Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2006 ca	alendar	year, or tax year beginning		, 2006, and	dending		, 20
		applicable:	Please use IRS label or	C Name of organization				D Employ	er identification number
	Name c	change	print or type. See	Number and street (or P.O. box	if mail is not delivered to s	street address	Room/suite	E Telepho	one number
	Initial ref	turn	Specific Instruc- tions.	City or town, state or country,	and ZIP + 4			F Accountin	rig method: ☐ Cash ☐ Accrual her (specify) ►
=		ed return ion pending		ction 501(c)(3) organizations and				ot applicable	to section 527 organizations. In for affiliates? Yes No
G	Websit	e: ►						enter numb	er of affiliates ▶
J	Organia	zation type	(check o	only one) ► 501(c) () ◀ (insert no.)	or 527	(If "No,"	attach a list	. See instructions.)
K	receipts	are normal	ly not mo	organization is not a 509(a)(3) supore than \$25,000. A return is not rece a complete return.				separate retur ion covered b xemption Nu	y a group ruling? Yes No
L	Gross	receipts: A	Add line	s 6b, 8b, 9b, and 10b to line 1	2 ▶				the organization is not required orm 990, 990-EZ, or 990-PF).
	art I			penses, and Changes in		und Bala			
	1		-	gifts, grants, and similar an			,		,
	а					1a			
	b	Direct p	ublic sı	upport (not included on line	e 1a)	1b			
	С		•	support (not included on lir	· · · · · · · · · · · · · · · · · · ·	1c			
	d			ontributions (grants) (not inc		1d		4.	
	1 .			1a through 1d) (cash \$. 1e	
	2			e revenue including governme				_	
	3	 Membership dues and assessments					•		
	5								
		5 Dividends and interest from securities							
	1			me or (loss). Subtract line 6				. 6c	
ē	7			ent income (describe) 7	
Revenue	8a	Gross a	mount	from sales of assets other	(A) Securities		B) Other		
Вè		than inv	•			8a			
	1			ner basis and sales expenses.		8b 8c			
	1			attach schedule)				8d	
	9	•	•	s). Combine line 8c, columns nd activities (attach schedule). I	. , . ,		· · · · · · · · · · · · · · · · · · ·		
		•		,	of	anning, che	JK Hele	1	
	a			eported on line 1b)		9a			
	b			penses other than fundrais		9b			
	С			(loss) from special events.	- '	m line 9a		. 9с	
	10a			inventory, less returns and		10a			
	b			goods sold		10b		40-	
	C			oss) from sales of inventory (att					
	11 12	Total re	venue.	(from Part VII, line 103) . Add lines 1e, 2, 3, 4, 5, 6c,	7. 8d. 9c. 10c. and 1	1		. 11	
	13			ces (from line 44, column (E					
ses	14	_		and general (from line 44, co					
Expenses	15			om line 44, column (D)) .					
Ä		Paymen	ts to at	ffiliates (attach schedule) .				. 16	
	17	Total ex	pense	s. Add lines 16 and 44, co	lumn (A)				
ets	18		•	cit) for the year. Subtract li					
Net Assets	19			fund balances at beginning					
let .	20 21			in net assets or fund balar					
_	41	וזכנ מסטנ	rio Ul Il	and balances at end of year.	COMBINE INTESTO, 18	, and 20		. 21	

	Statement of All organizations multiple Functional Expenses organizations and s	ust cor	nplete column (A). Co	plumns (B), (C), and (I	D) are required for sec	tion 501(c)(3) and (4)
	Do not include amounts reported on line	ection	(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(7.)	services	and general	(D) I dilataloning
22 a	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$)	22a				
22h	If this amount includes foreign grants, check here ▶ ☐ Other grants and allocations (attach schedule)	ZZa			-	
ZZ IJ	(cash \$ noncash \$)					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24			-	
25a	Compensation of current officers, directors,					
Lou	key employees, etc. listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
^	Compensation and other distributions, not included above, to					
C	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included					
27	on lines 25a, b, and c	26				
	lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a – 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30 31				
31	Accounting fees	32				
32 33	Legal fees	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):	43a				
		43b				
b		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44				
Join	t Costs. Check ▶ ☐ if you are following SOP			I		
	ny joint costs from a combined educational campaign		ındraisina solicitatio	n reported in (B) Pr	ogram services?	► Yes No
	es," enter (i) the aggregate amount of these joint cost:		_		-	
	ne amount allocated to Management and general \$; and (iv) th			,

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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.

W	/hat is the organization's primary exempt purpose? ►		Program Service
of	Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to	(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	a		
	(Grants and allocations \$) If this amount includes foreign grants, check h	ore D	
b			
U	b		
	(Grants and allocations \$) If this amount includes foreign grants, check h	ere 🕨 🗌	
С			
	(Grants and allocations \$) If this amount includes foreign grants, check h	iere ▶ □	
d			
u	^		
	(Grants and allocations \$) If this amount includes foreign grants, check h	ere 🕨 🗌	
е	Other program services (attach schedule)	. —	
	(Grants and allocations \$) If this amount includes foreign grants, check h		
Ť	Total of Program Service Expenses (should equal line 44, column (B), Program services)		

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Pa	rt IV	Balance Sheets (See the instructions.)		
N	lote:	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
	45	Cash—non-interest-bearing	45	
	46	Savings and temporary cash investments	46	
	70	Cavings and temporary cash investments , , , , , , , ,		
	47-	Accounts receivable 47a		
		7.000unto receivable	47c	
	D	Less: allowance for doubtful accounts . 47b	470	
		190		
		Pledges receivable	40-	
		Less: allowance for doubtful accounts . 48b	48c	
	49	Grants receivable	49	
ets	50a	Receivables from current and former officers, directors, trustees, and		
		key employees (attach schedule)	50a	
	b	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	50b	
	51a	Other notes and loans receivable (attach		
		schedule)		
Assets	b	Less: allowance for doubtful accounts . 51b	51c	
⋖	52	Inventories for sale or use	52	
	53	Prepaid expenses and deferred charges	53	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV	54a	
	b	Investments—other securities (attach schedule) Cost FMV	54b	
	55a	Investments—land, buildings, and		
		equipment: basis		
	b	Less: accumulated depreciation (attach		
		schedule)	55c	
	56	Investments—other (attach schedule)	56	
	57a	Land, buildings, and equipment: basis . 57a		
	b	Less: accumulated depreciation (attach		
		schedule)	57c	
	58	Other assets, including program-related investments		
		(describe ►)	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	59	
	60	Accounts payable and accrued expenses	60	
	61	Grants payable	61	
	62	Deferred revenue	62	
es	63	Loans from officers, directors, trustees, and key employees (attach		
Ħ		schedule)	63	
Liabilities		Tax-exempt bond liabilities (attach schedule)	64a	
_	b	Mortgages and other notes payable (attach schedule)	64b	
	65	Other liabilities (describe ►)	65	
	00	T		
	66	Total liabilities. Add lines 60 through 65	66	
	Orga	inizations that follow SFAS 117, check here ▶ □ and complete lines		
es		67 through 69 and lines 73 and 74.	67	
nc	67	Unrestricted	67 68	
ala	68	Temporarily restricted	69	
B	69	Permanently restricted	09	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here ► and		
Ĭ.		complete lines 70 through 74.	70	
õ	70	Capital stock, trust principal, or current funds.	70	
iets	71	Paid-in or capital surplus, or land, building, and equipment fund	72	
488	72	Retained earnings, endowment, accumulated income, or other funds	12	
et /	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 10 and column (P) must		
ž		70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	72	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	73	
		i otal nasintios and net assets/land salanoes. Add illies to and it	14	

Form 990 (2006) Page **5**

Pa	rt IV-A Reconciliation of Revenue per Audinstructions.)	dited Financial Statem	ents With Rev	enue per	Return (See the
a	Total revenue, gains, and other support per audi				а	
b	Amounts included on line a but not on Part I, line		b1			
1	Net unrealized gains on investments		b2			
2	Donated services and use of facilities		b3			
3 4	Recoveries of prior year grants					
7	Other (specify).		b4			
	Add lines b1 through b4				b	
С	Subtract line b from line a				С	
d	Amounts included on Part I, line 12, but not on I					
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify):					
			d2	_		
_	Add lines d1 and d2				d	
e Pa	rt IV-B Reconciliation of Expenses per Au				e ∣ r Returr	<u> </u>
	Total expenses and losses per audited financial				a	•
a b	Amounts included on line a but not on Part I, line					
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						
			b4			
	Add lines b1 through b4				b	
С				📙	С	
d	Amounts included on Part I, line 17, but not on I		الماطا			
1	Investment expenses not included on Part I, line		d1	-		
2			d2			
•	Add lines d1 and d2				d	
e Pa	rt V-A Current Officers, Directors, Trustees				e officer	director trustee
	or key employee at any time during the ye	ear even if they were not	compensated.) (S	ee the instr	uctions.)	, ancotor, tradico,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contributions benefit plans	s to employee & deferred	(E) Expense account and other allowances
		week devoted to position	-0)	compensati	on plans	
		-				
		-				
		_				
		-				
		-				
		-				
		-				
		-				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board 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 75b relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . 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 the organization? See the instructions for 75c If "Yes," attach a statement that includes the information described in the instructions, d Does the organization have a written conflict of interest policy? 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.) (C) Compensation (if not paid, (D) Contributions to employee (E) Expense (B) Loans and Advances benefit plans & deferred account and other (A) Name and address enter -0-) compensation plans allowances Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 76 77 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. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 78a 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 80a 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 80a **b** If "Yes," enter the name of the organization ▶ and check whether it is U exempt **or** U nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . 81a

b Did the organization file Form 1120-POL for this year?

Form 990 (2006)

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	t VI Other Information (continued)		Yes	No
	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		
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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. Gross receipts, included on line 12, for public use of club facilities. 86a			
	aross receipts, included on line 12, for public use of club lacinities			
87	cor(o)(12) orgo: Enter: a areas means norm members of sharoholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	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	88a		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; 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	89b		
С	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 ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			
91a	The books are in care of ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		
	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.			

Form 990 (2006) Page 8 Part VI Other Information (continued) Yes No 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 ▶ 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 | Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise Related or indicated. exempt function Business code Amount Exclusion code Amount income 93 Program service revenue: а b C d е Medicare/Medicaid payments f Fees and contracts from government agencies Membership dues and assessments . . . 94 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: debt-financed property а not debt-financed property b 98 Net rental income or (loss) from personal property Other investment income 99 100 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 С d е Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, 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, (B) Percentage of ownership interest Fnd-of-year Nature of activities partnership, or disregarded entity assets % % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Part X

(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).

Form 990 (2006) Information Regarding Transfers To and From Controlled Entities. Complete only if the organization

Part	XI	Information Regarding T is a controlling organization			Entities. Comp	lete only if the or	rganiz	ation		
106		the reporting organization ma Code? If "Yes," complete the				ion 512(b)(13) of	Yes	No		
	N	(A) lame, address, of each controlled entity	(B) Employer Identification Number		(C) scription of transfer	(D) Amount of		er		
а										
b										
С										
		Totals								
107		the reporting organization rec 2(b)(13) of the Code? If "Yes," of				section	Yes	No		
	N	(A) lame, address, of each controlled entity	(B) Employer Identification Number		(C) cription of ransfer	(D) Amount of		er		
а										
b										
С										
		Totals								
108	ren	the organization have a bindir ts, royalties, and annuities des	cribed in question 107 al	oove?			Yes	No		
Pleas	ar	nd belief, it is true, correct, and complet								
Sign Here		Signature of officer			Dat	е				
		Type or print name and title								
Paid Prepare	si	reparer's gnature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	Inst. X)		
Use On	lly if self-employed),					EIN ► Phone no. ► ()				

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.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Part I	Compensation of the Five High (See page 2 of the instructions. I				nd Trustees
(a) Name a	nd 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
	of other employees paid over \$50,000 .				
Part II-A	Compensation of the Five Higher (See page 2 of the instructions. Lis				
(a) Na	ame and address of each independent contractor	`	,	of service	(c) Compensation
Total numbe professional	r of others receiving over \$50,000 for services				
Part II-B	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	professional serv		lividuals or
(a) Na	me and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
	r of other contractors receiving over other services				

Paı	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 (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.		
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.)		
а	Sale, exchange, or leasing of property?		
b	Lending of money or other extension of credit?		
С	Furnishing of goods, services, or facilities?		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		
е	Transfer of any part of its income or assets?		
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		
b	Did the organization have a section 403(b) annuity plan for its employees?		
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		
b	Did the organization make any taxable distributions under section 4966?		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Pa	rt IV	Reason for Non-Private	Foundation S	Status (See pages 4	through / of	the instruct	ions.)			
l cer	tify that	the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE app	olicable box.)				
5	☐ A	church, convention of churches	, or association c	of churches. Section 170	0(b)(1)(A)(i).					
6	A :	school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)						
7	A	hospital or a cooperative hospit	al service organiz	zation. Section 170(b)(1)((A)(iii).					
8	A :	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9		medical research organization o								
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 co	omplete the Support Sci	hedule in Part	IV-A.)				
12	fro fro	An organization that normally receives: (1) more than 33%% 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%% 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		organization that is not controquirements of section 509(a)(3).	Check the box the	nat describes the type of	f supporting or		nd otherwise meets the			
		Type I Type II	☐Type I	II-Functionally Integrate	ed	Type III-Othe	er			
		Provide the following infor	mation about th	e supported organizati	ions. (See pag	e 7 of the inst	ructions.)			
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz governing d	on listed in porting attion's	(e) Amount of support				
					Yes	No				
Γota	ıl					•				
14	☐ An	organization organized and op	erated to test for	public safety. Section 5	509(a)(4). (See r	page 7 of the i	nstructions.)			

	rt IV-A Support Schedule (Complete only: You may use the worksheet in the instructions					
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.) .					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts 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					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w	ne of and amoun zation) whose tota ith your return. E	t contributed by al gifts for 2002 t nter the total of a	each person (oth hrough 2005 exce Il these excess am	er than a eeded the nounts > 26k	
C	Total support for section 509(a)(1) test: Enter li					
d	Add: Amounts from column (e) for lines: 18				266	
	Public support (line 26c minus line 26d total)				▶ 26€	
f	Public support percentage (line 26e (numera	ator) divided by I	ine 26c (denom	inator))	🕨 261	%
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts re	ceived in each yea		
	(2005) (2004)		. (2003)		. (2002)	
b	For any amount included in line 17 that was receis show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	ved from each per year, that was mo 5 through 11b, as we the larger amount	rson (other than "ore than the larger well as individuals t described in (1)	disqualified person of (1) the amount .) Do not file this li or (2), enter the s	s"), prepare a lis on line 25 for the st with your retu um of these diffe	t for your records to year or (2) \$5,000. Irn. After computing erences (the excess
	(2005) (2004)		. (2003)		. (2002)	
С	Add: Amounts from column (e) for lines: 15 17 20				270	;
d						I L
е	Public support (line 27c total minus line 27d to					
f	Total support for section 509(a)(2) test: Enter a					
g	Public support percentage (line 27e (numera	ator) divided by I	ine 27f (denomi	inator))	▶ 279	y %
h	Investment income percentage (line 18, colu	ımn (e) (numerat	tor) divided by I	ine 27f (denomin	ator)). ▶ 27h	%
28	Unusual Grants: For an organization described prepare a list for your records to show, for ear description of the nature of the grant. Do not the grant of th	ch year, the nam	e of the contribu	utor, the date and	amount of the	grant, and a brief

Part V

Private School Questionnaire (See page 9 of the instructions.)

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

	(10 00 00 00 00 00 00 00 00 00 00 00 00 0			
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?	29	Yes	No
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,	30		
31	programs, and scholarships?	31		
32 a b	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32a 32b		
	with student admissions, programs, and scholarships?	32c 32d		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency?	34a 34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by ar	•	,	1 0	e instructions	5.)		
Che	ck ▶ a ☐ if the organization belongs to an affili			you checked "a" ar	d "limited contro	l" provisions apply.		
	Limits on Lobbyi (The term "expenditures" mea				(a) Affiliated group totals	(b) To be completed for all electing organizations		
36	Total lobbying expenditures to influence public	c opinion (grassro	ots lobbying)	36				
37	Total lobbying expenditures to influence a legi		,					
38	Total lobbying expenditures (add lines 36 and	• '	,	38				
39	Other exempt purpose expenditures	39						
40	Total exempt purpose expenditures (add lines							
41	Lobbying nontaxable amount. Enter the amount	nt from the follow	ing table—					
		obbying nontaxa						
		of the amount on						
		000 plus 15% of the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	Over \$1,000,000 but not over \$1,500,000 . \$175,	•						
	Over \$1,500,000 but not over \$17,000,000 . \$225,							
42	Over \$17,000,000 \$1,00 Grassroots nontaxable amount (enter 25% of l	0,000						
43	Subtract line 42 from line 36. Enter -0- if line 4							
44	Subtract line 41 from line 38. Enter -0- if line 4			44				
•	Cabillact line 11 from line co. Enter c in line							
	Caution: If there is an amount on either line 43	3 or line 44, you r	must file Form 47	'20.				
	4-Year Av	eraging Period	d Under Secti	on 501(h)				
	(Some organizations that made a section See the instructions f					below.		
	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or	(a) 2006	(b)	(c) 2004	(d) 2003	(e)		
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total		
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelectivity (For reporting only by organization)			Part VI-A) (See	page 13 of t	he instructions.)		
Duri	ing the year, did the organization attempt to influ	uence national, st	ate or local legis	lation, including a	ny Yes No	Amount		
atte	mpt to influence public opinion on a legislative r	matter or referend	um, through the	use of:				
а	Volunteers							
b	Paid staff or management (Include compensat			c through h.).				
C								
d	, , , ,							
e f	Publications, or published or broadcast statem Grants to other organizations for lobbying purp							
g	Direct contact with legislators, their staffs, gov							
9 h			_	-				
	rialico, acrioristrations, scriinars, conventiona		il Co, Oi airy Othici	modilo				
i	Total lobbying expenditures (Add lines c through the state of the st	gh h.)						

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51	Did the reporting organization directly or indirectly engage in any of the following with any other organization describution of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						ed in section					
а		` '		to a noncharitable exempt orga			Yes	No				
а						51a(i)						
	٠,					a(ii)						
						۵(۱۱)						
b		er transactions:				h/i\						
		_			tion	b(i)						
						b(ii)						
				ner assets								
	(iv)	Reimbursement a	rrangements .			b(iv)						
	(v)	Loans or loan gua	arantees			b(v)						
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations		b(vi)						
С	Sha	ring of facilities, eq	quipment, mailing li	sts, other assets, or paid emplo		С						
		_			. Column (b) should always show the fair	market	value	of the				
	goo	ds, other assets, o	r services given by	the reporting organization. If the	ne organization received less than fair m	narket v	alue i	n any				
	tran	saction or sharing a	rrangement, show ir	n column (d) the value of the good	s, other assets, or services received:							
(a	a)	(b)		(c)	(d)							
Line		Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sha	aring arra	angeme	ents				
	des	cribed in section 50 /es," complete the	01(c) of the Code (other than section 501(c)(3)) or i :	e or more tax-exempt organizations n section 527? ▶ [Yes		No				
		(a) Name of organiz	ration	(b) Type of organization	(c) Description of relationship							

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations, and sentrelling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

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

OMB No. 1545-1150 2006

Open to Public Inspection

A	For the	2006 calendar year, or tax year beginning , 2006, and ending						, 20		
В	Check if a	applicable:	Please	C Name of organization			D Em	oloyer i	den	tification number
Ц	Address change use IRS							-		
Н	Name ch	•	print or	Number and street (or P.O. box, if mail is not delivered to street add	ess) l	Room/suite	E Tele	phone	nur	mber
Н	Initial retu		type. See	, , , , , , , , , , , , , , , , , , , ,	1		(.)		
H	Final retu Amended		Specific	City or town, state or country, and ZIP + 4			F C**0	/ 		tion
H		ion pending	Instruc- tions.	ony or town, state or country, and 2n + 1				up Exe nber .		
=				estions and 4047(a)(1) nanavamnt aboritable trusts must attac	<i>b</i>	G Acco				Cash Accrual
	• Secti	1011 501(0)(3)	-	ations and 4947(a)(1) nonexempt charitable trusts must attac npleted Schedule A (Form 990 or 990-EZ).	.11		r (specif		•	Casii Accidai
_			u 00,	inplicate Contestant (Form Coc of Coc 22)						
	Websi	ito:								rganization
			abaal, a	nly one)			t require			n 990-EZ, or 990-PF).
					27					
K			-	on is not a section 509(a)(3) supporting organization and its gross	receip	pts are nor	mally no	ot more	tha	ın \$25,000. A return is
_				ization chooses to file a return, be sure to file a complete return.			000 57		Φ.	
				ne 9 to determine gross receipts; if \$100,000 or more, file Form 990					_	
F	art I	Revenue	, Expe	enses, and Changes in Net Assets or Fund Balan	ces ((See pag	je 47 d		ins	structions.)
	1	Contributio	ns, gift	s, grants, and similar amounts received				1	\perp	
	2	Program s	ervice	revenue including government fees and contracts				2		
	3	Membersh	ip due	s and assessments				3		
	4	Investmen ^a	tincon					4		
	5a	Gross amo	ount fro	om sale of assets other than inventory 5a						
	b			er basis and sales expenses						
	С			m sale of assets other than inventory (line 5a less line 5b)	(atta	ch sched	lule).	5с		
e e	6									
Revenue	a									
Š		reported on line 1)								
_	b	•		nses other than fundraising expenses 6b						
	c Net income or (loss) from special events and activities (line 6a less line 6b							6c		
	l _	c Net income or (loss) from special events and activities (line 6a less line 6b)								
	b			volitory, loop rotarile and anowarious	_					
	C		_	oss) from sales of inventory (line 7a less line 7b)				7с	1	
	8	Other reve			•			8		
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			/			
_	10		-	ur amounts paid (attach schedule)						
	11			or for members	•			11	_	
S				empensation, and employee benefits	•			12	-	
Se	13			and other payments to independent contractors	•			13	_	
Expenses	14				•			4.4		
X	14			utilities, and maintenance					_	
	15 16			ons, postage, and shipping				16	_	
	17			describe			/		-	
									_	
Assets	18	, , , , , , , , , , , , , , , , , , , ,								
SS	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag								
7	200	end-of-year figure reported on prior year's return)						20	_	
Net	21								+	
F	Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990						1 0	 f Form 990-F7		
	art II	Dalanoc					ginning c			(B) End of year
_	• •		•	See page 51 of the instructions.)		(A) De	yaramiy C		22	Life of year
2		sh, savings, a							22	
2				· · · · · · · · · · · · · · · · · · ·					23 24	
2		•		>	_)				24 25	
2		al assets						_	-	1
2	6 Tota	al liabilities	(descri	plances (line 27 of column (B) must agree with line 21)	_)				26 27	
_	, 1461	doorly of t		nances one 77 OF COMMUNICAL HUSE SOILER WITH MAR 711		1			11	

Form	990-EZ (2006)						P	age Z		
Pa	rt III Statement of Program Service Accom	iplishments (See page 51	of the instruction	ns.)		Expen				
What is the organization's primary exempt purpose?							(Required for 501(and (4) organizati and 4947(a)(1) tru			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.							(1) tru	usts;		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·		optio	onal for	otners	j.)		
28										
-										
-	Grants \$) If this amount incli				28a					
	Grants \$\times it this amount inch				20a					
	Grants \$) If this amount incli				29a					
	Grants \$) If this amount incl				30a					
	Other program services (attach schedule)									
	Grants \$) If this amount incli	udes foreign grants, check	here	<u>. ▶ ⊔</u>	31a					
32 Do	Total program service expenses (add lines 28a the rt IV List of Officers, Directors, Trustees, and Key	rough 31a)		>	32	o inotru	otiono	\		
Га	List of Officers, Directors, Trustees, and Key	(B) Title and average	(C) Compensation	(D) Contribution			Expens			
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &		ount ar	nd		
		devoted to position	enter -o,	deterred compe	nsation	Other	allowai	1003		
ъ.	All all and the second and the secon	1	Line in the second				V			
Pa	rt V Other Information (Note the statemer	•					Yes	No		
33	Did the organization engage in any activity not pr			h a detailed		00				
	description of each activity					33				
34	Were any changes made to the organizing or gov	=	•		1	34				
25	.,					04				
35	If the organization had income from business activities, reported on Form 990-T, attach a statement explaining									
а	Did the organization have unrelated business gros	·								
u			. ,			35a				
b	If "Yes," has it filed a tax return on Form 990-T for					35b				
36	Was there a liquidation, dissolution, termination, of	-								
	statement.)					36				
	Enter amount of political expenditures, direct or inc									
	Did the organization file Form 1120-POL for this	=				37b				
38a	Did the organization borrow from, or make any loa					20-				
	any such loans made in a prior year and still unpa		- 1	return? .		38a				
b	If "Yes," attach the schedule specified in the line		r the amount 38	h						
20	involved			~						
39 a	501(c)(7) organizations. Enter: Initiation fees and capital contributions included of	on line 9		а						
	Gross receipts, included on line 9, for public use									

Page 3 Form 990-EZ (2006)

		(====)						-	ago •
Par	t V	Other Information (Note the statement requirement in Ge	eneral Instruc	tion V.) (Conti	inued)			
40a		<i>(3) organizations.</i> Enter amount of tax imposed on the organization 4911 ► ; section 4912 ►						24	
b		(3) and (4) organizations. Did the organization engage in any section 49 or did it become aware of an excess benefit transaction from a prior y							No
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958								
d	Enter	amount of tax on line 40c reimbursed by the organization		. ▶ _					
	-	ganizations. At any time during the tax year, was the organization action?					40e		
41	List th	ne states with which a copy of this return is filed.							
	The b	ooks are in care of		Tele	phone r	no. > (
		ed at ▶				· ·			
b	b At any time during the calendar year, did the organization have an interest in or a signature or other authoric over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?						100	Yes	No
		he instructions for exceptions and filing requirements for Form TE							
_		·		امطلاعما	100		42c		
C		y time during the calendar year, did the organization maintain an).5. !		. 420		
40		s," enter the name of the foreign country:			alı bara				. \Box
		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lied inter the amount of tax-exempt interest received or accrued during							
Plea Sign Here	1	Under penalties of perjury, I declare that I have examined this return, including ac and belief, it is true, correct, and complete. Declaration of preparer (other than signature of officer Type or print name and title.	companying sche officer) is based o	n all infor	d stateme mation of Date	nts, and to t	he best of r	ny knov ny know	vledge vledge.
اء: م		Preparer's	Date	Check if		Preparer's S	SN or PTIN (See Gen.	Inst. X)
Paid	ror's	signature		self- employe	d ▶ 🔲	•	,		,
Prepa Use (arer's	Firm's name (or yours			EIN	•			
U36 (Jilly	if self-employed), address, and ZIP + 4			Phone no	. • ()		

Form **990-EZ** (2006)