Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Informal 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. Index year, or tax year beginning

OMB No. 1545-1150

Department of the Freesury Internal Revenue Service

A	For th	e 2004 calendar year, or tax year beginning	a enamy		
_	Check if	Please C Name of organization		D Employer i	dentification number
Ĺ	Addres		_		
	Jame Jahang	. pdntor SOCIETY OF VACUUM COATERS FOUNDATION, I	NC		110080
Ε.]ir•ti¢]retun	bype. Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	
	☐ Final	Specific 1451 JULIANA PLACE		703-	304-1204
	Amer	ded none City or town, state or country, and ZIP + 4		F Group Exe	mption
F	Apple			Number 🕨	•
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complet	ted G Accour	nting method:	Cash X Accrual
		Schedule A (Form 999 or 990-EZ).	Other (specify) 🛌	· · · · · · · · · · · · · · · · · · ·
$\overline{}$	Web si	tg: ►N/A			he organization is not
J.	Denani	sation type (check only one) X 501(c) (3) (insert no.) 4947(a)(1) or	527 required to	<u>attach Sched</u>	ole B (Form 990, 990-EZ, pr.990-F7),
K	Check	if the organization's gross receipts are normally not more thin \$25,000. The organization	n need not file a set	urn wi th the I F	IS; but if the
	organia	if the organization's gross receipts are normally not more thin \$25,000. The organization ation received a Form 990 Package in the mail, it should file a return via July maccial data. Some s	states require a <u>co</u>	mplete retern	
$\overline{}$	Add lin	es Sh. Sh. and 7h. to ling 9 to determine pross recelots: if \$100,000 or more. The feet #500 198834.	.of Form 990-EZ	🕨 🖇	Z0,111.
	art I		S (S e page 37	of the instruct	ions.)
N. #0.	1	Contributions, gifts, grants, and similar amounts received		73.7 -1	26,090.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income			
	5a	Gross amount from sale of assets other than inventory 5a		**************************************	
	b	Less: cost or other basis and sales expenses 5b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	"	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			
D.	[Special events and activities (attach schedule). If any amount is from gaming, check here			
Ē	6_		-1		
Ре чепце	a	Grass revenue (not including \$ of contributions		2222	
Œ	Ι.	reported on line 1)			
	1 5	• • • • • • • • • • • • • • • • • • • •			
	1_0	Net income or (loss) from special events and activities (line 6a less line 6b)		, DG	
	7a	Gross sales of inventory, less returns and allowances 7a		22222	
	"	Less: cost of gapds sold			
	1.	Grass profit or (loss) from sales of inventory (line 7a less line 7b)) B	21.
	8	Other revenue (describe INTEREST		~~; ;	26,111.
	- 	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<u>л</u>		5,000.
	10	Grants and similar amounts pald STMT 5 STMT			2,000.
	[11	Benefits paid to or for members			
8	12	Salaries, other compensation, and employee benefits			4,309.
kpenses	13	Professional fees and other payments to independent contractors			
Ä	14	Occupancy, rent, utilities, and maintenance			<u></u>
_	15	Printing, publications, postage, and shipping		15	103.
	18	Other expenses (describe SEE ST	ATEMENT	1) 16	9,412.
_	17	Total expenses (add lines 10 through 16)			
90	18	Excess or (deficit) for the year (line 9 less line 17)		18	16,699.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		9787797	0.645
4		(must agree with end-of-year figure reported on prior year's return)			9,645.
ĕ	20	Other changes in net assets or fund balances (attach explanation)		. 20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)		▶ 21	26,344.
P	art II	Balance Sheets - if Total assets on line 25, column (8) are \$250,000 or more, file Form			
		(See page 40 of the instructions.)	(A) Beginning of	 	(8) End of year
22	Cas	h, savings, and investments	9,0	685 . 22	9,643.
23	Lan	d and buildings		23	
24	044	d and buildings ## assets (describe SEE STATEMENT 2)		960 - 24	19,350.
25		il assets		645. 25	28,993.
28	Tota	of Babilities (describe > SEE STATEMENT 3)		000.28	2,649.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)	9,0	645. 27	26,34 <u>4.</u>

Describe what was achiewed is carrying out the organization's exemple purposes. In a Calar and concise manner, describe the services provided, the number of persons herefold, or other relevant into mustion for each program title. Counts \$ 25a	Pari	90-EZ (2004) SOCIETY OF VACUUM COATERS IN Statement of Program Service Accomplishme the organization's primary exempt purpose? SEE STATEMEN	nts (See page 41 of the inst	ructions.)		\exists	(Required		{c4(
Counts \$ 28 28 28 28 28 28 28	What is	to the organization's primary exempt purpose? ORE OTALISTICE	a clear and concise manner, d	 lescribe the service		┨			
(Grants \$) 289 (Grants \$) 389 (Grants \$) 389 (Grants \$) 399 (Grant	provide	ed, the number of persons benefited, or other relevant information for each p	rogram title.			\perp			_
(Grants \$) 299 Control S 199 Control S									
(Grants \$) 299 Control Contro			•"·						_
SEE STATEMENT 8			(G <u>rants \$</u>) 2	Ва		5,
30 Other program services (attach schedule) (Grants \$	29								
30 Other program services (ellach schedule) (Grants \$	_		/Canale C			٠,	Ca Ca		
County	<u> </u>		(diam's p			ᢡ			
STATEMENT 8	au	4							
Total program service expenses (aid tines 28s through 31a) Exercise List of Officers, Directors, Trustees, and Key Employees List each one even into comparated Section 2012	_		(Grants \$) 3	0a		
List of Officers, Directors, Trustees, and Key Employees List each one even time (an important of the histories)									
(A) Name and address (B) Title and average hours per work gloved to the first per work gloved to the f	32 To	otal program service expenses (add tines 28a through 31a)		<u></u>					5,
SEE STATEMENT 8 Part Mail Other Information (Note the ettachment requirement in General Instruction V, page 14.) Was any changes made to the organization go governing documents but not reported to the IRS? If "Yes," attach a detailed description of each activity was any changes made to the organization go governing documents but not reported to the IRS? If "Yes," attach a conformation or provided in the organization have unrelated business activities, such as those reported on fires 2, 6, and 7 (annong others), but not reported on form 990-7, attach a statement avoidating your reason for not reporting the income on Form 990-7. If "Yes," has it filed a tax return on Form 1990-1 for this year?	Par	List of Officers, Directors, Trustees, and Key I			ed. Seé p on LaDia	k açıa Cont	41 of the in	retructio	one LEV
SEE STATEMENT 8 Part Mail Other Information (Note the ettachment requirement in General Instruction V, page 14.) Was any changes made to the organization go governing documents but not reported to the IRS? If "Yes," attach a detailed description of each activity was any changes made to the organization go governing documents but not reported to the IRS? If "Yes," attach a conformation or provided in the organization have unrelated business activities, such as those reported on fires 2, 6, and 7 (annong others), but not reported on form 990-7, attach a statement avoidating your reason for not reporting the income on Form 990-7. If "Yes," has it filed a tax return on Form 1990-1 for this year?		(A) Name and address	oet week devoted to	(If not paid, ent	er to er	mplo ins B	yee beneiit deferred	ac	100
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30 Did the organization engage in any activity not previously reported to the IRS? If Yes, "attach a detailed description of each activity 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes, "attach a continued copy of the changes. 35 If the organization hard income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement expolating your reason for not reporting the income on Form 990-T. 36 If Yes, has it filled a tax return on Form 990-T for this year? 37 Was there a figulation, dissolution, termination, or substantial contraction during the year? (If Yes, attach a statement.) 37 Was there a figulation, dissolution, termination, or substantial contraction during the year? (If Yes, attach a statement.) 37 Before amount of political expenditures, direct or indirect, as described in the instructions. 38 Did the organization file Form 1120-PCL for this year? 39 Did the organization file Form 1120-PCL for this year? 30 Did the organization file Form 1120-PCL for this year? 30 Did the organization file Form 1120-PCL for this year? 31 Did the organization file Form 1120-PCL for this year? 32 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 32 Diff(P) organizations. Enter: a initiation fees and capital contributions included on line 9 33 Diff(P) organizations. Enter: a initiation fees and capital contributions included on line 9 34 Sof(P(G)) organizations. Enter: a initiation fees and capital contributions included on line 9 35 Sof(P(G)) organizations. Enter: a initiation fees and capital contributions included on line 9 35 Sof(P(G)) organizations. Enter: Amount of tax imposed on dies in the state of the period organization of the period organization of the period organizations. 45 Sof(P(G)) organizations.	S	EE STATEMENT 8							
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reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or \$603(e) notice, reporting, and proxy tax requirements? bit "Yes," has it filled a tax return on Form 990-T for this year? 35 Was there a ligidiation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) 372 Enter amount of political expenditures, direct or indirect, as described in the instructions. bid the organization file Form 1120-POL for this year? 363 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? bit "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 380 N/A 39 507(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. 390 N/A 507(c)(3) organizations. Enter: Amount of lax imposed on the pranization during the year under: section 4911 > 0. section 4912 > 0. section 4955 > 0. 507(c)(3) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 6 Enter: Amount of ax an fine 40c, above, reimbursed by the organization 40 In the states with which a copy of this return is filed. In NONE 1 List the states with which a copy of this return is filed. In NONE 1 Didder penieties of puliny, I decome that These examined the runs filing Form 990-EZ in fieur of Form 1041 - Check litere. 1 Didder penieties of puliny, I decome that These examined the runs mining literator tocked on all information of which preparer is any knowledge. 1 Didder penieties of puli	34 V	Ners any changes made to the organizing or governing documents but not re	ported to the IRS? If "Yes," atta	ach a conformed copy	of the chi	ango	s		
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Under pensities of parjury. I declare that I have examined this return, including accompanying schoolutes and statements, and to the best of my knowledge and bellet, it is to correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date	a 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	eported on Form 990-T, attach a statement explaining your reason for the organization have unrelated business gross income of \$1,000 or more if "yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction durinter amount of political expenditures, direct or indirect, as described in the indit the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, livear and still unpaid at the start of the period covered by this return? If "Yes," attach the schedule specified in the line 38 instructions and enter the action of the presentations. Enter: a initiation fees and capital contributions in the schedule on time 9, for public use of club facilities. If "Yes," included on time 9, for public use of club facilities. If "Yes," included on time 9, for public use of club facilities. If "Yes," action 4911 O : section 4912 O: section 4912 O: section 4912 O: section 4912 O: The school of tax on time 40c, above, reimbursed by the organization content of tax imposed on organization managers or disqualified persons durinter: Amount of tax on line 40c, above, reimbursed by the organization inter: Amount of tax on line 40c, above, reimbursed by the organization is the states with which a copy of this return is filed. NONE The books are in care of SOCIETY OF VACUMM COAT cocated at 71 PINON HILL PLACE NE, ALBL.	or not reporting the income or 6093(e) notice, reporting, ring the year? (If 'Yes,' attach instructions. trustee, or key employee or we amount involved cluded on line 9 during the year under: O • ; section 4955 > 4958 excess benefit transaction ing the year under 4812, 4955 PERS COUERQUE, NM	a statement.) a statement.) a statement.) a statement.) a statement.) 37a ere any such loans 38b 39a 39b and during the year i, and 4958 Telephone no	made in N. N. O or did it	/A /A	nior	-71	18
Sign Here Signature of officer Type or print name and Bitle. Pal6 Preparer's signature MACKIE, REID & COMPANY, P.A. EIN	a 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	eported on Form 990-T, attach a statement explaining your reason for the organization have unrelated business gross income of \$1,000 or more if "yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction durinter amount of political expenditures, direct or indirect, as described in the indit the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, livear and still unpaid at the start of the period covered by this return? If "Yes," attach the schedule specified in the line 38 instructions and enter the information of the start of the period covered by this return? If "Yes," attach the schedule specified in the line 38 instructions and enter the information of the properties of the period covered by this return? If "Yes," attach the schedule specified in the line 38 instructions and enter the information of the properties of the period covered by this return in the information of the organizations. Enter: Amount of tax imposed on the organization enter the information of the organizations. Did the organization engage in any section ware of an excess benefit transaction from a prior year? If "Yes," attach an expenditure of tax imposed on organization managers or disqualified persons durinter: Amount of tax on line 40c, above, reimbursed by the organization inter the states with which a copy of this return is filed. NONE The books are in care of SOCIETY OF VACUMM COAT (acceled at 71 PINON HILL PLACE NE, ALBU- Rection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in the contraction of the properties of the prope	or not reporting the income or 6033(e) notice, reporting, ring the year? (If 'Yes,' attach instructions. trustee, or key employee or we amount involved cluded on line 9 during the year under: O • ; section 4955 > 4958 excess benefit transaction ing the year under 4912, 4955 PERS QUERQUE, NM lifet of Form 1041 - Check ite	a statement.) a statement.) a statement.) a statement.) a statement.) 37a ere any such loans 38b 39a 39b and during the year i, and 4958 Telephone no	made in N N O or did it	/A /A	mior	-71 122	18
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Use Only Himistarie (ryour Anna Anna Type Tay Collocal Dr. N.	a 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	eported on Form 990-T, attach a statement explaining your reason folid the organization have unrelated business gross income of \$1,000 or more ("Yes." has it filed a tax return on Form 990-T for this year? Nas there a tiguldation, dissolution, termination, or substantial contraction durinter amount of political expenditures, direct or Indirect, as described in the indict the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, there and still unpaid at the start of the period covered by this return? If Yes." attach the schedule specified in the line 38 instructions and enter the school of the schedule specified in the line 38 instructions and enter the school of organizations. Enter: a Initiation fees and capital contributions in scross receipts, included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included on tine 9, for public use of club facilities. Included the organization of prepared on the organization of prepared of the organization of prepared (other than officer) is based on all interest the amount of tax-exampl Interest received or accrued during the tax organization of prepared (other than officer) is based on all interest of other. Indeed penetice of paging, I declare that I have examined this return, including according the penetice of paging, I declare that I have examined this return, including according the penetice of paging, I declare that I have examined this return, including according the penetics of other than offi	or not reporting the income or 6093(e) notice, reporting, uring the year? (If 'Yes,' attach instructions. trustee, or key employee or we amount involved cluded on line 9 during the year under: O. ; section 4955 > 4958 excess benefit transaction ing the year under 4912, 4955 PERS QUERQUE, NM New of Form 1041 - Check ite x year companying schedules and statement formation of which preparer has any	a statement.) a statement.) a statement.) 37a ere any stich loans 38b 39a 39b on during the year in and 4958 Telephone no	made in N. N. Or did it ZIP + 43 ny xnow	/A /A	eior -856 ▶87	071 -71 122	18

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charltable 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

Department of the Yressury Internal Revenue Service Name of the organization

Employer identification number 30 0110080 SOCIETY OF VACUUM COATERS FOUNDATION, INC

(See page 1 of the instructions. List each one. If there are non (a) Name and address of each employee paid more than \$50,000	, =	(b) Title and average hours per week devoted to position	(c) Compansation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE					
· · · · · · · · · · · · · · · · · · ·					
	-		-		
	_ • • -		NO 000,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Total number of other employees paid		0			
Part II Compensation of the Five Highest Paid II (See page 2 of the instructions. List each one (whether individual)	ndepen	dent Contractors f	or Professiona 'None.")	al Services	
(a) Name and address of each independent contractor paid	more tha	s \$50,000	(b) Type of s	ervice	(c) Compensation
NONE					
					·
	<u> </u>	:			

Sched	lule A (Fo	om 990 or 990-EZ) 2004 SOCIETY OF VACUUM COATERS FOUNDATION, INC 30-011	008	0 P	age 2
		Statements About Activities (See page 2 of the instructions.)		Yes	No
p Ju	ublic opii obbying a	year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence nion on a legislative malter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the clivities \$	1		х
C	Irganizați	ons that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking It complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 C	Juring the rustees, c erson is	ryear, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, lirectors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the enswer to any question is "Yes,"			
		detailed statement explaining the transactions.) ange, or leasing of property?	2a		X
					.,
Ьl	ending o	f money or other extension of credit?	2þ		Х
c F	urnishing	of goods, services, or facilities?	_2g		Х.
d F	ayment (of compensation (or payment or relimbursement of expenses if more than \$1,000)?	20		Х
		flany part of its income or assets?	2e		<u>X</u> _
3 a [o you m ou deten	ake grants for scholarships, fellowships, student loans, etc.? (if 'Yes,' attach an explanation of howsee STATEMENT 10 mine that recipients qualify to receive payments.)	3a 3b	х	Х
4 a !	Jid vou π	ve a section 403(b) annuity plan for your employees? paintain any separate account for participating donors where donors have the right to provide advice or distribution of funds?	4a		x
<u>. b I</u>	ni ilie usi Do you pr	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The c	rganizati	on 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).			
8	لييبا	A school, Section 170(b)(1)(A)(II). (Also complete Part V.)			
,	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
g	<u> </u>	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
10		and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)			
	\nm'	(Also complete the Support Schedute 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.)			
116		A commently 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	X	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descr. (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	ibed in:		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)	(b) Lin fro	e numi ode me	
soc	CIET	OF VACUUM COATRS	1.	2	
14		An organization propagated and operated to test for public safety, Section 509(a)(4), (See page 5 of the instructions.)			

	Note: You may use the	omplete only if you che worksheet in the inst	scked a box on line 10, ructions for converting	from the accrual to the	cash method of accoun	N/A
Calen begin	far year (or fiscal year ring (a)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(a) Total
15	Gifts, grants, and contributions received. (Oc not include unusual grants, See line 28.)					
16	Membership fees received					
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	•				
18	Gross income from interest, dividends, amounts recaived 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					
20	activities not included in line 18 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					
23	Total of lines 15 through 22	0.	0.	0.	0.	0.
24	Line 23 minus line 17					««»«««»««»«««»««»«»«»«»«»«»«»«»«»«»«»«
25	Enter 1% of fine 23				<u>}</u>	N/A
26	Organizations described on lines 11				*************	N/A
b	Prepare a list for your records to sho					
	unit or publicly supported organization. Do not file this list with your return.	•		eo the amount snown in	Be lass	N/A
c	Total support for section 509(a)(1) to				1	N/A
	Add: Amounts from column (e) for it		19		000000000000000000000000000000000000000	
-	The state of the s	22			▶ 26d	N/A
6	Public support (line 26c minus line 2				▶ 268	N/A
1_	Public support percentage (line 26)	e (numerator) divided by	line 26c (denominator))		▶ 261	N/A 9
27	Organizations described on line 12: records to show the name of, and to such armounts for each year:	tal amounts received in ea	ach year from, each "disqu	alilled person." Oo not Ille	a this list with your return.	
	(2003)					
b	For any amount included in line 17 th		,		_	
	and amount received for each year, I		_			
	described in lines 5 through 11, as w the larger amount described in (1) or	r (2), enter the sum of the	se differences (the excess	amounts) for each year:		
	(2003)					
C	Add: Amounts from column (e) for N	nes: 15_		16	▶ 27¢	N/A
	17 Add: Line 27a total	20	d line 975 total	21		N/A
ű a	Public support (fine 27c total minus l					N/A
f	Total support for section 509(a)(2) to				J/A	
					_	N/A «
q	Public support percentage (line	e 27e (numerator) divi	ided by line 271 (denor	minatorj)		N/A %

Page 3

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. **Bo not file this list with**your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-1

J/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially condiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? Opes the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 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 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.) Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a radially needlsoriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32¢ admissions, programs, and scholarships? d Cooles 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.) Ones the organization discriminate by race in any way with respect to: 332 Students' rights or privileges? 33b 33c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? Educational policies? 331 Use of facilities? **33g** Athletic programs? Other extracorricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such ald ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 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

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbyin	-EZ) 2004 SOCIETY (g Expenditures by E pleted ONLY by an eligible org	Secting Public Char	i ties (See page 9 of	the instructions.)	N/A
	anization belongs to an affiliate		► h if you che	cked "a" and Timited control"	provisions apply.
	Limits on Lobbying			(a) Affilialed group totals	(b) To be completed for ALL electing organizations
(The	e term "expenditures" means a	mounts paid or incurred.)		N/A	
36 - Tatal Johnwing avaganditus	res to influence public opinion	(arassionts Johnving)	36	,	
	res to influence a legislative bo		· · · · · · · · · · · · · · · · · · ·		
, ,	res (add lines 36 and 37)	L 1			
	penditures			2 777	
	penditures (add lines 38 and 3				
	ount. Enter the amount from th	20000000 20000000		**************************************	
If the amount on line 40		ying nontaxable amount is -	0.000000 0.000000 0.0000000		0.000000000000000000000000000000000000
Not over \$500,000	20% of the				······································
	1,000,000 \$100,000 p				
	\$1,500,000 \$175,000 p			· · · · · · · · · · · · · · · · · · ·	
Over \$1,500,000 but not over	\$17,000,000 \$225,000 p	lus 6% of the excess over \$1,500,0	000		
	\$1,000,000				**************************************
	mount (enter 25% of line 41)				
	: 36. Enter -0- if line 42 is more				
44 Subtract line 41 from line	38. Enter -0- if line 41 is more	ş than line 38	44		***************************************
	. In the state of the	en de mandelle Com			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Caution: If there is an	amount on either line 43 or	line 44, you must life Fort	114120.	yoo oo 	P:::::::::::::::::::::::::::::::::::::
	(Some organizations that	r Averaging Period made a section 501(h) electio instructions for lines 45 throu	n do not have to compl	ete all of the five columns	
		Lobbying Exp	enditures During 4-Ye	ar Averaging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nonlaxable					_
amount		***************************************		~~~***********************************	
46 Lobbying cailing amount					
(150% of line 45(e))		/		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u></u>
47 Total lobbying]	
expenditures	ensel su	 		-u-	0.
48 Grassroots nontaxable					0_
amount		***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
49 Grassroots celling amount (150% of line 48(e))	11				0.
		<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*****************************	*
60 Grassroots lobbying		,			

Expenditures

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

(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:

a Volunteers

b Paid staff or management (Include compensation in expenses reported on lines a 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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (Add lines a through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
		SVC ORGANIZED THE SVC
•		FOUNDATION FOR EDUCATIONAL
SOCIETY OF VACUUM COATERS	501(C)(6)	PURPOSES
· · · · · · · · · · · · · · · · · · ·	- : -:	
		
· · · · · · · · · · · · · · · · · · ·		
···		
	···	
	·· - ·	

Schedule A (Form 990 or 990-EZ) 2004

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

Name of organization

SOCIETY OF VACUUM COATERS FOUNDATION, INC

Employer identification number

30-0110080

Organization type (check o	ney:
Filers of:	Section:
Form 990 or 990-EZ	X: 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 politicel organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	a covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes and a Special Rule-see instructions.)
General Rule-	
	lling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one piete Parts I and II.)
Special Rules-	
sections 609(a)(1)/	e)(3) organization filling Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under 170(b)(1)(A)(vI) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% the 1 of these forms. (Complete Parts I and II.)
aggregate contribu	e)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, itions or bequeste of more than \$1,000 for use exclusively for religious; charitable, scientific, literary, or educational revention of crueity to children or animals. (Complete Parts I, II, and III.)
some contributions \$1,000. (If this box charitable, etc., pu	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, so for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than is checked, enter here the total contributions that were received during the year for an exclusively religious, rpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received glous, charitable, etc., contributions of \$5,000 or more during the year.)
they must check the box in	t 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 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 (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Employer identification number

SOCIETY OF VACUUM COATERS FOUNDATION, INC

30-0110080

Contributors (See Specific Instructions.)		
···		
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
SOCIETY OF VACUUM COATERS 71 PINON HILL PLACE NE ALBUQUERQUE, NEW MEXICO 87122	\$12,520.	Person X Payroll Noncash (Complete Part II If there is a noncash contribution.
(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.
(b)	(c)	(d) Type of contribution
Treate, days page and all TT	\$	Person Payroll Complete Part II if there is a noncash contribution.
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	s	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Person Payroll Payroll Poncash Poncash Complete Part II if there is a noncash contribution.)
(b) Name, address _s and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person
	Name, address, and ZIP+4 SOCIETY OF VACUUM COATERS 71 PINON HILL PLACE NE ALBUQUERQUE, NEW MEXICO 87122 (b) Name, address, and ZIP+4 (b) Name, address, and ZIP+4 (b) Name, address, and ZIP+4 (b) Name, address, and ZIP+4	Name, address, and ZIP + 4 SOCIETY OF VACUUM COATERS 71 PINON HILL PLACE NE ALBUQUERQUE, NEW MEXICO 87122 (b) Name, address, and ZIP + 4 Aggregate contributions \$

FORM 990-EZ		OTHER EXPENSES		STATEMENT 1
DESCRIPTION				AMOUNT
ADVERTISING COMMITTEE CORPORATE REGIS	TRATION FEE			50. 28. 25.
TOTAL TO FORM 9	90-EZ, LINE 16			103.
FORM 990-EZ		OTHER ASSETS		STATEMENT 2
DESCRIPTION	:		BEG. OF YEAR	END OF YEAR
DUE FROM SOCIET	Y OF VACUUM COATE	rs	4,960.	19,350.
TOTAL TO FORM 9	90-EZ, LINE 24	-	4,960.	19,350.
FORM 990-EZ	0	THER LIABILITIES		STATEMENT 3
DESCRIPTION			BEG. OF YEAR	END OF YEAR
SCHOLARSHIPS PA ACCOUNTS PAYABL		_	5,000. 0.	2,500. 149.
TOTAL TO FORM 9	90-EZ, LINE 26		5,000.	2,649.
FORM 990-EZ	CASH GR	ANTS AND ALLOCATIO	ons	STATEMENT 4
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHI	P AMOUNT
	BRIGHAM YOUNG	BRIGHAM YOUNG	ACCREDITED	_ -
SCHOLARSHIP	UNIVERSITY	UNIVERSITY, PROVO, UT 84602	UNIVERSITY	2,500.

	30-01100	80
STA	TEMENT	5
: 		<u>.</u>
!'S		
TIONSHIP	TOUOMA	•
EDITED		
ERSITY	2,50	0.

SOCIETY	OF	VACUUM	COATERS	FOUNDATION, INC
---------	----	--------	---------	-----------------

FORM 990-EZ		ANTS AND ALLOCATIONS NOT PAID BY FILING DE		ATEMENT 5
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	BRIGHAM YOUNG UNIVERSITY	BRIGHAM YOUNG UNIVERSITY, PROVO, UT 84602	ACCREDITED UNIVERSITY	2,500.
TOTAL INCLUDED	ON FORM 990-EZ, L	INE 10		2,500.
FORM 990-EZ	STATEMENT OF PROG	RAM SERVICE ACCOMPLIS	HMENTS STA	ATEMENT 6

STATEMENT

TO PROVIDE A SCHOLARSHIP FUND TO FURTHER THE EDUCATION OF PEOPLE PARTICIPATING IN A COURSE OF STUDY IN VACUUM COATING TECHNOLOGY AT ACCREDITED INSTITUTIONS

	GRANTS	EXPENSES	
TO FORM 990-EZ, LINE 28		5,00	00.
FORM 990-EZ PART III - STATEMENT OF ORGANIZATE PRIMARY EXEMPT PURPOSE	rion's	STATEMENT	7

EXPLANATION

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

.

		OFFICERS, DIRECTORS, KEY EMPLOYEES		STATEMENT 8		
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
CLARK BRIGHT 4202 SOUTH SANTA R TUSCON, AZ	ITA AVE,		PRESIDENT	0.	0.	0.
PETER MARTIN 902 BATTELLE BLVD, 99352	RICHLAND,		VICE PRESIDENT	0.	0.	0.
JOHN FELTS 2021 ALASKA PACKER #3,ALAMEDA,CA	PL,		PAST PRESIDENT	0.	0.	0.
MICHAEL ANDREASEN PO BOX 2529, FAIRF 94533-0252	IELD, CA		TREASURER .5	0.	0.	0.
DAVID GLOCKER 10 VANTAGE DRIVE,	#4, ROCHES		SECRETARY .5	0.	0.	0.
FRANK T. ZIMONE 1259 NORTH CHURCH	ST.,MOORES		DIRECTOR .5	0.	0.	0.
TOTALS INCLUDED ON	FORM 990-	EZ, PART	ıv	0.	0.	0.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		s	TATE	MENT	9
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	{]	YES	{X]	ИО
В)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	E	J	YES	[X]	NO

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10 PART III, LINE 3

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

Form 8868

(Rev. December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filling for an Automatic 3-Month Extension, complete only Part I and chack this box	
	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	
Do not o	complete Part It unless you have already been granted an automatic 3-month extension on a previously t	filed Form 8868.
Part	Automatic 3-Month Extension of Time - Only submit original (no copies needed)	
	0-T corporations requesting an automatic 8-month extension - check this box and complete Part I only	
All other returns.	corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file inco Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1	me tak 066, or 1041.
below (6 extensio	ic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time months for corporate Form 990-T filers). However, you cannot file it electronically if you want the addition in, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on taking overlies.	al (not automatic) 3-month
Type or print	Name of Exempt Organization	Employer identification number
•	SOCIETY OF VACUUM COATERS FOUNDATION, INC	30-0110080
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. 1451 JULIANA PLACE	<u> </u>
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22304-1516	
Check to	pe of return to be filed (file a separate application for each return):	
For	m 990	227 069
• The b	ooks are in the care of ► SOCIETY OF VACUMM COATERS	
	one No. ► 505-856-7188 FAX No. ►	 -
• If the	xganization does πot have an office or place of business in the United States, check this box	>
● If this box ▶ i	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi	s is for the wh ole group, check this members the extension will cover.
to f	quest an automatic 3-month (6-months for a Form 990-T corporation) extension of time until AUGU lie the exempt organization return for the organization named above. The extension is for the organization X calendar year 2004 or	
▶{	tax year beginning, and ending	•
2 If th	ie tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions	<u>\$</u>
	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made, include any prior year overpayment allowed as a credit	, \$
	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with F pon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	
	f you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	···
	or Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 12-2004)