

# 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)

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

**A For the 2006 calendar year, or tax year beginning , and ending**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C Name of organization**  
The Wellness Community

**Number and street (or P O box if mail is not delivered to street address) Room/suite**  
360 East Palm Lane

**City or town State or country ZIP + 4**  
Phoenix AZ 85004

**D Employer identification number**  
86-0897810

**E Telephone number**  
602 712.1006

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

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

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G Website:** ▶ www.twccaz.org

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross 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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **845,070**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		0
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	743,284	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		0
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		0
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 743,284 noncash \$ 0)	<b>1e</b>		743,284
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		0
	<b>3</b> Membership dues and assessments	<b>3</b>		0
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		356
	<b>5</b> Dividends and interest from securities	<b>5</b>		0
	<b>6</b> <b>a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		0	
<b>7</b> Other investment income (describe )	<b>7</b>		0	
<b>8</b> <b>a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	0 <b>8a</b>		0	
	0 <b>8b</b>		0	
	0 <b>8c</b>		0	
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>		0	
<b>9</b> <b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1b)	<b>9a</b>	101,430		
	<b>9b</b> Less: direct expenses other than fundraising expenses	12,500		
	<b>9c</b> Net income or (loss) from special events Subtract line 9b from line 9a		88,930	
<b>10</b> <b>a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0		
	<b>10b</b> Less: cost of goods sold	0		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>		0	
<b>11</b> Other revenue (from Part III, line 103)	<b>11</b>		0	
<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		832,570	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	576,965	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	55,251	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	134,113	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	9,825	
	<b>17</b> Total expenses Add lines 13 and 14, column (A)	<b>17</b>		776,154
Net Assets	<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>	56,416	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	882,070	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	-7,505	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		930,981

517 16

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	0	0	
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	0	0	
<b>23</b>	Specific assistance to individuals (attach schedule)	23	0	0	
<b>24</b>	Benefits paid to or for members (attach schedule)	24	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	66,000	66,000	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b	0	0	0
<b>c</b>	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	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	26	0		
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	27	0		
<b>28</b>	Employee benefits not included on lines 25a - 27	28	0		
<b>29</b>	Payroll taxes	29	0		
<b>30</b>	Professional fundraising fees	30	11,264	0	0
<b>31</b>	Accounting fees	31	0		
<b>32</b>	Legal fees	32	0		
<b>33</b>	Supplies	33	18,845	14,753	1,547
<b>34</b>	Telephone	34	7,306	4,383	731
<b>35</b>	Postage and shipping	35	9,176	3,032	239
<b>36</b>	Occupancy	36	33,913	30,520	2,715
<b>37</b>	Equipment rental and maintenance	37	6,105	5,189	611
<b>38</b>	Printing and publications	38	31,530	19,405	2,283
<b>39</b>	Travel	39	0		
<b>40</b>	Conferences, conventions, and meetings	40	4,368	1,090	2,185
<b>41</b>	Interest	41	36,836	33,152	2,947
<b>42</b>	Depreciation, depletion, etc (attach schedule)	42	12,175	10,958	973
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See attached statement	43a	528,811	388,483	41,020
<b>b</b>		43b	0	0	0
<b>c</b>		43c	0	0	0
<b>d</b>		43d	0	0	0
<b>e</b>		43e	0	0	0
<b>f</b>		43f	0	0	0
<b>g</b>		43g	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	766,329	576,965	55,251

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ 0;  
 (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 0



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

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	400	<b>45</b>	252,731	
	<b>46</b> Savings and temporary cash investments	265,097	<b>46</b>		
	<b>47 a</b> Accounts receivable	<b>47a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 0	0	<b>47c</b> 0	
	<b>48 a</b> Pledges receivable	<b>48a</b> 60,596			
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 0	0	<b>48c</b> 60,596	
	<b>49</b> Grants receivable		<b>49</b>		
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	<b>50a</b> 0	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b> 0	0	<b>51c</b> 0	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		9,370	<b>53</b> 863	
	<b>54 a</b> Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54a</b> 0	
	<b>b</b> Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54b</b> 0	
	<b>55 a</b> Investments—land, buildings, and equipment: basis	<b>55a</b> 0			
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b> 0	0	<b>55c</b> 0	
	<b>56</b> Investments—other (attach schedule)		0	<b>56</b> 0	
	<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b> 1,205,378			
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 50,636	1,166,918	<b>57c</b> 1,154,742	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> )		0	<b>58</b> 0		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58		1,441,785	<b>59</b>	1,468,932	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	15,715	<b>60</b>	37,951	
	<b>61</b> Grants payable		<b>61</b>		
	<b>62</b> Deferred revenue	44,000	<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0	
	<b>b</b> Mortgages and other notes payable (attach schedule)	500,000	<b>64b</b>	500,000	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )	0	<b>65</b>	0	
	<b>66 Total liabilities.</b> Add lines 60 through 65		559,715	<b>66</b>	537,951
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted	840,070	<b>67</b>	847,563	
	<b>68</b> Temporarily restricted	42,000	<b>68</b>	83,418	
	<b>69</b> Permanently restricted		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>		
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).		882,070	<b>73</b>	930,981
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.		1,441,785	<b>74</b>	1,468,932

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	832,570
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	832,570
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	832,570

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	776,154
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	776,154
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	776,154

**Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name J. Neil Bassett Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Chairman Hr/WK 2	0	0	0
Name Raymond Hunter Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Vice Chair Hr/WK 2	0	0	0
Name Brad Preber Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Treasurer Hr/WK 2	0	0	0
Name Paula Jennings-Ha str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Executive Direct Hr/WK 2	66,000	0	0
Name Mike Baumayr Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title President Hr/WK 2	0	0	0
Name Christina Burrough Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Relationship Mar Hr/WK 2	0	0	0
Name Helen Czaplewski Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Director Hr/WK 2	0	0	0
Name Kent Dana Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Director Hr/WK 2	0	0	0
Name Mike Dana Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Director Hr/WK 2	0	0	0
Name Dennis Desmond Str 360 East Palm Lane City Phoenix ST AZ ZIP 85004	Title Director Hr/WK 2	0	0	0

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ 27</span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b>	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 the definition of "related organization." <span style="float: right;">▶</span> If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>	X

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

<b>Part VI Other Information (See the instructions)</b>		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>	X
<b>77</b>	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.	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization <span style="float: right;">▶</span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) <span style="float: right;">▶ <b>81a</b> _____</span>	<b>81b</b>	X
<b>b</b>	Did the organization file Form 1120-POL for this year?		X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 0		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations a	Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 501(c)(7) orgs.	Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87 501(c)(12) orgs.	Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
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		X
89 a 501(c)(3) organizations.	Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ na ; section 4912 ▶ na ; section 4955 ▶ na		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ na		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ na		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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?	N/A	
90 a	List the states with which a copy of this return is filed ▶ AZ		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	0
91 a	The books are in care of ▶ Name Paula Hardison Telephone no. ▶ 602.712 1006 Located at ▶ 360 East Palm Lane City Phoenix ST AZ ZIP + 4 ▶ 85004		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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? 91c Yes No X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

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.)

Table with 2 columns: 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.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets

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

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

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

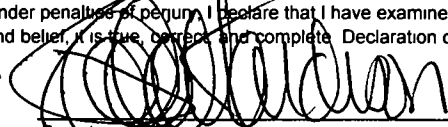
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.


 Date Oct. 1, 2007

Signature of officer

PAULA HARDISON EXECUTIVE DIRECTOR

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature		Date	9/21/2007	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	P00008030
Firm's name (or yours if self-employed), address, and ZIP + 4	Sechler CPA, PC	EIN	86-0859647	Phone no	602-230-2700		
	921 E. Orange Dr., Phoenix, AZ 85014						



<b>Part III Statements About Activities (See page 2 of the instructions.)</b>		<b>Yes</b>	<b>No</b>
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)		X
	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.		
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? see part V form 990	X	
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3 a</b>	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>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b>	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		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
<b>b</b>	Did the organization make any taxable distributions under section 4966?		X
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
<b>f</b>	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 ► _____		
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Country** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(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)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>0</b>

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,036,160	360,488	266,170	339,261	2,002,079
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	130,786				130,786
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	436	589	1,313	5,231	7,569
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		103,052	14,445	-1,913	115,584
23 Total of lines 15 through 22	1,167,382	464,129	281,928	342,579	2,256,018
24 Line 23 minus line 17	1,036,596	464,129	281,928	342,579	2,125,232
25 Enter 1% of line 23	11,674	4,641	2,819	3,426	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 42,505
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 599,332
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,125,232
d Add: Amounts from column (e) for lines	18 7,569	19			26d 722,485
	22 115,584	26b 599,332			26e 1,402,747
e Public support (line 26c minus line 26d total)					26e 1,402,747
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 66.00%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				
	(2005)	(2004)	(2003)	(2002)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines	15	16			27c 0
	17	20	21		27d 0
d Add: Line 27a total and line 27b total					27e 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

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

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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



**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds . . . . .		
Line 1b - Direct public support		
1 Contributions . . . . .	608,534	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4
5 Grants . . . . .	134,750	5
6 . . . . .		6
7 . . . . .		7
8 . . . . .		8
9 . . . . .		9
10 Total . . . . .	743,284	10 0
Line 1c - Indirect public support . . . . .		
Line 1d - Government contributions (grants) . . . . .		

**Line 9 (990) - Special Events and Activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Special Event	-----	-----	-----	
1a Number of special events	1	-----	-----	-----	
2 Gross receipts	101,430	-----	-----	-----	2 101,430
3 Less contributions	-----	-----	-----	-----	3 0
4 Gross revenue	101,430	0	0	0	4 101,430
5 Less direct expenses	12,500	-----	-----	-----	5 12,500
6 Net income or (loss)	88,930	0	0	0	6 88,930

**Line 16 (990) - Payments to Affiliates**

Line	Name	Street	City	State	ZIP	Foreign Country	ID number	Purpose	Amount
1	The Wellness Community	919 18th Street NW Ste 54	Washington	DC	20006			Dues and other fees	9,825
2									
3									
4									
5									
6									
7									
8									
9									
10									
11	Total							11	9,825

**Line 20 (990) - Other Changes in Net Assets or Fund Balances**

-7,505

Description		Total
1	To adjust the prior year's accrued rent	-7,505
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Line 43 (990) - Other Deductions**

528,811

388,483

41,020

99,308

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>Description</b>				
<b>1</b> Education and training	7,776	7,225	284	267
<b>2</b> Insurance	3,381	3,043	270	68
<b>3</b> Development	48,018	27,674	3,211	17,133
<b>4</b> License, permits and fees	16,077	13,703	1,583	791
<b>5</b> Food and beverages	9,354	886	1,126	7,342
<b>6</b> Miscellaneous	777	594	38	145
<b>7</b> Bank charges and fees	2,502	1,315	169	1,018
<b>8</b> Leased employees	242,373	180,698	27,754	33,921
<b>9</b> Contracted services	183,369	139,801	4,992	38,576
<b>10</b> Professional fees	27,684	13,544	1,593	12,547
<b>11</b> National dues see separate schedule	0			
<b>12</b> less direct costs of special events reported pg 1	-12,500			-12,500
<b>13</b>	0			
<b>14</b>	0			
<b>15</b>	0			
<b>16</b>	0			
<b>17</b>	0			
<b>18</b>	0			
<b>19</b>	0			
<b>20</b>	0			

**Line 48 (990) - Pledges Receivable**

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Pledges receivable	1	0	60,596	0	0
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges receivable	11	0	60,596	0	0

**Line 57 (990) - Land, Buildings, and Equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1 Land	1	963,852	963,852
2	2		
3	3		
4	4		
5	5		
6 Total land (net of any amortization)	6	963,852	963,852

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7 Building improvements	7	201,494	201,493	21,495	27,119
8 Office equipment	8	28,354	29,701	8,985	13,983
9 Furnishings	9	10,332	10,332	7,467	9,534
10 Equipment - other	10	1,346	0	513	0
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17 Total buildings and equipment	17	241,526	241,526	38,460	50,636
18 Buildings and equipment (less accumulated depreciation)	18			203,066	190,890
19 Total land, buildings and equipment	19			1,166,918	1,154,742

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





**Line 22 (Sch A (990/990-EZ)) - Other Income**

Description		(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
1	Annual event		103,052	14,445	-1,913	115,584
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
Total of Other Income		0	103,052	14,445	-1,913	115,584

**Line 10c (990) - Gross Profit from Sale of Inventory**

0

0

0

	Category	Gross Sales	Cost of Goods Sold	Net
1				0
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

The Wellness Community

Compensation of Officers, Directors, Trustees and Key Employees

Index	Name	Street Address	City	State	ZIP code	Foreign Country
1	J. Neil Bassett	360 East Palm Lane	Phoenix	AZ	85004	
2	Raymond Hunter	360 East Palm Lane	Phoenix	AZ	85004	
3	Brad Preber	360 East Palm Lane	Phoenix	AZ	85004	
4	Paula Jennings-Hardison	360 East Palm Lane	Phoenix	AZ	85004	
5	Mike Baumayr	360 East Palm Lane	Phoenix	AZ	85004	
6	Christina Burroughs	360 East Palm Lane	Phoenix	AZ	85004	
7	Helen Czaplewski	360 East Palm Lane	Phoenix	AZ	85004	
8	Kent Dana	360 East Palm Lane	Phoenix	AZ	85004	
9	Mike Dana	360 East Palm Lane	Phoenix	AZ	85004	
10	Dennis Desmond	360 East Palm Lane	Phoenix	AZ	85004	
11	Christine Fleming	360 East Palm Lane	Phoenix	AZ	85004	
12	Nita Francis	360 East Palm Lane	Phoenix	AZ	85004	
13	Jonathan Garcia	360 East Palm Lane	Phoenix	AZ	85004	
14	Bob Hardison	360 East Palm Lane	Phoenix	AZ	85004	
15	Connie Harmsen	360 East Palm Lane	Phoenix	AZ	85004	
16	Kay Kays	360 East Palm Lane	Phoenix	AZ	85004	
17	Louis Leeburg	360 East Palm Lane	Phoenix	AZ	85004	
18	Margaret Leichtfuss	360 East Palm Lane	Phoenix	AZ	85004	
19	Amy Lohman	360 East Palm Lane	Phoenix	AZ	85004	
20	Marcia Meyer	360 East Palm Lane	Phoenix	AZ	85004	
21	Rob Morris	360 East Palm Lane	Phoenix	AZ	85004	
22	Kristine Ouzts	360 East Palm Lane	Phoenix	AZ	85004	
23	Brian Queenin	360 East Palm Lane	Phoenix	AZ	85004	
24	Terri Rosko	360 East Palm Lane	Phoenix	AZ	85004	
25	Tiena Todd	360 East Palm Lane	Phoenix	AZ	85004	
26	Patrick Waugh	360 East Palm Lane	Phoenix	AZ	85004	
27	Carole Winslow	360 East Palm Lane	Phoenix	AZ	85004	
28						

To add more lines to this schedule, press CTRL+Q.

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Index	Type of entity		Officer, Director, Trustee, and Key Employee Status Current (Part V-A)	Former (Part V-B)	Disqualified Persons	Title	Hours per week devoted to position	54	66,000	Program Services Contribution to Emp Benefit Plans or Deferred Comp Plans	Program Services Expense Account Other Allowances	Mgmt and General Compensation
	Business	Individual										
1		X	X			Chairman	2.00		0	0	0	0
2		X	X			Vice Cha	2.00		0	0	0	0
3		X	X			Treasurer	2.00		0	0	0	0
4		X	X			Executive	2.00	66,000	0	0	0	0
5		X	X			President	2.00		0	0	0	0
6		X	X			Relations	2.00		0	0	0	0
7		X	X			Director	2.00		0	0	0	0
8		X	X			Director	2.00		0	0	0	0
9		X	X			Director	2.00		0	0	0	0
10		X	X			Director	2.00		0	0	0	0
11		X	X			Director	2.00		0	0	0	0
12		X	X			Director	2.00		0	0	0	0
13		X	X			Director	2.00		0	0	0	0
14		X	X			Director	2.00		0	0	0	0
15		X	X			Director	2.00		0	0	0	0
16		X	X			Director	2.00		0	0	0	0
17		X	X			Director	2.00		0	0	0	0
18		X	X			Director	2.00		0	0	0	0
19		X	X			Director	2.00		0	0	0	0
20		X	X			Director	2.00		0	0	0	0
21		X	X			Director	2.00		0	0	0	0
22		X	X			Director	2.00		0	0	0	0
23		X	X			Director	2.00		0	0	0	0
24		X	X			Director	2.00		0	0	0	0
25		X	X			Director	2.00		0	0	0	0
26		X	X			Director	2.00		0	0	0	0
27		X	X			Director	2.00		0	0	0	0
28												

To add

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Index	Mgmt and General Contr to Employee Benefit Plans	Mgmt and General Expense Acct Other Allowances	Fundraising Compensation	Fundraising Contributions to Employee Benefit Plans	Fundraising Expense Acct Other Allowances	Loans and Advances (For Part V-B Only)
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	0
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0
15	0	0	0	0	0	0
16	0	0	0	0	0	0
17	0	0	0	0	0	0
18	0	0	0	0	0	0
19	0	0	0	0	0	0
20	0	0	0	0	0	0
21	0	0	0	0	0	0
22	0	0	0	0	0	0
23	0	0	0	0	0	0
24	0	0	0	0	0	0
25	0	0	0	0	0	0
26	0	0	0	0	0	0
27	0	0	0	0	0	0
28	0	0	0	0	0	0

J. Neil Bassett  
 Raymond Hunter  
 Brad Preber  
 Paula Jennings-Hardis  
 Mike Baumayr  
 Christina Burroughs  
 Helen Czaplowski  
 Kent Dana  
 Mike Dana  
 Dennis Desmond  
 Christine Fleming  
 Nita Francis  
 Jonathan Garcia  
 Bob Hardison  
 Connie Harmsen  
 Kay Kays  
 Louis Leeburg  
 Margaret Leichtfuss  
 Amy Lohman  
 Marcia Meyer  
 Rob Morris  
 Kristine Ouzts  
 Brian Queenin  
 Terri Rosko  
 Tiena Todd  
 Patrick Waugh  
 Carole Winslow

To add

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

(Rev. December 2006)  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>The Wellness Community</b>	Employer identification number <b>86-0897810</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>360 East Palm Lane</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Phoenix AZ 85004</b>	
	<b>Phoenix AZ 85004</b>	

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

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

• The books are in the care of ▶ Taxpayer

Telephone No. ▶ 602.712.1006 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box. . . . . ▶  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15/2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2006 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <u>0</u>

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

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

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

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

**Part II Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

<b>Type or print</b> <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>The Wellness Community</b>	Employer identification number <b>86-0897810</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>360 East Palm Lane</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Phoenix AZ 85004</b>	

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

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

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

- The books are in the care of  **Taxpayer**  
 Telephone No. **602.712.1006** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until 11/15/2007

**5** For calendar year 2006, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**7** State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

<b>8 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b>	\$ <span style="float: right;">0</span>

**Signature and Verification**

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

Signature Title **CPA/POA** Date **8/3/2007**

**Notice to Applicant. (To Be Completed by the IRS)**

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

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

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

<b>Type or print</b>	Name <b>Sechler CPA, PC</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>921 E. Orange Dr.</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Phoenix, AZ 85014</b>