

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning , and ending

- 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 BATEY RELIEF ALLIANCE INC B R A		D Employer identification number 11-3403494		
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 300565		E Telephone number 917.627.5026		
	City or town BROOKLYN	State or country NEW YORK	ZIP + 4 11230	F Accounting method: <input checked="" type="checkbox"/> Cash <input 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).			H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶	

G Website ▶ www.bateyrelief.org

J Organization type (check only one) ▶ 501(c) (C-1) ◀ (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,682,824

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

	Description	Sub-column	Amount	Total
Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	5,682,824	
	b Indirect public support	1b	0	
	c Government contributions (grants)	1c	0	
	d Total (add lines 1a through 1c) (cash \$ 186,840 noncash \$ 5,495,984)	1d		5,682,824
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
	3 Membership dues and assessments	3		0
	4 Interest on savings and temporary cash investments	4		0
	5 Dividends and interest from securities	5		0
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7 Other investment income (describe ▶)	7		0	
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	0	42141 RECEIVED JUN 01 2005
	b Less cost or other basis and sales expenses	8a	0	
	c Gain or (loss) (attach schedule)	8b	0	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	0	
8d	8d		0	
Revenue	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			RECEIVED ENTITY DEPT
	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	0	
	b Less direct expenses other than fundraising expenses	9b	0	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
Revenue	10 a Gross sales of inventory, less returns and allowances	10a	0	
	b Less cost of goods sold	10b	0	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
Expenses	11 Other revenue (from Part VII, line 103)	11		0
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,682,824
	13 Program services (from line 44, column (B))	13		5,253,301
	14 Management and general (from line 44, column (C))	14		429,020
	15 Fundraising (from line 44, column (D))	15		0
Expenses	16 Payments to affiliates (attach schedule)	16		0
	17 Total expenses (add lines 16 and 44, column (A))	17		5,682,321
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		503
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,040,735
	20 Other changes in net assets or fund balances (attach explanation)	20		-2,690,817
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,350,421

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JUN 20 2006

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	7,832	7,832		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	18,000	18,000	***	
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	1,080	1,080	***	
32	Legal fees	10	0	10	***
33	Supplies	1,880	1,880	***	
34	Telephone	3,590	3,590	***	
35	Postage and shipping	70	70	***	
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	152	152	***	
39	Travel	9,203	9,203	***	
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	0			
43	Other expenses not covered above (itemize).				
a	See attached statement	5,640,504	5,211,494	429,010	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,682,321	5,253,301	429,020	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 \$ 0, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

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

<p>What is the organization's primary exempt purpose? ► <u>Serve children and families affected by disease and poverty...</u></p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</p>
<p>a Provide humanitarian health services and medicines to 10,000 poor children, adults and the elderly. Another 60,000 is served indirectly by the BRA by donating donated medicines and supplies to local NGOs raising their capacity to deliver improved health services to other areas where people are in need. BRA's work is generally published at its website at www.bateyrelief.org and local newspapers/radio. BRA's clients are served in the bateyes of the Dominican Republic.</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>5,253,301</p>
<p>b</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>5,253,301</p>

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	26,635	45	11,421
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a	0	
	b Less allowance for doubtful accounts	47b	0	47c 0
	48 a Pledges receivable	48a	0	
	b Less allowance for doubtful accounts	48b	0	48c 0
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a Other notes and loans receivable (attach schedule)	51a	0	
	b Less allowance for doubtful accounts	51b	0	51c 0
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54 0
	55 a Investments—land, buildings, and equipment basis	55a	0	
	b Less accumulated depreciation (attach schedule)	55b	0	55c 0
56 Investments—other (attach schedule)		0	56 0	
57 a Land, buildings, and equipment basis	57a	760,000		
b Less accumulated depreciation (attach schedule)	57b	0	57c 760,000	
58 Other assets (describe <input type="checkbox"/> See attached statement)		4,964,100	58 1,579,000	
59 Total assets (must equal line 74) Add lines 45 through 58		5,040,735	59 2,350,421	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe <input type="checkbox"/>)		0	65 0
66 Total liabilities. Add lines 60 through 65		0	66 0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	4,986,085	70	2,295,771
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	54,650	72	54,650
	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)	5,040,735	73	2,350,421
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,040,735	74	2,350,421

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		0
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		0
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12) Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		0
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		0
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17) Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name CAROL KING Esq. Str 12 BATEY DR City BRIDL ST RI ZIP 02809	Title PRESIDENT Hr/WK 15	0	0	0
Name THOMAS BEAGUE Str 34 THE PINES City OLD WESTBURY ST NY ZIP 11568	Title VICE PRESIDEN Hr/WK 10	0	0	0
Name RAYMOND THER Str 2 Mountainview Terr City Danbury ST CT ZIP 06810	Title MEDICAL DIREC Hr/WK 9	0	0	0
Name SARA BEAGUE Str 34 The Pines City Old Wesbury ST NY ZIP 11562	Title TREASURER Hr/WK 16	0	0	0
Name PAUL NACIER MC Str 20 The Drawbridge City Woodbury ST NY ZIP 11797	Title MEMBER Hr/WK 17	0	0	0
Name PIERRE LEGER M Str 56 Nicole Drive City Denville ST NJ ZIP 07834	Title MEMBER Hr/WK 14	0	0	0
Name ULRICK GAILLAR Str PO BOX 300565 City Brooklyn ST NY ZIP 11230	Title EXECTIVE DIR Hr/WK 12	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 6		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Str				
City ST ZIP				
Name Str				
City ST ZIP				
Name Str				
City ST ZIP				
Name Str				
City ST ZIP				
Name Str				
City ST ZIP				
Name Str				
City ST ZIP				
Name Str				
City ST ZIP				

Part VI Other Information <i>(See the instructions)</i>	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures (See line 81 instructions.)	81a	
b Did the organization file Form 1120-POL for this year?	81b	

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?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82b 25,000		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f 0		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	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 ; section 4912 ; section 4955		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
	90b		
91 a	The books are in care of Name GENERAL ACCOUNTING PLUS Telephone no. (718) 507-2652 Located at 80-15 45TH AVE ELMHURST City ST ZIP + 4 11373		
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, Report of Foreign Bank and Financial Accounts		X
c	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		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year		X
	92 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) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

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)
▼	

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	%		0	0
	%		0	0
	%		0	0
	%		0	0

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)

Please Sign Here

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

Signature of officer: Thomas Beague Date: 4/3/06

Type or print name and title: THOMAS BEAGUE V. PRESIDENT

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/30/2006 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): 168-42-9483

Firm's name (or yours if self-employed), address, and ZIP + 4: GENERAL ACCOUNTING PLUS EIN: 11-2764192

80-15 45TH AVE, ELMHURST, NY 11373 Phone no: 718-507-2652

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

BATEY RELIEF ALLIANCE INC B R A

Employer identification number

11-3403494

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
NONE		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	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
NONE		0
		0
		0
		0
		0
		0
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
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

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 ► \$ <u>0</u> (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)?		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 ► _____ City _____ ST _____ Country _____
- 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.)
- 11 a 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.)
- 11 b 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)					0
16 Membership fees received					0
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					0
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 0
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
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 0
d Add Amounts from column (e) for lines 18 _____ 0 19 _____ 0					26d 0
22 _____ 0 26b _____ 0					26e 0
e Public support (line 26c minus line 26d total)					26f 0.00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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) _____ (2003) _____ (2002) _____ (2001) _____					
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) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines 15 _____ 0 16 _____ 0					27c 0
17 _____ 0 20 _____ 0 21 _____ 0					27d 0
d Add Line 27a total _____ 0 and line 27b total _____ 0					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
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.					

Part V Private School Questionnaire (See page 7 of the instructions.)
 (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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular 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?		
b Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
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)	0	0												
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0												
41	Lobbying nontaxable amount Enter the amount from the following table—														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	0
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														
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	0												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0												
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0												

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				
	(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.)

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

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Direct public support		
1 Contributions	1	
2 Membership dues and assessments (contributions from the public)	2	
3 Commercial co-venture	3	
4 Special events contributions (Line 9 - Special Events)	0	4
5	5	372,000
6	15	
7	7	5,123,984
8	7,000	8
9	179,825	9
10 Total	186,840	10 5,495,984
Line 1b - Indirect public support		
Line 1c - Government contributions (grants)		

Line 20 (990) - Other changes in net assets or fund balances

1 1982 HONDA PICKUP TRUCK	1	7,000
2 MEDICAL CENTER	2	50,010
3 CASH IN BANK	3	-15,717
4 CHANGE IN INVENTORY	4	-2,732,110
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total	10	-2,690,817

Line 43 (990) - Other Deductions

5,640,504

5,211,494

429,010

0

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Description				
1 TRANSFER 02/06/2005	0			
2 PURCHASE HONDA 1982	7,000		7,000	***
3 MEDICAL CENTER CONSTRUCTION	25,005		25,005	***
4 TRANSFER 10/01/2005	0			
5 MEDICAL CENTER CONSTRUCTION	25,005		25,005	***
6 MISCELLANEOUS	5,646	5,646	***	
7 BRA MEDICAL CARE TO BATEY	91,841	91,841	***	
8 MEDICAL CARE SUPPLIES TO BATEY	5,113,984	5,113,984	*****	
9 INTEREST EXPOSURE	372,000		372,000	***
10 SHIPPING & HANDLING	23	23	***	
11	0			
12	0			
13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	0			

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	MEDICAL CENTER		10,000
2			
3			
4			
5			
6	Total land (net of any amortization)	0	10,000

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	MEDICAL CENTER BUILDING		200,000		
8	MEDICAL CENTER EQUIPMENT		400,000		
9	MOBILE CLINIC BUILDING	25,000	25,000		
10	MOBILE CLINIC EQUIPMENT	25,000	125,000		
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	50,000	750,000	0	0
18	Buildings and equipment (less accumulated depreciation)			50,000	750,000
19	Total land, buildings and equipment			50,000	760,000

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

Line 58 (990) - Other assets

4,964,100 1,579,000

		Beginning	End
1	COMPUTERS		3,500
2	FURNITURE & FIXTURE	600	25,000
3	MACHINERY & EQUIPMENT	223,000	223,000
4	MEDICAL SUPPLIES	4,725,000	1,300,000
5	LENSOMETER	2,500	2,500
6	XRAY MACHINE	3,000	3,000
7	AMBULANCE	10,000	10,000
8	1982 HONDA PICK UP TRUCK	0	7,000
9	1989 SUV 4 X 4 MITSUBISHI		5,000
10			
11			

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Direct public support		
1 Contributions	1	1
2 Membership dues and assessments (contributions from the public)	2	2
3 Commercial co-venture	3	3
4 Special events contributions (Line 9 - Special Events)	0	4
5	5	5 372,000
6	15	6
7	7	7 5,123,984
8	7,000	8
9	179,825	9
10 Total	186,840	10 5,495,984
Line 1b - Indirect public support		
Line 1c - Government contributions (grants)		

Line 20 (990) - Other changes in net assets or fund balances

1 1982 HONDA PICKUP TRUCK	1	1 7,000
2 MEDICAL CENTER	2	2 50,010
3 CASH IN BANK	3	3 -15,717
4 CHANGE IN INVENTORY	4	4 -2,732,110
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10 Total	10	10 -2,690,817

Line 43 (990) - Other Deductions

5,640,504

5,211,494

429,010

0

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Description				
1 TRANSFER 02/06/2005	0			
2 PURCHASE HONDA 1982	7,000		7,000	***
3 MEDICAL CENTER CONSTRUCTION	25,005		25,005	***
4 TRANSFER 10/01/2005	0			
5 MEDICAL CENTER CONSTRUCTION	25,005		25,005	***
6 MISCELLANEOUS	5,646	5,646	***	
7 BRA MEDICAL CARE TO BATEY	91,841	91,841	***	
8 MEDICAL CARE SUPPLIES TO BATEY	5,113,984	5,113,984	*****	
9 INTEREST EXPOSURE	372,000		372,000	***
10 SHIPPING & HANDLING	23	23	***	
11	0			
12	0			
13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	0			

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	MEDICAL CENTER		10,000
2			
3			
4			
5			
6	Total land (net of any amortization)	0	10,000

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	MEDICAL CENTER BUILDING		200,000		
8	MEDICAL CENTER EQUIPMENT		400,000		
9	MOBILE CLINIC BUILDING	25,000	25,000		
10	MOBILE CLINIC EQUIPMENT	25,000	125,000		
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	50,000	750,000	0	0
18	Buildings and equipment (less accumulated depreciation)			50,000	750,000
19	Total land, buildings and equipment			50,000	760,000

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

Line 58 (990) - Other assets

4,964,100

1,579,000

		Beginning	End
1	COMPUTERS		3,500
2	FURNITURE & FIXTURE	600	25,000
3	MACHINERY & EQUIPMENT	223,000	223,000
4	MEDICAL SUPPLIES	4,725,000	1,300,000
5	LENSOMETER	2,500	2,500
6	XRAY MACHINE	3,000	3,000
7	AMBULANCE	10,000	10,000
8	1982 HONDA PICK UP TRUCK	0	7,000
9	1989 SUV 4 X 4 MITSUBISHI		5,000
10			
11			

Batey Relief Alliance
 2004 Income-Expense Book
 January 1-December 31, 2005

**GENERAL SUPPORT
 INCOME - SOURCE**

THANK	PAYMENT	PURPOSE
yes	check	contribution
yes	check	Vol. Dorm's oven/ref
yes		
yes		
yes	check	General
yes	check/cash	Refund to BRA
yes	check	Council of Trustee
yes	Online	General
no	check	General
no	check	General
no	check	General
no	check	General
no	check	General
no	check	General
no	cash	General
no	cash	General
yes	Online	General
yes	check	Conference
yes	check	Conference
yes	check	Conference
yes	check	Conference
yes	check	Conference
yes	check	Conference
no	check	General
no	check	General
no	check	General
no	check	General
yes	check	General
yes	check	General
no	check	General

Batey Relief Alliance
 2004 Income-Expense Book
 January 1-December 31, 2005

REFERENCE	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600.00	\$ -
	\$ 4,000.00	\$ -	\$ -	\$ -	\$ -	\$ 4,000.00	\$ -
	\$ 300.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 92.02	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 2,000.00	\$ -	\$ -	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
	\$ -	\$ -	\$ -	\$ -	\$ 250.00	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ 100.00			
	\$ -	\$ -	\$ -	\$ 75.00			
	\$ -	\$ -	\$ -	\$ 100.00			
	\$ -	\$ -	\$ -	\$ 30.00			
	\$ -	\$ -	\$ -	\$ 75.00			
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 75.00
	\$ -	\$ -	\$ -	\$ 60.00			
	\$ -	\$ -	\$ -	\$ 20.00			
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100.00
	\$ -	\$ -	\$ -	\$ 50.00			
	\$ -	\$ -	\$ -	\$ -	\$ 25.00		
	\$ -	\$ -	\$ -	\$ 100.00			
	\$ -	\$ -	\$ -	\$ 50.00			
	\$ 20.00						
	\$ 35.00						
	\$ 50.00						
	\$ 50.00						
	\$ 25.00						
	\$ -	\$ -	\$ 50.00				
	\$ -	\$ 25.00					

Batey Relief Alliance
 2004 Income-Expense Book
 January 1-December 31, 2005

AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	GRAND TOTAL
\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 1,200.00
\$ -	\$ 1,200.00	\$ -	\$ 4,000.00	\$ -	\$ 13,200.00
\$ -	\$ -	\$ -	\$ 700.00	\$ -	\$ 1,000.00
\$ 1,000.00	\$ 348.00	\$ 1,000.00	\$ -	\$ -	\$ 3,748.00
\$ -	\$ 3,000.00	\$ -	\$ -	\$ -	\$ 3,800.00
\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ 392.02
\$ 500.00	\$ -	\$ -	\$ 1,100.00	\$ 500.00	\$ 6,100.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250.00
					\$ 100.00
					\$ 75.00
					\$ 100.00
					\$ 30.00
					\$ 75.00
					\$ 75.00
					\$ 60.00
					\$ 20.00
					\$ 100.00
					\$ 50.00
					\$ 100.00
					\$ 50.00
					\$ 25.00
					\$ 100.00
					\$ 50.00
					\$ 20.00
					\$ 35.00
					\$ 50.00
					\$ 50.00
					\$ 25.00
					\$ 50.00
					\$ 25.00

Batey Relief Alliance
 2004 Income-Expense Book
 January 1-December 31, 2005

yes	check	Memory of J. Scott Ga
yes	check	General
yes	check	General
yes	check	General
yes	Check	General
yes	check	General
yes	check	General
yes	check	General
yes	check	General
yes	check	online
yes	Online	General
yes	check	General
no	check	concert
no	check	General
yes	check	General
yes	check	general
yes	check	general
yes	check	General
yes	check	General
yes	check	General
yes	checks/cash	general
yes	checks/cash	general
yes	check	General
yes	check	Health Care
yes	check	Medical mission
yes	check	Eyecare mission
yes	check	Health care
yes	check	Motor Vehicle/gen
yes	check	Jhensi
yes	check	Center construction
yes	check	For his MD expenses
yes	Cashier's check	Medical mission

Batey Relief Alliance
 2004 Income-Expense Book
 January 1-December 31, 2005

no	check	June mission expenses
yes	Online	christmas party
yes	Online	christmas party
yes	Online	christmas party
yes	check	VOSH-wisc. Mission
yes	check	VOSH-wisc. Mission
yes	check	Volunteer expenses
yes	check	Jhensi
yes	check	Jhensi
yes	Money order	Jhensi
yes	check	Jhensi
yes	check	Registration fees
yes	check	Registration fees
yes	check	Mission registration fe
yes	check	2005 Mission
yes	check	One Love surfers
yes	check	One Love surfers
yes	check	One Love surfers
yes	check	One Love surfers
yes	check	One Love surfers
yes	check	Fundraising Ed in KS
yes	check	General/AIDS
yes	check	Optometry
GRAND TOTAL CASH CONTRIBUTION:		

Batey Relief Alliance
 2004 Income-Expense Book
 January 1-December 31, 2005

\$	-	\$	-	\$	-	\$	660.00	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
\$	75.00	\$	-	\$	-	\$	-	\$	-	\$	-
\$	75.00	\$	-	\$	-	\$	-	\$	100.00	\$	-
\$	-	\$	-	\$	-	\$	875.00	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	25.00
\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	-	\$	-	\$	150.00	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	-	\$	-	\$	450.00	\$	-	\$	-
\$	-	\$	-	\$	-	\$	75.00	\$	-	\$	-
\$	50.00	\$	-	\$	-	\$	-	\$	-	\$	-
\$	100.00	\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	200.00	\$	-	\$	-	\$	-	\$	-
\$	100.00	\$	-	\$	-	\$	-	\$	-	\$	-
\$	400.00	\$	400.00	\$	400.00	\$	400.00	\$	400.00	\$	400.00
\$	-	\$	500.00	\$	-	\$	500.00	\$	-	\$	150.00
\$	-	\$	-	\$	-	\$	-	\$	5,000.00	\$	4,000.00
\$	11,225.00	\$	14,477.07	\$	6,475.00	\$	6,950.00	\$	22,340.00	\$	5,895.00
\$	21,522.02	\$	16,972.07	\$	6,525.00	\$	12,303.55	\$	23,865.00	\$	11,095.00
\$	-	\$	-	\$	-	\$	-	\$	-	\$	2,250.00

