SCANNED NOV 0 5 2007,

Form **990-EZ**

Short_Form

2006

OMB No. 1545-1150

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form

990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form.

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

Open to Public Inspection

_	mai Heveni			TING OIL								41		. 7	_	, 20 <i>07</i>	_
		2006 calendar y	_					TULY		, 2006,	and end	ing	JUNE			<u> </u>	
В	Check if a		ense e IRS		of organi				IRT	m·	. –	1 0				don number	
\mathbb{H}	Address o	an yo	bel or			M Co		ess	LBJ	11110	1-2c			01:		00	
H	Name cha Initial retu	. The	int or						t delivered to		address) i	Room/sulte					, ,
H	Final retur			68	11 7	aylor	- Ra	nch_	Dr. 1	<u>v w</u>			(505	5) 89	8-1	492 Ex	<u>t</u> ,0
Ħ	Amended	Spr	etruc-	City o	or town, st	tate or coun	try, and	ZIP + 4					F Group	Exem	ption		
Ĭ	Applicatio	on pending Sor		Alb	ugu	CGUP.	NY	ን 81	7120-	<u> 295</u>	7		Numb	er.	. ▶		
	• Section	on 501(c)(3) orga	seniza									G Acco	ounting me	thod:	☐ Ca	sh 🗶 Accrua	al
	- 00000	a	com	pleted	Schedul	e A (Form	990 or	990-EZ) .			Othe	r (specify)	▶		•	
_				<u>-</u>								H Char	:k ▶ 🔯	if the	vragniz	ration	
1	Websit	to: b										is no	t required	to atta	ch ch	ation	
-	••	zation type (chec	rck onl	h one)	B Z 501	(0) (3) 4	d finaart	no) [4947(a)(1) or [527					EZ, or 990-PF)).
_																	_
K	Check ▶	if the organi	nizatio:	n is not	a section	1 509(a)(3)	support	ing orga	inization an d	on rosgro	oss recelj	ots are noi	mally not	more ti	18N \$20	s,000. A return	18
		uired, but if the or										d of Form	000. E7	<u> </u>	र्य	088	_
		s 5b, 6b, and 7b,	, to lin	10 9 10 0	stermine :	gross rece	ipts; ir a	100,000	or more, me	of Del	90 FISIO	Coo por	350-EZ.				_
Р	art I	Revenue, E	xper	nses, (and Ch	langes i	n Net	Asset	8 or Fun	d Bak	ances	See pag	ge 47 Of		Struc	LOUIS.)	_
	1	Contributions,	, gifts,	, grants	, and sir	milar amo	unts re	ceived,						1		711 220	
	2	Program servi	vice re	evenue	includir	ng goverr	nment i	fees and	d contract	ts.				2		54,088	_
	3	Membership (3	_		
	4	Investment in	ncome	е										4			
	5a	Gross amoun	nt fror	m sale	of asset	ts other t	han inv	entory		L	5a						
	Ь	Less: cost or								L	5b						
		Gain or (loss)						entory (l	line 5a les	s line !	5b) (atta	ch sched	dule)	5c			
3	6	Special events															
Revenue	_						,. -		contributi		9 ,		_				
چَ		reported on li			-		70	•	00.10.100.		6a						
•		Less: direct e			nor then	 fundrale	ોજો				6b						
	B	Net income o		120 eQC		2007		Joilada Huitlee (ine faller	L				6c			
	_c								ואו אט אוון)	91111 66	7a						
	7a	Gross sales o						ances		· · -	7b						
	þ	Less: cost of	good	ds selo-	3DEN	1 , U1,	<u> </u>			L				7c			
		Gross profit of	or (los	ss) from	LSDIGG (of invent	ory (line	9 7a les	is line 7b)					8			
	8	Other revenue				4 5- 0		O/						-		54,088	_
_	9	Total revenue	16 (80	ad lines	1, 2, 3,	, 4, 5C, O	C, /C, E	and 8).	<u> </u>		• • •	<u> </u>	• •	9	·	3 4, U4 B	—
	10	Grants and si	imilar	r amour	nts paid	(attach s	schedu	le) .						10		50 10 2	_
	11	Benefits paid					-							11		28, 555	—
8	12	Salaries, othe	er con	mpensa	ition, an	nd employ	yee be	nefits						12			
쭕	13	Professional f	fees a	and oth	ier payr	nents to	indepe	ndent c	contractors	s				13			_
Expenses	14	Occupancy, r	rent, (utilities,	, and m	aintenand	ce .							14			
Ш	15	Printing, publi	licatio	ons, po	stage, a	and shipp	ing .		,					15			_
	16	Other expens	ses (d	describe	• F 🗔	Ensuc	ance,	SUPF	olice, C	wes)	16		238	
	17	Total expens	886 (8	add line	s 10 th	rough 16	<u> </u>		<u> </u>	<u> </u>	<u></u>		<u>.,</u> , ▶	17		8,740	
40	18	Excess or (de	eficit)	for the	vear (li	ne 9 less	line 17	7)						18	(4,672)	_
Net Assets	19	Net assets or														•	
3	''	end-of-year fi												19		9,796	_
Ħ	20	Other change												20		•	_
Ž	21	Net assets or	r fund	d balan	ces at e	end of year	ar (con	nbine lin	nes 18 thr	ough 2	20)		•	21	4	5,124	
Р	art II	Balance Sh	neets	s—If To	tal asse	ts on line	e 25, c	olumn (B) are \$25	50,000	or more	, file For	m 990 in	stead	of For	m 990-EZ.	_
						the instr							eginning of y			End of year	
2) Carl	h, savings, and						-					3,281	2	2 3	3.362	
2:		d and buildings								• •			· · · · · · · · · · · · · · · · · ·	2:		7	
		a and buildings er assets (desc	oribal	. 'A'	CCALA	is loc	L	(, -A	Visit of	hick			1.515	2	_	1,762	_
24		=						-	y y P)	q	796	2		7.124	
2		ai assets								• •			· · · · · · · · · · · · · · · · · · ·	2			_
20 27	o iota 7 Net	al liabilities (de assets or fund	escrib ad hei	Je ► _ Jances	(line 27	of colum	nn (A)	must ac	ree with I	ine 21)		9	796	2		1.124	_
		y Act and Pape									· · ·	Cat. No.	 			990-EZ (200	06)
		.,				,		~~~~									•

Pa	rt III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expens	es	_
٧h			ired for (4) orga		
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a cléar and concise manner, a		(4) 01ga 4947(a)(1		
		optioi	nal for o	thers)	
28	Supported the community of LBJ Middle School in it's good to				
	Decipare Students for the 11st centry through compositation				
	Velunteering and tinangial Support		~-		
	(Grants \$) If this amount includes foreign grants, check here ▶ □ 2	8a	<u> </u>	760	<u></u>
29					
	(Grants \$) If this amount includes foreign grants, check here ▶ □ 2	9a			
30					
	(Grants \$) If this amount includes foreign grants, check here ▶ □ 3	0a			
	(Grants \$) If this amount includes foreign grants, check here ▶ □ 300 Other program services (attach schedule)	- Val			
		1a			
		32	58.	760	_
	rt IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of				_
	(B) Title and average (C) Compensation (D) Contributions to	to	(E) E	kpense	_
	(A) Name and address hours per week devoted to position enter -0) deferred compensate			ant and lowances	5
	Cynthia Pettit			<u> </u>	
LB	JPTSA, 6811 Taylor Ranch Rd, Albug, NM President 0		(<u> </u>	_
	Sheri Oudley		^		
	Same as above Vice-President 0				
	1 allows Consider		0		
	same as a some	_			
	Kathryn Auh		0		
Б.				V 1	_
Ρa	Other Information (Note the statement requirement in General Instruction V.)		- 	Yes N	0
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				/
	description of each activity	•	33	+	_
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"		34	1	
	attach a conformed copy of the changes			- -	\neg
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not	ľ			
_	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		\vdash		
ć	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	u	35a	1	
ŀ	of "Yes," has it filed a tax return on Form 990-T for this year?	•	35b	7	_
- 36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes." attach				
-	statement.)		36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	•			
	Did the organization file Form 1120-POL for this year?		37b	7	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	e			,_]
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a	7	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount				
	involved]		
39	501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on line 9		-	}	
<u>t</u>	Gross receipts, included on line 9, for public use of club facilities				

. ,

Par	t V	Other Information (Note the statement requirement in G	eneral Instruc	ction V.)	(Conti	inued)			
		on 4911 ►; section 4912 ►			er:		-	[3.6	T
		(3) and (4) organizations. Did the organization engage in any section 4 or did it become aware of an excess benefit transaction from a prior							No V
	the ye	amount of tax imposed on organization managers or disqualified ear under sections 4912, 4955, and 4958		ĭ. ▶					
d	Enter	amount of tax on line 40c reimbursed by the organization		. ▶					
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?								1
41 42a	The Market Control of the Control of								
	over accou If "Ye See t	y time during the calendar year, did the organization have an integral financial account in a foreign country (such as a bank account int)?	D F 90-22.1.	ccount, c	or othe		-	ъ	No /
43	Section	s," enter the name of the foreign country: on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieuter the amount of tax-exempt interest received or accrued during					_ 		▶ □
Plea Sign Here	1	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer LaVerne Garcia, Treasurer Type or print name and title	ccompanying sche officer) is based o	edules and on all inform	stateme nation of / O Date	nts, and to	o the best of the	of my kno any kno	owledge wledge.
Paid Prens	arer's	Preparer's signature	Date	Check if self- employed	▶□	Preparer's	SSN or PTI	V (See Ge	n. Inst. X)
Use (Firm's name (or yours if self-employed), address, and ZIP + 4			iN hone no	>)		
							Form 9	990-E2	Z (2006)

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

LUJ MINDELL			85 0121				
Compensation of the Five High (See page 2 of the instructions. L		Other Than Officers, Directors, and Trustees are none, enter "None.")					
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances			
Aora							
Total number of other employees paid over \$50,000 .							
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List	est Paid Independent C t each one (whether indivi	Contractors for duals or firms). If	Professional Se there are none, e	rvices enter "None.")			
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation			
None							
Fetal number of others readiling our CEO 000 for							
Total number of others receiving over \$50,000 for professional services	<u>, </u>			· · · ·			
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	rofessional serv		lividuals or			
(a) Name and address of each independent contractor	pald more than \$50,000	(b) Type	of service	(c) Compensation			
None							
Total number of other contractors receiving over \$50,000 for other services							

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\$\text{\$\text{Must equal amounts on line 38,}}} \] Part VI-A, or line I of Part VI-B)		/
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	a	/
b	Lending of money or other extension of credit?	ь	/
C	Furnishing of goods, services, or facilities?	c	/
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u>d</u>	~
е	Transfer of any part of its income or assets?	е	/
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.)	a	/
b	Did the organization have a section 403(b) annuity plan for its employees?	ь	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	c	/
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	d	/
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	a	/
b	Did the organization make any taxable distributions under section 4966?	b	/
С	Did the organization make a distribution to a donor, donor advisor, or related person?	c	<u>/</u>
đ	Enter the total number of donor advised funds owned at the end of the tax year	NA	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	v /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	w/4_	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	NA	

Pa	rt I	V Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruct	tions.)			
l ce	rtify	that the organization is not a private	te foundation bec	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). (Also complete Pa	art V.)						
7		A hospital or a cooperative hospit	tal service organiz	zation. Section 170(b)(1)	(A)(iii).					
8		A federal, state, or local government	ent or governmen	ntal unit. Section 170(b)(I)(A)(v).					
9		A medical research organization of and state ▶			ction 170(b)(1)	(A)(iii). Enter th	e hospital's name, city,			
10		An organization operated for the bo (Also complete the Support School		or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv)			
11a		An organization that normally received 170(b)(1)(A)(vi). (Also complete the			ı governmenta	l unit or from th	e general public. Section			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
12		An organization that normally receifrom activities related to its charitafrom gross investment income an organization after June 30, 1975.	able, etc., function and unrelated busin	ns—subject to certain ex ness taxable income (les	ceptions, and se section 511	(2) no more the tax) from bus	nan 331/4% of its support sinesses acquired by the			
13	Ø	requirements of section 509(a)(3).	Check the box th	nat describes the type of	f supporting o	rganization:				
		☐ Type II	Type I	II-Functionally Integrate	ed ∟	Type III-Othe	er			
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 7 of the inst	ructions.)			
(a) Name(s) of supported organization(s)		, -	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support			
					Yes	No				
	L	BJ Middle School	850121400	6		/				
Tota	ıl,		<u> </u>		<u> </u>	🕨				
14		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page 7 of the i	instructions.)			

	e: You may use the worksheet in the instructions ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 200		(e) Total
15	Gifts, grants, and contributions received. (Do	(=, =000	(2) 2004	(5, 2000	(4) 200	-	(0) 10(0)
	not include unusual grants. See line 28.),						
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.						
19	Net income from unrelated business activities not included in line 18,						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22		· · · · · · · · · · · · · · · · · · ·	 			
24	Line 23 minus line 17			+		 -	
25	Enter 1% of line 23			-			
 26	Organizations described on lines 10 or 11:	a Enter 294 of	amount in colur	75 (c) line 24	l	26a	
_	•						
b	Prepare a list for your records to show the nan governmental unit or publicly supported organize						
	amount shown in line 26a. Do not file this list w					26b	
С	Total support for section 509(a)(1) test: Enter li	_				26c	
d	Add: Amounts from column (e) for lines: 18						······································
•					•	26d	
е	Public support (line 26c minus line 26d total)					26e	
	Public support percentage (line 26e (numera	tor) divided by	line 26c (denon	ninator))		26f	%
27 b	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 (2005)	the name of, and e sum of such an	total amounts remounts for each . (2003)	eceived in each year	ar from, ead	h "disqı	alified person.'
	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. (2005) (2004)	year, that was mo 5 through 11b, as the larger amoun	re than the larger well as individuals t described in (1)	r of (1) the amount s.) Do not file this li or (2), enter the s	on line 25 fo st with you um of these	or the year return. differen	ar or (2) \$5,000. After computing ices (the excess
_	Add: Amounts from column (e) for lines: 15						
G	17 20					27c	
d		and line 27b tota				27d	
е	Public support (line 27c total minus line 27d to					27e	
f	Total support for section 509(a)(2) test: Enter a	mount from line :	23, column (e) .	. ▶ 27f		ļļ.	
g	Public support percentage (line 27e (numera					27g	%
h	Investment income percentage (line 18, colu	mn (e) (numerat	tor) divided by	line 27f (denomin	ator)). ▶	27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant. Do not f	ch year, the nam	e of the contrib	utor, the date and	amount o	f the gra	

Private School Questionnaire (See page 9 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 30 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 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) _____ Does the organization discriminate by race in any way with respect to: 33a 33b Admissions policies? . 33c Employment of faculty or administrative staff? . . . 33d Scholarships or other financial assistance? . . **Educational policies?** 33f Use of facilities? 33g Athletic programs? 33h 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? 34a 34b **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule	A (Form	990 or	990-EZ)	2006

Pa	t VI-A Lobbying Expenditures by E (To be completed ONLY by a	lecting Public n eligible organ	Charities (Section that file	e page 10 of the ed Form 5768)	e instructions	.)
Che	ck ▶ a ☐ if the organization belongs to an affili	ated group. Che	ck ▶ b 🗌 if	you checked "a" a	nd "limited control	" provisions apply.
	Limits on Lobby	-			(a) Affiliated group totals	(b) To be completed for all electing
	(The term "expenditures" mea		- '		totals	organizations
36	Total lobbying expenditures to influence public					
37	Total lobbying expenditures to influence a legi					
38	Total lobbying expenditures (add lines 36 and	-		1		
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines	•		40	· · · ·	
41	Lobbying nontaxable amount. Enter the amou		•			
		lobbying nontaxa				
	Not over \$500,000					
	Over \$500,000 but not over \$1,000,000 . \$100,	•		1 1		
	Over \$1,000,000 but not over \$1,500,000 . \$175,	•				
	Over \$1,500,000 but not over \$17,000,000. \$225, Over \$17,000,000 \$1,000					
42	Grassroots nontaxable amount (enter 25% of					†
43	Subtract line 42 from line 36. Enter -0- if line					
44	Subtract line 41 from line 38. Enter -0- if line 4					
• •						
	Caution: If there is an amount on either line 4	3 or line 44, you n	nust file Form 47	20.		
	4-Year Av	eraging Period	d Under Secti	on 501(h)		
	(Some organizations that made a section See the instructions	on 501(h) election for lines 45 throug	do not have to o h 50 on page 13	complete all of th 3 of the instruction	e five columns b ns.)	elow
		Lob	bying Expenditu	ıres During 4-Ye	ar Averaging P	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
<u>48</u>	Grassroots nontaxable amount	1	- · · · · · · · · · · · · · · · · · · ·			
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
	Lobbying Activity by Nonelectivity (For reporting only by organization)			Part VI-A) (See	nage 13 of th	e instructions)
Duri	ng the year, did the organization attempt to influ					
	npt to influence public opinion on a legislative r				^{iny} Yes No	Amount
a	Volunteers	nation of reference	arii, airougii aic	usc 01.		
b	Paid staff or management (Include compensat	ion in expenses re	enorted on lines	c through h		1
c	Media advertisements	•	•	- anough m, .		1
d	Mailings to members, legislators, or the public				. 7	
6	Publications, or published or broadcast statem					
f	Grants to other organizations for lobbying pur					
g	Direct contact with legislators, their staffs, gov					
h	Rallies, demonstrations, seminars, conventions		-	~		
i	Total lobbying expenditures (Add lines c throu	gh h.)				
	If "Yes" to any of the above, also attach a sta-	tement giving a de	etailed descriptio	n of the lobbying	activities.	

Schedule .	Δ	Æorm.	aan	or	990_F7	2006	
scriedule .	^	(FOIIII	250	Or	880-EZ	1 2000	

Pa	rt VI			ransfers To and Transa e page 13 of the instructio	ctions and Relationships With No ns.)	nchari	itable	
51	Did	the reporting orga	nization directly or	indirectly engage in any of the	following with any other organization descrion 527, relating to political organizations?	bed in s	section	
_				to a noncharitable exempt organizations		Yes	No	
a		Cash	orting organization	to a nonchantable exempt orga	51a		1	
	• • •	Other assets .			a(ii		1	
b	4	er transactions:					1	
-	_		es of assets with a	noncharitable exempt organiza	tion b(i)	1	
				itable exempt organization)	1	
				her assets	b(ii)	/	
	(iv)	Reimbursement a	rrangements		b(iv		1	
	(v)	Loans or loan gua	arantees		<u>b(v</u>		/	
	(vi)	Performance of s	ervices or member	ship or fundraising solicitations	<u>b(v</u>)	1	
C	Sha	ring of facilities, ed	quipment, mailing li	sts, other assets, or paid emplo	yees <u>c</u>			
ď	goo	ds, other assets, o	r services given by	y the reporting organization. If t	 Column (b) should always show the fair mark he organization received less than fair marke ls, other assets, or services received. 	et value t value	of the in any	
	3)	(b)		(c)	(d)			
Line	no	Amount Involved Name of non		charitable exempt organization	Description of transfers, transactions, and sharing arrangements			
					-			
-		<u> </u>						
	-							
	-							
		- "						
	des	cribed in section 50 es," complete the		other than section 501(c)(3)) or i	te or more tax-exempt organizations n section 527?	es [] No	
		(a) Name of organization		(b) Type of organization	(c) Description of relationship			
		· · ·						
								
		· - · · · · · · · · · · · · · · · · · ·						
				<u>L</u>				

8:38 AM 10/14/07 Accrual Basis

LBJ PTSA Balance Sheet As of June 30, 2007

	Jun 30, 07
ASSETS	
Current Assets	
Checking/Savings	
Wells Fargo Checking	3,362.06
Total Checking/Savings	3,362.06
Other Current Assets	
A/R Insufficient Funds	1,762.00
Total Other Current Assets	1,762.00
Total Current Assets	5,124.06
TOTAL ASSETS	5,124.06
LIABILITIES & EQUITY Equity	
Opening Bal Equity	6,041.10
Retained Earnings	3,755.33
Net Income	-4,672.37
Total Equity	5,124.06
TOTAL LIABILITIES & EQUITY	5,124.06

8:37 AM 10/14/07 Accrual Basis

LBJ PTSA Profit & Loss

July 2006 through June 2007

	Jul '06 - Jun 07
Ordinary Income/Expense Income	
Coyote Cards	1,100.00
Coyote Cards Exp Fall Fundraiser	-1,050.00
Fall Fundraiser Expense	-16,157.13
Fall Fundraiser Income	31,252.97
Fall Fundraiser - Other	-14.50
Total Fall Fundraiser	15,081.34
Book Fair	
Book Fair Expense	-2,719.85
Book Fair - Other	2,744.51
Total Book Fair	24.66
Polo Shirts (LBJ logo)	
Polo Shirt Income	2,025.00
Polo Shirt Expense	-4,687.78
Total Polo Shirts (LBJ logo)	-2,662.78
School Supply Sales	571.84
Total Income	13,065.06
Expense	
Basketball	-117.00
School Improvements	69.73
Teacher Teams	1,640.04
Electives Recruitment	320.00
Membership	-321.50
Clothing Bank	100.00
Council Dues	25.00
Discretionary PTA Convention NATIONAL	3,261.63 195.00
PTA Convention NATIONAL PTA Office Supplies	122.57
PTSA Insurance	195.00
School Programs	9,950.00
Staff Appreciation	829.10
Student Recognition/Promotion	1,467.86
Total Expense	17,737.43
Net Ordinary Income	-4,672.37
Net Income	-4,672.37