FEE INCOME	32,000.	32,000.	0.	0.
ADMINISTRATIVE FEE INCOME	0.	220,000.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	491,824.	318,959.	200,274.	85,785.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization EASTERN NATIONAL	Employer identification number 23-1401703
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 470 MARYLAND DRIVE, NO. 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WASHINGTON, PA 19034	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JOHN F. RYAN**
 Telephone No. ▶ **(215) 283-6900** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **JUNE 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **NOV 1, 2005**, and ending **OCT 31, 2006**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.