

**Return of Organization Exempt From Income Tax**

**2005**

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)

Open to Public Inspection

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**  
**THE FORTUNE SOCIETY, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**53 WEST 23RD STREET, 8TH FLOOR**

City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10010**

**D Employer identification number**  
**13-2645436**

**E Telephone number**  
**212-691-7554**

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website:** **WWW.FORTUNESOCIETY.ORG**

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

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

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **13,526,281.**

**H and I are not applicable to section 527 organizations.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances											
Revenue	1	Contributions, gifts, grants, and similar amounts received:									
	a	Direct public support	1a	1,077,686.							
	b	Indirect public support	1b								
	c	Government contributions (grants)	1c	12,341,662.							
	d	Total (add lines 1a through 1c) (cash \$ 13,419,348. noncash \$ )	1d	13,419,348.							
	2	Program service revenue including government fees and contracts (from Part VII, line 93)								2	
	3	Membership dues and assessments								3	
	4	Interest on savings and temporary cash investments								4	2,991.
	5	Dividends and interest from securities								5	799.
	6a	Gross rents	6a								
	6b	Less: rental expenses	6b								
	6c	Net rental income or (loss) (subtract line 6b from line 6a)								6c	
7	Other investment income (describe )								7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other							
		83,760.	8a								
		Less: cost or other basis and sales expenses	8b	82,268.							
		Gain or (loss) (attach schedule)	8c	1,492.							
8d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1								8d	1,492.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>										
a	Gross revenue (not including \$ 62,852. of contributions reported on line 1a)	9a	12,974.								
b	Less: direct expenses other than fundraising expenses	9b	17,966.								
c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2								9c	<4,992.>	
10a	Gross sales of inventory, less returns and allowances	10a									
		Less: cost of goods sold	10b								
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								10c	
11	Other revenue (from Part VII, line 103)								11	6,409.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								12	13,426,047.	
Expenses	13	Program services (from line 44, column (B))								13	10,256,390.
	14	Management and general (from line 44, column (C))								14	2,147,497.
	15	Fundraising (from line 44, column (D))								15	461,578.
	16	Payments to affiliates (attach schedule)								16	
	17	Total expenses (add lines 16 and 44, column (A))								17	12,865,465.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)								18	560,582.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))								19	1,491,028.
	20	Other changes in net assets or fund balances (attach explanation)								20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)								21	2,051,610.

**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.

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"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. * *	157,500.	110,250.	47,250.	0.
26 Other salaries and wages	6,382,949.	5,163,895.	979,597.	239,457.
27 Pension plan contributions	92,516.	74,607.	14,522.	3,387.
28 Other employee benefits	963,775.	777,210.	151,286.	35,279.
29 Payroll taxes	474,440.	382,599.	74,474.	17,367.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	31,073.	31,073.		
33 Supplies	545,795.	442,094.	81,869.	21,832.
34 Telephone	174,627.	141,448.	26,194.	6,985.
35 Postage and shipping	55,193.	44,706.	8,279.	2,208.
36 Occupancy	1,713,230.	1,387,716.	256,985.	68,529.
37 Equipment rental and maintenance	212,602.	172,207.	31,891.	8,504.
38 Printing and publications				
39 Travel	296,693.	291,087.	4,426.	1,180.
40 Conferences, conventions, and meetings	118,354.	95,867.	17,753.	4,734.
41 Interest	46,063.	37,311.	6,909.	1,843.
42 Depreciation, depletion, etc. (attach schedule)	48,407.	39,210.	7,261.	1,936.
43 Other expenses not covered above (itemize):				
a PROFESSIONAL FEES	835,746.	369,844.	422,036.	43,866.
b CLIENT FOOD/ACTIVITIES	604,735.	604,735.		
c SECURITY SVCS & EQUIP.	11,872.	9,616.	1,781.	475.
d INSURANCE	99,895.	80,915.	14,984.	3,996.
e				
f				
g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	12,865,465.	10,256,390.	2,147,497.	461,578.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

\*\* SEE STATEMENT 3

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

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

What is the organization's primary exempt purpose? ► SEE BELOW	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> COUNSELING AND CLIENT ADVOCACY - PROVIDE SUPPORTIVE SERVICES, INCLUDING COUNSELING, HEALTH SERVICES, HOUSING ASSISTANCE, TREATMENT SERVICES, ALTERNATIVE TO INCARCERATION AND FAMILY SERVICES, TO FORMER PRISONERS AND EDUCATES THE PUBLIC ABOUT PRISONS, CRIMINAL JUSTICE ISSUES AND THE ROOT CAUSES OF CRIMES.	
(Grants and allocations \$ 0 . ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	7,650,962.
<b>b</b> EDUCATION AND TRAINING - PROVIDE ADULT BASIC EDUCATION, INCLUDING LITERACY AND GED PREPERATION, HIV/AIDS HEALTH EDUCATION, CAREER DEVELOPMENT TRAINING AND JOB SEARCH ASSISTANCE TO FORMER PRISONERS.	
(Grants and allocations \$ 0 . ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,605,428.
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	10,256,390.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash	284,981.	45	385,400.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48 a Pledges receivable	213,758.	48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable	585,525.	49	213,758.
	50 Receivables from officers, directors, trustees, and key employees	1,640,778.	50	1,587,467.
	51 a Other notes and loans receivable		51a	50
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	57,266.	53	65,412.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	29,421.	54	89,884.
	55 a Investments - land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation		55b	55c
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	781,608.	57a		
b Less: accumulated depreciation STMT 4	231,445.	57b	57c	
58 Other assets (describe SEE STATEMENT 5 )	590,416.	58	550,163.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	428,005.	59	469,294.	
60 Accounts payable and accrued expenses	3,616,392.	60	3,361,378.	
61 Grants payable	744,496.	61	891,564.	
62 Deferred revenue		62		
63 Loans from officers, directors, trustees, and key employees STMT 6	25,000.	63	25,000.	
64 a Tax-exempt bond liabilities		64a		
b Mortgages and other notes payable STMT 7	902,597.	64b	8,144.	
65 Other liabilities (describe GOV'T REFUNDABLE ADVANCES )	453,271.	65	385,060.	
66 <b>Total liabilities.</b> Add lines 60 through 65	2,125,364.	66	1,309,768.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	898,069.	67	1,662,435.
	68 Temporarily restricted	592,959.	68	389,175.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,491,028.	73	2,051,610.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,616,392.	74	3,361,378.	





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? 82a 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 45,150.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
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 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed NY
b Number of employees employed in the pay period that includes March 12, 2005 90b 235
91 a The books are in care of DOUG FELTMAN Telephone no. 212-691-7554
Located at 53 WEST 23RD STREET 8TH FLOOR, NEW YORK, NY ZIP + 4 10010
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)? 91b X
If "Yes," enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country N/A
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 92 N/A

Table with 2 columns: Yes, No. Row 91b: Yes, X. Row 91c: Yes, X.

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	2,991.	
96 Dividends and interest from securities .....			14	799.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets					
other than inventory .....			18	1,492.	
101 Net income or (loss) from special events .....			01	<4,992.>	
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a MISCELLANEOUS			01	6,409.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		6,699.	0.
105 Total (add line 104, columns (B), (D), and (E)) .....					6,699.

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).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

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

Firm's name (or yours if self-employed), address, and ZIP + 4: **MARKS PANETH AND SHRON, LLP**  
**622 THIRD AVENUE**  
**NEW YORK, NY 10017**

EIN: \_\_\_\_\_ Phone no.: **212-503-8800**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **THE FORTUNE SOCIETY, INC.** Employer identification number **13 2645436**

**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
STANLEY RICHARDS C/O FORTUNE SOCIETY, INC 53 WEST 23RD	COO 35.00	110,000.	14,212.	
WENDY SELIGSON C/O FORTUNE SOCIETY, INC 53 WEST 23RD	VP ADMIN. 35.00	97,344.	12,712.	
ALTHEA BROOKS C/O FORTUNE SOCIETY, INC 53 WEST 23RD	ASS. VP PROG. 35.00	95,000.	6,431.	
JAMI DORTON C/O FORTUNE SOCIETY, INC 53 WEST 23RD	ASS. VP PROG. 35.00	95,000.	8,835.	
DAVID NIDUS C/O FORTUNE SOCIETY, INC 53 WEST 23RD	ASS VP PROG. 35.00	94,000.	6,431.	
Total number of other employees paid over \$50,000 ▶	28			

**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
BTQ FINANCIAL 80 BROAD STREET 15TH FLOOR, NEW YORK, NY 10004	FISCAL MANAGEMENT SERVICES	223,017.
BORIS SPORER 333 EAST 41ST STREET #4E, NEW YORK, NY 10017	DATA BASE CONSULTING	87,150.
ANDY MORRIS & CO. LLC 101 FIFTH AVENUE, 8TH FLOOR, NEW YORK, NY 10003	PUBLIC RELATIONS COUNSEL	60,000.
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b> 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>39,000</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <div style="text-align: center;">VI-B, LINE I</div> 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.	1	X	
<b>2</b> 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.)			
<b>a</b> Sale, exchange, or leasing of property? .....	2a		X
<b>b</b> Lending of money or other extension of credit? .....	2b	X	
<b>c</b> Furnishing of goods, services, or facilities? .....	2c		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE PART V-A, FORM 990</u>	2d	X	
<b>e</b> Transfer of any part of its income or assets? .....	2e		X
<b>3 a</b> 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.) .....	3a		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? .....	3b	X	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....	3c		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

**5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

**6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

**7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

**8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

**9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_

**10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

**11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**12**  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

**13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,045,372.	11,780,813.	7,969,317.	7,328,007.	40,123,509.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	833.	526.	6,326.	30,407.	38,092.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	13,046,205.	11,781,339.	7,975,643.	7,358,414.	40,161,601.
<b>24</b> Line 23 minus line 17	13,046,205.	11,781,339.	7,975,643.	7,358,414.	40,161,601.
<b>25</b> Enter 1% of line 23	130,462.	117,813.	79,756.	73,584.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 803,232.
<b>b</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					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 40,161,601.
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>38,092.</u> 19 _____ 22 _____ 26b _____					<b>26d</b> 38,092.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 40,123,509.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.9052%
<b>27</b> Organizations described on line 12: <b>a</b> 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: <b>N/A</b> (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>b</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 <b>larger</b> 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: <b>N/A</b> (2004) _____ (2003) _____ (2002) _____ (2001) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**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.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
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)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
	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 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....		0.			0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....		0.			0.
<b>48</b> Grassroots nontaxable amount .....		0.			0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....		0.			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
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....	X		39,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			39,000.

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

**SEE STATEMENT 12**



2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND		L			424,539.			424,539.			0.
2	LEASEHOLD IMPROVEMENTS		SL	8.00	16	156,404.			156,404.	96,076.		0.
3	OFFICE EQUIPMENT		SL	3.00	16	116,954.			116,954.	95,868.		0.
4	VEHICLES		SL	5.00	16	83,711.			83,711.	39,501.		0.
	* TOTAL 990 PAGE 2 DEPR					781,608.		0.	781,608.	231,445.	0.	0.

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>			<b>Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number		
	THE FORTUNE SOCIETY, INC.		13-2645436		
	Number, street, and room or suite no. If a P.O. box, see instructions. 53 WEST 23RD STREET, 8TH FLOOR		For IRS use only		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10010					

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

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  JOANNE PAGE  
Telephone No.  212-691-7554      FAX No.  212-255-4948
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole group**, check this box  . If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2006.

5 For calendar year 2005, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

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

7 State in detail why you need the extension  
INFORMATION REQUESTED FROM THIRD PARTIES IN ORDER TO COMPLETE THE RETURN IS STILL NOT AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  [Signature] Title  CPA Date  8/8/06

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name ATTN: SANDY PAILLERE 10TH FLOOR MARKS PANETH & SHRON LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 622 THIRD AVENUE
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10017

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>THE FORTUNE SOCIETY, INC.</b>	Employer identification number <b>13-2645436</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>53 WEST 23RD STREET, 8TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10010</b>	

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

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

- The books are in the care of ▶ **JOANNE PAGE**  
 Telephone No. ▶ **212-691-7554** FAX No. ▶ **212-255-4948**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year **2005** or
  - ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ **N/A**

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 12-2004)

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	83,760.	82,268.	0.	1,492.
TO FORM 990, PART I, LINE 8	83,760.	82,268.	0.	1,492.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL BENEFIT EVENT	75,826.	62,852.	12,974.	17,966.	<4,992.>
TO FM 990, PART I, LINE 9	75,826.	62,852.	12,974.	17,966.	<4,992.>

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FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25	STATEMENT 3
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOANNE PAGE	157,500.	6,431.		163,931.
A. PROGRAM SERVICES	118,125.	4,823.		122,948.
B. MANAGEMENT AND GENERAL	39,375.	1,608.		40,983.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				122,948.
TOTAL MANAGEMENT AND GENERAL				40,983.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				163,931.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	424,539.	0.	424,539.
LEASEHOLD IMPROVEMENTS	156,404.	96,076.	60,328.
OFFICE EQUIPMENT	116,954.	95,868.	21,086.
VEHICLES	83,711.	39,501.	44,210.
TOTAL TO FORM 990, PART IV, LN 57	781,608.	231,445.	550,163.

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FORM 990	OTHER ASSETS	STATEMENT 5
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DESCRIPTION	AMOUNT
DUE FROM RELATED PARTY (FORTUNE L.P.)	84,267.
SECURITY DEPOSITS	218,027.
DUE FROM RELATED PARTY (FORTUNE G.P.)	167,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	469,294.

FORM 990      LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC.      STATEMENT      6

LENDER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT
SEE STATEMENT 14			0.
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
			.00%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION
			BALANCE DUE
			0.
			25,000.
TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B			25,000.

FORM 990      MORTGAGES PAYABLE      STATEMENT      7

DESCRIPTION	BALANCE DUE
SEE STATEMENT 14	8,144.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	8,144.

FORM 990      OTHER SECURITIES      STATEMENT      8

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH AND EQUITY SECURITIES	FMV	89,884.
TO FORM 990, LINE 54, COL B		89,884.

FORM 990

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

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROLAND NICHOLSON, JR. 53 WEST 23RD STREET NEW YORK, NY 10010	CHAIRPERSON 1.00	0.	0.	0.
SAM FENEQUE 53 WEST 23RD STREET NEW YORK, NY 10010	VICE CHAIRPERSONS 1.00	0.	0.	0.
BETTY P. RAUCH 53 WEST 23RD STREET NEW YORK, NY 10010	SECRETARY 1.00	0.	0.	0.
ROBERT COHEN 53 WEST 23RD STREET NEW YORK, NY 10010	EXECUTIVE COMMITTEE 1.00	0.	0.	0.
ANNE L. GRAY 53 WEST 23RD STREET NEW YORK, NY 10010	EXECUTIVE COMMITTEE 1.00	0.	0.	0.
STEVEN DONZIGER 53 WEST 23RD STREET NEW YORK, NY 10010	EXECUTIVE COMMITTEE 1.00	0.	0.	0.
FELIPE LUCIANO 53 WEST 23RD STREET NEW YORK, NY 10010	MEMBER 0.25	0.	0.	0.
KRIS WATSON 53 WEST 23RD STREET NEW YORK, NY 10010	MEMBER 0.25	0.	0.	0.
WILLIAM T. MARTIN 53 WEST 23RD STREET NEW YORK, NY 10010	MEMBER 0.25	0.	0.	0.
RICHARD FELDMAN 53 WEST 23RD STREET NEW YORK, NY 10010	MEMBER 0.25	0.	0.	0.
ELEANOR JACKSON PIEL 53 WEST 23RD STREET NEW YORK, NY 10010	MEMBER 0.25	0.	0.	0.

NORMAN VALE 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
STEPHANE HOWZE 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
MELANIE JOHNSTON 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
TABOR W. BUTLER 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
JEAN JEREMIE 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	TREASURER 1.00	0.	0.	0.
RICHARD STRATTON 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
FRANK PRESCOD 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
KIM BARBER 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
IMAM SALAHUDDIN M. MUHAMMAD 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
NALIKA NANAYAKKARA 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
TODD R. CLEAR 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
DARRYL P. KING 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
ANTONIA ARMSTRONG 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.

MOSES CHAMP 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
JOANNE PAGE 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	PRESIDENT/ CEO 35.00	157,500.	6,431.	0.
KAREN A. MCGUINNESS 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
DOUGLAS THOMPkins 53 WEST 23RD STREET NEW YORK, NY 10010	8TH FLOOR	MEMBER 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A			157,500.	6,431.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
FORTUNE HDFC	X	
FORTUNE G.P.		X

FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 11

INDIVIDUAL'S NAME

TITLE OR ROLE

TODD CLEAR

BOARD MEMBER

INDIVIDUAL'S NAME

TITLE OR ROLE

DINA ROSE

CONSULTANT

EXPLANATION OF RELATIONSHIP

SPOUSES

SCHEDULE A

STATEMENT OF LOBBYING ACTIVITIES - PART VI-B

STATEMENT 12

FORTUNE HAS CONTRACTED WITH A CONSULTING FIRM, HOGAN AND HARTSON, TO REPRESENT THEM IN WASHINGTON. THE JOB OF THE CONSULTANT IS TO PROMOTE THE AGENCY TO LEGISLATORS AND PRESENT A POSITIVE IMAGE TO THE PUBLIC.

**THE FORTUNE SOCIETY**  
**EIN # : 13-2645436**  
**FORM 990 PART II LINE 25 AND PART V-A DETAILS**  
**SCHEDULE OF COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**  
**DECEMBER 31, 2005**

Joanne Page, Executive Director

	<u>Compensation</u>
Salary (net of all items below to arrive at line 25 total)	\$ 143,500
Employee 403(b) or 401(k) deferrals	14,000
Distributions received under 403(b), 401(k) and 457 plans	-
Bonus paid during the year	-
Value of car includable as compensation	-
Value of other expenses includable as compensation	-
Severance payments received	-
	-
<b>LINE 25 TOTAL (and Part V-A, Column C)</b>	<b>(1) \$ 157,500</b>

	<u>Part V-A Details</u>	
	<u>Column D</u>	<u>Column E</u>
Health insurance premiums	\$ 3,803	N/A
Life insurance premiums	396	N/A
Dental insurance premiums	360	N/A
Disability—not statutory—long term policies only	372	N/A
Value of car includable as compensation	N/A	\$ -
Value of other expenses includable as compensation	N/A	-
Employer pension plan contributions (401(a), 403(b) and 401(K))		N/A
Employer deferred compensation plan contributions (457 plans)	1,500	N/A
	1,500	N/A
<b>PART V-A TOTALS</b>	<b>(2) \$ 6,431</b>	<b>\$ -</b>

**Note:**

(1) The functional allocation of the above compensation can be found on page 2 of the 990.

(2) The functional allocation of column D is pro-rata based on line 25. Column D amounts are not included in Line 25. Column E amounts are included in Line 25.

THE FORTUNE SOCIETY, INC.

EIN # : 13-2645436

FORM 990

DECEMBER 31, 2005

**FORM 990 PART IV LN 63**

In 2002, Fortune received a \$25,000 non-interest bearing loan from a board member. The purpose of the loan was to partially finance a fund raising campaign. The loan will be repaid from the proceeds of the campaign.

**FORM 990 PART IV LN 64B**

**MORTGAGE PAYABLE & OTHER NOTES**

\$8,144

The Mortgage is payable to a bank with interest at 7% and matures in 2006. It is secured by Fortune's real property.