Form 990

Department of the Treasury

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)

2006

Open to Public Inspection

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements internal Provenue Service For the 2006 calendar year, or tax year, beginning *** AUTO** SCH 3-DIGIT 230 20 D Employer identification number B Check if applicable Address change 200612 031530000 29 IB JACOBS LADDER INC Name change R PO BOX 555 Initial return URBANNA 23175-0555 F Accounting method: X Cash Final return Other (specify) Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? Yes No Organization type (check only one) ► 🕅 501(c) (3) < (Insert no) 🗌 4947(a)(1) or 🔲 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? 🔲 Yes 🌊 No receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return Group Exemption Number ▶ Check ▶ ☐ If the organization is not required ECANNED ION 05 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch B (Form 990, 990-EZ, or 990-PF) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a Contributions to donor advised funds 1b Direct public support (not included on line 1a) 1c Indirect public support (not included on line 1a) . 1d Government contributions (grants) (not included on line 1a) Total (add lines 1a through 1d) (cash \$ 1970 10 noncash \$ Program service revenue including government fees and contracts (from Part VII, line 93) 2 2 3 3 Membership dues and assessments . 936 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a 6a Gross rents . . . Less: rental expenses . 6c Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe (B) Other 8a Gross amount from sales of assets other 8a than inventory less: cost or other basis and sales expenses. (attach schedule) 8d d Net gain or (Idss) Combine line 8c, columns (A) and (B) Special avents activities (attach schedule). If any amount is from gaming, check here Gross revenue frot including \$ eontributions reported on line 1b) Si-direct expenses other than fundraising expenses 11.929 9с c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances Less: cost of goods sold 10c C Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 11 Other revenue (from Part VII, line 103) . Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 12 13 Program services (from line 44, column (B)) . 13 14 Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 15 16 16 Payments to affiliates (attach schedule) . Total expenses. Add lines 16 and 44, column (A) 17 17 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)). Other changes in net assets or fund balances (attach explanation). 20 20 ž Net assets or fund balances at end of year Combine lines 18, 19, and 20

Cat. No 11282Y

Form **990** (2006) ****O

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

		ection	4947(a)(1) nonexemp	t charitable trusts but	optional for others. (S	See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22a		7		
22b	Other grants and allocations (attach schedule)					
	(cash \$)		•	-		
	If this amount includes foreign grants, check here $ ightharpoonup$	22b				
23	Specific assistance to individuals (attach schedule)	23		-		
24	Benefits paid to or for members (attach schedule)	24		q		-
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	42500.0	25,50°	10,625	6375.0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			_	
С	Compensation and other distributions, not included above, to 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 on lines 25a, b, and c	26	\$6,910	69 528	17,382	
27	Pension plan contributions not included on lines 25a, b, and c	27		<u> </u>		
28	Employee benefits not included on lines 25a – 27	28	3,146.0	1887	1259	
29	Payroll taxes	29	11087	18870	1330	186
30	Professional fundraising fees	30	12,000.00		,	12,000
31	Accounting fees	31	225.9	225		
32 33	Legal fees	33	99070	7430	793	1384
34	Telephone	34	2053.9	1642	247	164
35	Postage and shipping	35	1908.9	658	105	1145
36	Occupancy	36	480.0	480		
37	Equipment rental and maintenance	37	700.9	700		-
38	Printing and publications	38	6348,3	5072	537	761
39	Travel	40	370.2	370	997	197
40	Conferences, conventions, and meetings Interest	41	8,0	3/9_		
41 42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):		_			
а	REDM & COLLETTICO MILIO	43a	531900	53/90		
b	Advocacy of Blow-up proplan	43b	13000	73 50		
C	INSULANCE.	43c	4280.0	4360	· · · · · · · · · · · · · · · · · · ·	
d		43d 43e				
е		43e				
f		43g				
g 44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	242396	187132	3 2248	236/6
Are a	t Costs. Check ► ☐ If you are following SOP in y joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$	and f	undraising solicitatio ; (ii) th	د on reported in (B) Pro	ogram services? . I	► ☐ Yes 🖾 N

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.

•	<u> </u>		
All of o	organization's primary exempt purpose? > SVP. FILLIA JUTE Public 9'Flod Chicoganizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Required for 50 (A) orgs , and 4 trusts, but optothers	ses 1(c)(3) and 1947(a)(1) tional for
а	Pavide A Five-week, MS, destroit Summer Andrehman Comp For AT-1986, in Peller Turky 9, Fred Childha in grades 5 Through 8 55 Salved in 2006	125	Dan
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	/35, 	, 3 9
b	Provide advocating and monthly for Children in grades		
	50 ving 110 Ch, 1 th 2006	51;	332
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		
d			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		
е	Other program services (attach schedule)		
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		-75
_ <u>f</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	187	0
		Form 99	(2006)

Pa	art IV	Balance Sheets (See the instructions.)			
	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	29987	45	663	
	46	Savings and temporary cash investments .	19890	46	11978	
		ga and annual parally calon introduction.		<u></u>		* * **
	47a	Accounts receivable	47a			
		Less: allowance for doubtful accounts .	47b	-	47c	
		Less. anowance for doubtful accounts.	No. of the last of	· · · · · · · · · · · · · · · · · · ·	-	
	192	Pledges receivable	48a			
		Less: allowance for doubtful accounts		48c		
	1	-	48b	 _	49	
	49	Grants receivable	· · · · · · · · · · · · · · · · · · ·		49	
	50a	Receivables from current and former officers			500	
		key employees (attach schedule)	1		50a	
	b	Receivables from other disqualified persons (a				
		4958(f)(1)) and persons described in section 4956	8(c)(3)(B) (attach schedule)		50b	
,	51a	Other notes and loans receivable (attach	lea-l		<u> </u>	
ė		schedule)	51a			
Assets	b	Less: allowance for doubtful accounts .	51b		51c	
•	52	Inventories for sale or use			52	
	53		· · · <u>·</u> · · <u>·</u> · 	· · · · · · · · · · · · · · · · · · ·	53	
	L	Investments—publicly-traded securities	1		54a	<u> </u>
	b	Investments—other securities (attach schedu	le) ▶ ☐ Cost ☐ FMV ☐		54b	
	55a	Investments-land, buildings, and			200	
		equipment: basis	55a		是一个	
	b	Less: accumulated depreciation (attach			3	
		schedule)	55b		55c	
	56	Investments—other (attach schedule)		 	56	
	57a	Land, buildings, and equipment: basis .	57a			
	b	Less: accumulated depreciation (attach			\$\$\\w	
		schedule)	57b		57c	
	58	Other assets, including program-related investigation	stments			
		(describe ▶)	1151 655	58	4 05 5
	59	Total assets (must equal line 74). Add lines		7 / 85 7	59	11978
	60	Accounts payable and accrued expenses .		2963	60	3/75
	.61	Grants payable		· · · · · · · · · · · · · · · · · · ·	61	
	62	Deferred revenue			62	
iës	63	Loans from officers, directors, trustees, and			4	
Liabilities		schedule)			63	
<u>.</u>		Tax-exempt bond liabilities (attach schedule)			64a	
_		Mortgages and other notes payable (attach s			64b	
	65	Other liabilities (describe ►)		65	
	ee	Total liabilities Add lines CO through CE		44894]	8893
	66	Total liabilities. Add lines 60 through 65 .		11007	66	0 0 95
	Orga	inizations that follow SFAS 117, check here ▶	☐ and complete lines			
ės	^=	67 through 69 and lines 73 and 74.		-	67	
Ĕ	67	Unrestricted			68	
賣	68	Temporarily restricted	l l	,	69	
	69	Permanently restricted				<u> </u>
or Fund Balances	Orga	inizations that do not follow SFAS 117, check	here ► ⊔ and		4	
ř	70	complete lines 70 through 74.			70	
S	70	Capital stock, trust principal, or current funds			70	
Net Assets	71	Paid-in or capital surplus, or land, building, a			72	
As	72	Retained earnings, endowment, accumulated			表 : 1	
e	73	Total net assets or fund balances. Add line: 70 through 72. (Column (A) must equal line 1			150×	
Z		equal line 21)			73	
	74	Total liabilities and net assets/fund balance	s. Add lines 66 and 73	44894	74	8088
				11 (11 1		(1) (2) (3) (A)

Pa	Reconciliation of Revenue per Audinstructions.)	lited Financial Statem	nents With Rev	enue pe	er Ret	um (S	See the
a b 1 2 3 4	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line Net unrealized gains on investments Donated services and use of facilities	e 12: 	b1 b2 b3		а	d	'A
c d	Add lines b1 through b4				b c		
1 2	Investment expenses not included on Part I, line Other (specify):	6b	d1 d2		,,,		
е	Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and d		· · · · · ·	.	d e		
Pa	rt IV-B Reconciliation of Expenses per Au	dited Financial State	ments With Ex	penses	per R	<u>eturn</u>	
a b 1 2 3 4	Total expenses and losses per audited financial and Amounts included on line a but not on Part I, line Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify):	e 17: 	b1 b2 b3 b4		a		NA
c d 1 2	Amounts included on Part I, line 17, but not on Investment expenses not included on Part I, line Other (specify):	ine a: 6b			b c		
e Pa	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and t V-A Current Officers, Directors, Trustees		<u> </u>	<u>▶</u>	e e	fficer.	director, trustee
	or key employee at any time during the ye						
	(A) Name and address	(B) Title and average hours per week devoted to position	-0)	benefit pla compen	ens & defe Isation plai	rred ns	(E) Expense account and other allowances
ا م	DESCRIPTION TO STATE OF STATE	Execution Dissection	42,500.0	7171	6.	0	ð
	No other officers or					_	
	Conjustion	-			<u></u>		
	Sel ATTACKED	-					
		-			_		

Par	t V-A Cu	irrent Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
75a	Enter the to meetings	tal number of officers, directors, and tro	ustees permitted to vo		n business at board			:
b	employees	cers, directors, trustees, or key employ listed in Schedule A, Part I, or hig listed in Schedule A, Part II-A or	hest compensated p	0, Part V-A, or hig	phest compensated other independent	r	**	:
		s? If "Yes," attach a statement that ide	· ·	•	•	75b		X
С	compensate independen	ficers, directors, trustees, or key of ed employees listed in Schedule A, it contractors listed in Schedule A, ins, whether tax exempt or taxable, tha	Part I, or highest co Part II-A or II-B, rec	mpensated profe eive compensation	essional and other on from any other			
			it are related to the of	•	_	75c		X
	If "Yes," att	ach a statement that includes the info	rmation described in	the instructions.		L		\\\\\
		ganization have a written conflict of in rmer Officers, Directors, Trustees, and				75d		<u> </u>
rai	off	cer, director, trustee, or key employee re rson below and enter the amount of comp	ceived compensation or	r other benefits (de	scribed below) during	the y	ear, lis	ormer st that
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen int and owance	other
	· /							
	1/6							
	 							
Par	t VI Othe	er Information (See the instruction	ls.)				Yes	No
76		anization make a change in its activitie	es or methods of con-	ducting activities	? If "Yes," attach a			
77			· · · · · · · · ·			76 77		×
77	_	hanges made in the organizing or gov ach a conformed copy of the changes	_	t not reported to	the IRS?			
78a		anization have unrelated business gro	ss income of \$1,000		-	78a		X
b		s it filed a tax return on Form 990-T for				78b		
79	Was there a	a liquidation, dissolution, termination, o	or substantial contract	on during the ye	ar? If "Yes," attach	79		X
80a		nization related (other than by associa						
	organization	1?				80a		×
b	If "Yes," en	ter the name of the organization		is avenut a	r nonevement			
81a	Enter direct	and indirect political expenditures. (S	ee line 81 instructions	s.) 81a	NA			
b	Did the org	anization file Form 1120-POL for this	year?	<u> </u>	<u> </u>	81b		X

Pai	t VI Other Information (continued)		Yes	No
82a	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.)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
83a	(See instructions in Part III.)	83a	V	<u></u>
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Ŷ	
	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	7	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	_	-
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	•	<u> </u>
	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			
d	Section 162(e) lobbying and political expenditures	, b	FA.	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	44		1
f		05-	7	1 x 2.5
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		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	. 24		-
	Gross receipts, included on line 12, for public use of club facilities		3	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X,
	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	j	
90a	List the states with which a copy of this return is filed > 11.19.1 M			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		4	L
91a	The books are in care of ► Rage 1 MUIA Located at ► 1.0 Box 5.55 Ux banks	75	}. E	₹71.
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	Yes	No
	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.			

Part	VI Other Information (continued)					Y	es No
	At any time during the calendar year, did the If "Yes," enter the name of the foreign country	/ ▶				91c	
92	Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest r	s filing Form 99 received or acc	0 in lieu of Form rued during the t	1041—Checl	chere	:	, ພ. ▶ ∐
Part	VII Analysis of Income-Producing Act				92		
	Enter gross amounts unless otherwise	1 2	business income		tion 512, 513, or 514	T (E)
indica:	-	(A)	(B)	(C)	(D)	Rela	ted or
93	Program service revenue:	Business code		Exclusion code			function ome
а	Trogram sorvice revenue.						
b				1			
c			1	1			
d		-		4		-	
e		_	-				
f	Medicare/Medicaid payments						
g	Fees and contracts from government agencies	,					
94	Membership dues and assessments						
95	Interest on savings and temporary cash investments	,					
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate:						
а	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	,		<u> </u>			
101	Net income or (loss) from special events .			<u> </u>			
102	Gross profit or (loss) from sales of inventory						
103	Other revenue: a						
b	27.7.78	-	3.7.37.76.				
С							
d		-					
е		_					
104	Subtotal (add columns (B), (D), and (E)) .			<u> </u>			
105	Total (add line 104, columns (B), (D), and (E))		. <u></u>				
	Line 105 plus line 1e, Part I, should equal the						
Part							
Line ▼	No. Explain how each activity for which income of the organization's exempt purposes (oth				mportantly to the	accomp	lishment
	<i>\</i> /-	A					
		<u>'</u>					
				-			
Part	IX Information Regarding Taxable Subs	sidiaries and D	icrogardad Enti	tion (See the	inetructions \		
· are							<u>=</u>
	Name, address, and EIN of corporation, partnership, or disregarded entity ow	(B) Percentage of vnership interest	(C) Nature of a	ctivities	(D) Total income		E) of-year sets
	A JA	%					-
		%					
		%					
Part	X Information Regarding Transfers Asso	%	ronal Ronafit Ca	ntracte (See 4	ho instructions 1		
(a) (b) <u>Note</u>	Did the organization, during the year, receive any funds, did the organization, during the year, pay prer if "Yes" to (b), file Form 8870 and Form 472	miums, directly	or indirectly, on				No No

Part	Information Regarding is a controlling organization		Controlled Entities. Complete 512(b)(13).	only if the org	ganiza	ation
106		ake any transfers to a con	trolled entity as defined in section 5	i12(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	transf	er
а		MA				_
ь		NA				
С	·					
	Totals					_
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"		a controlled entity as defined in sect	ion	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	transf	er
а		Med				
b						
С						
	Totals			, ,		
108	Did the organization have a binding rents, royalties, and annuities des	_	ct on August 17, 2006, covering the	interest,	Yes	No
Pleas Sign Here	and belief, it is true, correct, and complete	ete peclaration of preparer (other	Ing accompanying schedules and statements, than officer) is based on all information of who Date	and to the best of mich preparer has an	y know	vledge /ledge.
Paid Prepare	Preparer's signature		Date Check if self- employed ▶ ☐	parer's SSN or PTIN (Se	e Gen	Inst X)
Use On	Firm s name for vours k		EIN ►			

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

	JACOSS LA	Lan Fre		54: 1717	
Part I	Compensation of the Five High (See page 2 of the instructions. L	est Paid Employees O			ind Trustees
(a) Name an	d 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
	- IVO AJO				
	f other employees paid over \$50,000 .	·	A. 1. 12.		
Part II-A	Compensation of the Five Highe (See page 2 of the instructions. List				
(a) Nar	ne and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
			ļ		
	Nove				
Total number professional s	of others receiving over \$50,000 for services				
	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "None of the contractor who is a second of the Five Higher firms.)	ed services other than	orofessional serv		lividuals or
	ne and address of each independent contractor			of service	(c) Compensation
	Alonia				
		\$			
	of other contractors receiving over ther services				Control of the contro

Pa	statements About Activities (See page 2 of the instructions.)	Y	es	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.)	1	. 7	X
	Organizations that made an election under section 501(h) by filling 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?	2a	_ _	X_
b	Lending of money or other extension of credit?	2b	_\\	<u>_</u>
С	Furnishing of goods, services, or facilities?	2c	\;	K _
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>K</u>
е	Transfer of any part of its income or assets?	2e	}>	<u>_</u>
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.)	3a		<u>×</u>
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	1,	*
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	3	<u> </u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		*
		4a		4
b	Did the organization make any taxable distributions under section 4966?	4b		<u>z</u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		₹
đ	Enter the total number of donor advised funds owned at the end of the tax year	N	A	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year • _	N	A_	
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	6)	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	N	12	

Pa	rt (\	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruct	tions.)			
cer	tify	that the organization is not a priva	te foundation bed	ause it is: (Please check	only ONE ap	plicable box.)				
5		A church, convention of churches	s, or association of	of churches. Section 170	(b)(1)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii). (A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7		A hospital or a cooperative hospi	tal service organia	zation. Section 170(b)(1)((A)(in).					
8		A federal, state, or local governm	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).					
9		A medical research organization of and state ▶								
10		An organization operated for the bi		or university owned or op	perated by a go	overnmental un	ıt. Section 170(b)(1)(A)(ıv).			
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmenta	I unit or from th	e general public. Section			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	: IV-A.)				
12		An organization that normally receifrom activities related to its charitifrom gross investment income ar organization after June 30, 1975.	able, etc., function nd unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	nan 33%% of its support sinesses acquired by the			
13		An organization that is not control requirements of section 509(a)(3).	Check the box the	hat describes the type o	f supporting o	rganization:				
		☐ Type II ☐ Type II	∐Type !	III-Functionally Integrate	ed L	∃Type III-Othe	er			
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	je 7 of the inst	ructions.)			
Na	ıme((a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support			
					Yes	No				
Fota	١.	 	. <u> </u>		· · · · ·	▶				
4.4		A		and the safety of the safety o	:00(-)/4) (0					
14	<u> </u>	An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page / of the i	instructions.)			

Cale	ndar year (or fiscal year beginning in)	(a) 20	05	(b	2004	<u> </u>	(c) 2	2003		(d) 20	002	(e)	otal
15	Gifts, grants, and contributions received. (Do	1940	9 3	21	630.	, , ,	~ 1	= 19		8,0	1001	7/19	Tas
	not include unusual grants. See line 28.).	F170	00		<u> </u>	4/_	<u> </u>	113		<u>89</u> ,	469	- 5 /	371
16	Membership fees received	<u> </u>		ļ								}	
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.	24	3	·	236		Ŀ	547		4=	71	15	97
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	10011	887		C 0 (131 2/6	5 5	> /	1.	د-دا منه	V 2) (C.V.		la:
23	Total of lines 15 through 22 , .	194.		<u>~1</u>	8 56			<u> 568</u>		حرير	733	7/1	170
24	Line 23 minus line 17	194	33/		855				11		336	771	193
25	Enter 1% of line 23	199	43		918E	2	10	94.	ᆚ	1	3,543	16	
26	Organizations described on lines 10 or 11:	a Enter	2% of	amou	nt in colu	mn (e), line	€ 24 .		. ▶	26a	154	<u> </u>
b	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	zation) who	ose tot	al gifts	for 2002	throu	gh 20	005 exc	eede	d the	26b	240	350
С	Total support for section 509(a)(1) test. Enter li	ne 24, coli	umn (e)						. ▶	26c	771	95
d	Add: Amounts from column (e) for lines: 18	159	7_	19	A						26d	5/2	m 7
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera							· ·	 	. >	26e 26f	749	148
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 a	mounts re	eceive	ed in						
	(2005) (2004)			(200	3)				(2	002)			
b	For any amount included in line 17 that was received 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 e year, that v 5 through 1 the larger	ach pe vas mo 1b, as amoun	rson (or re than well as t descr	ther than the large individuals in (1)	"disqu r of (1 s.) Do) or (2	ialifie) the not f 2), en	d person amount ile this l ter the	ns"), ¡ : on li li st w sum (orepar ne 25 i th yo o of thes	e a list for the y ur retur se differ	for your r year or (2 n. After co rences (th	ecords \$5,000 omputin e exces
	(2005) (2004)	••-		(200	3)				(2	JO2)			
С	Add: Amounts from column (e) for lines: 15									•	27c		
d	Add: Line 27a total												
e	Public support (line 27c total minus line 27d to										27e		
f	Total support for section 509(a)(2) test: Enter a	mount from	 n line	 23. col	lumn (e) .		2	7f	•				
g	Public support percentage (line 27e (numera										27g		9
h	Investment income percentage (line 18, colu										27h		9
										_			

	rt 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)			age					
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No					
	other governing instrument, or in a resolution of its governing body?	29							
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?	31							
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	100	1						
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a							
-	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b							
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d							
_				_					
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)								
33				7					
		33a							
	Does the organization discriminate by race in any way with respect to:	33a 33b							
b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?								
a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33b							
a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33b 33c							
a b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33b 33c 33d							
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33b 33c 33d 33e							
a b c d e	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	33b 33c 33d 33e							

34a Does the organization receive any financial aid or assistance from a governmental agency?

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

b Has the organization's right to such aid ever been revoked or suspended?

34b

35

_•	•
Page	τ

Pai	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					e instructi	ons.)					
Chec	ck ▶ a ☐ If the organization belongs to an affilia					d "limited co	ntrol"	provisions apply.				
	Limits on Lobbyin	-				(a) Affiliated gre totals	oup	c. (b) To be completed for all electing organizations				
	(The term "expenditures" mear			 -		-		organizations				
36	Total lobbying expenditures to influence public		36	-H								
37	Total lobbying expenditures to influence a legis			· · · · · · · · · · · · · · · · · · ·	37		1					
38	Total lobbying expenditures (add lines 36 and 3				38							
39	Other exempt purpose expenditures				39							
40	Total exempt purpose expenditures (add lines 3			}	40			 				
41	Lobbying nontaxable amount. Enter the amoun		_		1			l				
	If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000											
	Over \$500,000 but not over \$1,000,000 . \$100,0		41									
		*	e excess over \$1,0									
		•	e excess over \$1,5		į							
40					42							
42	Grassroots nontaxable amount (enter 25% of li				43							
43	Subtract line 42 from line 36. Enter -0- if line 4: Subtract line 41 from line 38. Enter -0- if line 4:			1	44			 				
44	Subtract life 41 from life 38. Effer -0- if life 4	i is more than in	le 36									
	Caution: If there is an amount on either line 43	or line 44, you r	nust file Form 47.	20.								
			d Under Secti									
	(Some organizations that made a section See the instructions for	n 501(h) election or lines 45 throug	do not have to o h 50 on page 13	omplete all of the instr	of the	e five colum ns.)	ns be	elow. 				
		Lob	bying Expenditu	res During	4-Ye	ar Averagir	ıg Pe	riod				
	Calendar year (or	(a)	(b)	(c)		(d)		(e)				
	fiscal year beginning in) ▶	2006	2005	2004		2003		Total				
45	Lobbying nontaxable amount				ļ	1	I de la	1				
	Loodynig Horitaxable arrount											
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											
	rt VI-B Lobbying Activity by Nonelec	ting Public C	harities			 .						
· a	(For reporting only by organiza	tions that did	not complete f	Part VI-A)	See	page 13 d	of th	e instructions.)				
Dur	ng the year, did the organization attempt to influ							<u> </u>				
	mpt to influence public opinion on a legislative m				,g u	^{ny} Yes	No	Amount				
а	Volunteers			Α.								
b	Paid staff or management (Include compensation				\ <u> </u>	2						
c	Media advertisements											
d	Mailings to members, legislators, or the public											
e	Publications, or published or broadcast statem											
f	Grants to other organizations for lobbying purp											
g	Direct contact with legislators, their staffs, gove					1 1						
h	Rallies, demonstrations, seminars, conventions		-	-								
i	Total lobbying expenditures (Add lines c through	jh h.)				. L						
	If "Yes" to any of the above, also attach a state	ement giving a d	etailed descriptio	n of the lob	bying	activities.						

Pa	rt VI		n Regarding T ganizations (Se	ransfers To and Transa e page 13 of the instructio	ctions and	Relationships	With	None	hari	table		
51				indirectly engage in any of the 1(c)(3) organizations) or in secti					d in s	ection		
		nsfers from the rep			g to political organ	2411011	••	Yes	No			
				, ,	anization of.			51a(i)		 		
	• • •	Other assets					•	a(ii)		 		
ь	_	er transactions:			• • • •		•					
_			es of assets with a	noncharitable exempt organiza	tion			_b(i)		ļ		
				itable exempt organization			•	b(ii)				
				ner assets			•	b(iii)				
		Reimbursement a						b(iv)				
	(v)	Loans or loan gua	-					b(v)				
				ship or fundraising solicitations				b(vi)		L		
С	Sha	aring of facilities, eq	juipment, mailing li	sts, other assets, or paid emplo	yees	:		_ c	<u> </u>	<u> </u>		
d 	goo	ds, other assets, o	r services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	he organization	received less that	n faır r	market narket	value value	of the		
(a)	(b)		(c)		(d)						
Line	no e	Amount involved	Name of none	charitable exempt organization	Description of	transfers, transactions	s, and st	anng arr	angem	ents		
					<u> </u>							
												
		ļ	ļ.,	A	<u> </u>							
					 							
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	_											
52a	des	cribed in section 50 Yes," complete the	01(c) of the Code (ions . ►	☐ Yes	; [] No		
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship							
_								.				
			·									
			 _		_							
					 							
					 							
					 							
					 							
					 							
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