Form 990-T	E	exempt Organization Bus			Tax Retur	'n	OMB No. 1545-0687				
Department of the Treasury Internal Revenue Service	Enr o	(and proxy tax und			AUG 31. 2	006	2005				
A Check box if address changed		Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions for Block D on page 7.)									
	-	UNITED STATES OF AMERI		36-2667348							
B Exempt under section X 501(C)(3)	or			E New unrelated bus, activity codes							
408(e) 220(e)	Туре	OTSS LEHMAN DRIVE									
408A530(a) 529(a)		City or town, state, and ZIP code COLORADO SPRINGS, CO	541	541800							
		exemption number (see instructions for Block F)									
at end of year 6,009,539.	G Check	k organization type X 501(c) corporatio	n L	501(c) trust	401(a) trus	st L	Other trust				
					13						
		ooration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group	?▶	Ye	s X No				
		tifying number of the parent corporation.									
,		THE ASSOCIATION			ohone number 🕨						
		de or Business Income	1	(A) Income	(B) Expens	ses	(C) Net				
1a Gross receipts or sal	es										
b Less returns and allo		c Balance	10		_						
		A, line 7)	2								
		rom line 1c	3								
		h Schedule D)	4a								
		art II, line 17) (attach Form 4797)	4b		_						
		sts	4c		_						
• • •		ips and S corporations (attach statement)	5								
			6								
		me (Schedule E)	7			·					
	•	and rents from controlled organizations (Sch. F)	8				,-				
		on 501(c)(7), (9), or (17) organization									
		(Cabadula I)	9 10								
		me (Schedule I)	11	303,500	251	125.	52,375.				
		is - attach schedule.)	12	3037300	2317	123.	32/3/34				
		gh 12	13	303,500	251.	125.	52,375.				
		ot Taken Elsewhere (See instructions for		<u> </u>		1236	32/3/3				
(Except for	contribu	utions, deductions must be directly connecte	d with	the unrelated busine	ess income.)	,					
		rectors, and trustees (Schedule K)									
						1 '	····				
											
		e instructions for limitation rules.)				. 20					
21 Depreciation (attach	Form 45	562)	•••••	21		_					
		Schedule A and elsewhere on return				22b					
		mpensation plans									
		shedule D									
		chedule I)					119,141.				
		redule)					<u> </u>				
		es 14 through 28					119,141.				
		ncome before net operating loss deduction. Subtrac					<66,766.>				
		(limited to the amount on line 30)					0.				
		ncome before specific deduction. Subtract line 31 fr					<66,766.>				
		\$1,000, but see instructions for exceptions)					1,000.				
		able income. Subtract line 33 from line 32. If line				.					
of zero or line 32		The state of the s	10 g		viilailyi	34	<66,766.>				

Form 990-T (2005)

PartIII	Tax Computation			
35 0	rganizations Taxable as Corporations. See instructions for tax computation.			
C	ontrolled group members (sections 1561 and 1563) - check here 🔲 . See instructions and	d:		
	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde			
(1		1		
-	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	2) Additional 3% tax (not more than \$100,000)			
			05.	0.
	come tax on the amount on line 34		> 35c	<u> </u>
36 Ti	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount			
	Tax rate schedule or Schedule D (Form 1041)			
	roxy tax. See instructions			
	Iternative minimum tax			
	otal. Add lines 37 and 38 to line 35c or 36, whichever applies		39	0.
Part IV	Tax and Payments		100000000004	
40a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
ЬΟ	ther credits (See instructions)	40b		
	eneral business credit - Check here and indicate which forms are attached:			
٦	Form 3800	40e		
4 C	redit for prior year minimum tax (attach Form 8801 or 8827)	40d		
			400	
	otal credits. Add lines 40a through 40d		1	0.
41 \$	ubtract line 40e from line 39 ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	ce Cotherau	41	<u> </u>
		•		0.
	otal tax. Add lines 41 and 42		43	0.
44a P	ayments: A 2004 overpayment credited to 2005			
b 20	005 estimated tax payments			
c Ta	ax deposited with Form 8868	44c		
d Fo	oreign organizations - Tax paid or withheld at source (see instructions)	44d		
e B	ackup withholding (see instructions)	44e		
	ther credits and payments: Form 2439			
Ì	Form 4136 Other Total ▶	441		
45 Ti	otal payments. Add lines 44a through 44f	771	45	
46 Es	stimated tax penalty (See instructions). Check if Form 2220 is attached	***************************************	46	
	ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			0.
				0.
	verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			
49 E	nter the amount of line 48 you want: Credited to 2006 estimated tax	Refur		
		am /Caa jaatuusti		•
1 At any	time during the 2005 calendar year, did the organization have an interest in or a signature or o	ther authority over	a financial account in	Yes No
1 At any a forei	time during the 2005 calendar year, did the organization have an interest in or a signature or or gn country (such as a bank account, securities account, or other financial account)? If "Yes," th	ther authority over	a financial account in	Yes No
1 At any a forei	time during the 2005 calendar year, did the organization have an interest in or a signature or o	ther authority over	a financial account in	
1 At any a forei TD F 9	time during the 2005 calendar year, did the organization have an interest in or a signature or or gn country (such as a bank account, securities account, or other financial account)? If "Yes," th	ther authority over ne organization may	a financial account in / have to file Form	
1 At any a forei TD F 9 2 During	time during the 2005 calendar year, did the organization have an interest in or a signature or orgn country (such as a bank account, securities account, or other financial account)? If "Yes," the 0-22.1. If "Yes," enter the name of the foreign country here	ther authority over ne organization may	a financial account in / have to file Form	X
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Controlled Organization Controlled Organ	Description of property											
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Common C	rent for personal property is more t	entage of nan	(b) F	rent for pe	ersonal property ex	ceeds 50% (centage or if	3 Deduc	tions dire lumns 2(a	ctly con a) and 2(nected with the income in (b) (attach schedule)	
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Total income. Add totals of columns 2(a) and 2(b). Enter serie and on page 1, Part I, line 6, column (A). Checkedule E - Unrelated Debt-Financed Income (See instructions on page 17.) Checkedule E - Unrelated Debt-Financed Income (See instructions on page 17.) California income from crafficiable to debt-financed property 1 Description of debt-franced property 2 Ginose income from crafficiable to debt-financed property (1) (2) (3) (4) 4 Amount of average acquisition debt of articles and acquisition of of a property in the debt of a reliciable to debt-financed groupsety (alticut schedule) (4) 4 Amount of average acquisition debt of a reliciable to the financed groupsety (alticut schedule) (5) (6) (7) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1												
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(4) Add columns 5 and 10. Add columns 6 and 11.			· 									
Add columns 5 and 10. Add columns 6 and 11.												
line 8, column (A). line 8, column (B).	•						Enter here an	d on page 1, Pa	ti,	Enter	here and on page 1, Part i,	

(See instr		2 Amount of income	3 Dedu directly co	nnected	4 Set-asides (attach schedule)	5 Total deductions and set-asides		
/4)		:		, dy*—p*	(attach so	chedule)	(attach solicable)	(col. 3 plus col. 4)
(1)								
(3)		· · · · · · · · · · · · · · · · · · ·						
(4)				•				
(4)			Ε	nter here and on page 1,		I		Enter here and on page 1,
Cotolo				art I, line 9, column (A).				Part 1, line 9, column (B).
Totals Schedule I - Exploited (See instru					ing Inco	me		×4
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly conni with produc of unrelate business inc	ected tion ed	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross from activ is not un business	rity that related	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on Enter here a page 1, Part I, page 1, Part III ine 10, col. (A). Ine 10, col		rt I, (B).					Enter here and on page 1, Part II, line 26.
Totals	0.		0.	10.)				0.
Schedule J - Advertisi	ng Income (See Periodicals Rep	instructions of	on page	19.)				
Part I Income From I	Periodicais Rep	orted on a	a Cons	olidated basis	• 			7 Excess
1 Name of periodical	2 Gross advertising income	advertising advertis		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5 Circulation income		6 Readership costs	readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)							·	
(3)								
(4)								
Totals (carry to Part II,								
line (5))	▶	0.	0.					0.
Part II Income From I columns 2 through	Periodicals Rep 7 on a line-by-line ba		a Sepa	rate Basis (For	each period	dical listed	l in Part II, fill in	
(1) USA WRESTLER	273,61	3. 154,	,472.	119,141		985.	263,594.	119,141.
(2) WEB SITE	29,88		,653.					
(3)							-	
(4)								
(5) Totals from Part I		0.	0.					0.
	Enter here and o page 1, Part I, line 11, col. (A)	page 1	re and on I, Part I col. (8).					Enter here and on page 1, Part II, line 27,
Totals, Part II (lines 1-5)	<u>▶ 303,50</u>	0. 251	,125					119,141.
Schedule K - Compens	sation of Office	rs, Directo	ors, an	d Trustees (Se	e instructio			
1 N	lame			2 Title		3 Percen time devote busines	ed to	ensation attributable related business
							%	
							%	
							%	
							%	
Total - Enter here and on page 1,	D 111 C 44						№ 1	0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

ADVERTISING FOR IN-HOUSE PERIODICALS PROVIDED FOR THE BENEFIT OF MEMBERS TO FORM 990-T, PAGE 1