

Short Form

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

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

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning **1/1/2005**, 2005, and ending **12/31/2005**, 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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

C Name of organization
SIDE OUT FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
5807 Oak Ladder Court

City or town, state or country, and ZIP + 4
Burke, VA 22015

D Employer identification number
20 2510044

E Telephone number
(703) 861-1771

F Group Exemption Number . . . ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ <http://www.sideoutfoundation.org/>

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ **21,314**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

		Revenue	
	1 Contributions, gifts, grants, and similar amounts received	1	7,542
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		See Statement 1
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	13,772
	b Less: direct expenses other than fundraising expenses	6b	5,762
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	8010
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
	8 Other revenue (describe ▶ _____)	8	0
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8). ▶	9	15,552
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	335
	14 Occupancy, rent, utilities, and maintenance	14	6,891
	15 Printing, publications, postage, and shipping	15	359
	16 Other expenses (describe ▶ See Statement 2)	16	8,000
	17 Total expenses (add lines 10 through 16) ▶	17	15,585
	18 Excess or (deficit) for the year (line 9 less line 17)	18	-33
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	100
	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	67

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	100	22 67
23	Land and buildings	0	23 0
24	Other assets (describe ▶ _____)	0	24 0
25	Total assets	100	25 67
26	Total liabilities (describe ▶ _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	100	27 67

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? The Side-Out Foundation (Side-Out) raises money & aw Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28	See Statement 3 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 4				
.....				
.....				
.....				
.....				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	<i>If the organization had 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 explaining your reason for not reporting the income on Form 990-T.</i>		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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?		<input checked="" type="checkbox"/>
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
40b	b 501(c)(3) and (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 an explanation.		<input checked="" type="checkbox"/>
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter amount of tax on line 40c reimbursed by the organization		0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ VA
- 42a** The books are in care of ▶ Rick Dunetz Telephone no. ▶ 703-861-1771
 Located at ▶ 5807 Oak Ladder Court, Burke, VA ZIP + 4 ▶ 22015
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: ▶ _____
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here. ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
42b		✓
42c		✓

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

▶ _____ Date _____
 Signature of officer

▶ Rick Dunetz, Chairman
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____	Date _____	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____	EIN ▶ _____	Phone no. ▶ () _____	

Statement 1

Form: 990 EZ

Page: 1

Part: I

Question: 6

SIDE OUT FOUNDATION

20-2510044

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
1st Annual Breast Cancer	\$13,772.00	\$0.00	\$13,772.00	\$5,762.00	\$8,010.00
Total:	\$13,772.00	\$0.00	\$13,772.00	\$5,762.00	\$8,010.00

Statement 2

Form: 990 EZ

Page: 1

Part: I

Question: 16

SIDE OUT FOUNDATION

20-2510044

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
Donation to Inova Cancer Services	\$8,000.00			
Total:	\$8,000.00			

Statement 3

Form: 990 EZ

Page: 2

Part: III

Question:

SIDE OUT FOUNDATION

20-2510044

Program Services

Achievement	Pgm. Svc. Exp.
Cancer Programs, GeneralOther: Side Out had 120 teams participate in 2 days of doubles volleyball in an effort to raise money for cancer research. In our first year we donated \$8000 to Inova Cancer Services and we pulled the organization and event together in 3 months. (0 0)	\$0.00
Grants and Allocations:	\$0.00
Total:	\$0.00

Statement 4

Form: 990 EZ

Page: 2

Part: IV

Question:

SIDE OUT FOUNDATION**20-2510044****Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Rick Dunetz 5807 Oak Ladder Court Burke, VA 22015 United States	Chairman	3	\$0.00	\$0.00	\$0.00
Alex Smith 14702 Flager Court Centreville, VA 20121 United States	Vice Chairman	1	\$0.00	\$0.00	\$0.00
Jason Ruppert 13231 Pearsall Lane Fairfax, VA 22033 United States	Secretary	1	\$0.00	\$0.00	\$0.00
Hank Molinengo 6919 Sydenstricker Rd Springfield, VA 22152 United States	Treasurer	1	\$0.00	\$0.00	\$0.00
Bryant Dunetz 7910 Manor House Drive Fairfax Station, VA 22039 United States	Board Member	1	\$0.00	\$0.00	\$0.00
Tim Spees 8124 Blansford Drive Manassas, VA 20111 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Barry Goldberg 26801 Dix Street Damascus, MD 20872 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Kiel Sharp 7714 Shooting Star Drive Springfield, VA 22152 United States	Board Member	0	\$0.00	\$0.00	\$0.00
TOTALS			\$0.00	\$0.00	\$0.00