Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning OCT 1, 2006 and ending SEP 30, 2007

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
CALIFORNIA ALLIANCE FOR ARTS EDUCATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
495 EAST COLORADO BOULEVARD

City or town, state or country, and ZIP + 4
PASADENA, CA 91101

D Employer identification number
94-2733935

E Telephone number
(626) 578-9315

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 ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

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

G Website: ▶WWW.ARTSED411.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.

I Group Exemption Number ▶ N/A

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 406,738.

SCANNED JUL 18 2008

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	163,626.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	40,160.	
	e	**Total** (add lines 1a through 1d) (cash $ 203,786. noncash $)			1e 203,786.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 171,493.
	3	Membership dues and assessments			3 12,750.
	4	Interest on savings and temporary cash investments			4 16,002.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 2,707.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 406,738.
Expenses	13	Program services (from line 44, column (B))			13 573,377.
	14	Management and general (from line 44, column (C))			14 148,950.
	15	Fundraising (from line 44, column (D))			15 23,628.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 745,955.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 -339,217.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 711,000.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 371,783.

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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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 56,499. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	56,499.	56,499.		STATEMENT 2
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	102,675.	80,572.	17,364.	4,739.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	6,842.	0.	0.	6,842.
c 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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	131,359.	124,173.	6,724.	462.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	17,338.	14,737.	1,733.	868.
29 Payroll taxes	29	22,966.	19,521.	2,297.	1,148.
30 Professional fundraising fees	30				
31 Accounting fees	31	6,000.		6,000.	
32 Legal fees	32				
33 Supplies	33	3,293.	2,036.	1,257.	
34 Telephone	34	5,419.	1,376.	4,043.	
35 Postage and shipping	35	1,339.	267.	1,072.	
36 Occupancy	36	19,763.	8,085.	11,678.	
37 Equipment rental and maintenance	37	1,920.	33.	1,887.	
38 Printing and publications	38	18,896.	14,256.	4,640.	
39 Travel	39	46,344.	38,528.	7,816.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1,614.		1,614.	
43 Other expenses not covered above (itemize).					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 1	43g	303,688.	213,294.	80,825.	9,569.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	745,955.	573,377.	148,950.	23,628.

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 $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 3

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 134,524.

b SEE STATEMENT 4

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 334,029.

c THE ORGANIZATION ADMINISTERS THE EMERGING YOUNG ARTIST AWARDS WHICH SEEK TO IDENTIFY AND SUPPORT TALENTED YOUNG ARTISTS WHO INTEND TO PURSUE A CAREER IN THE ARTS.

(Grants and allocations $ 56,499.) If this amount includes foreign grants, check here ▶ ☐ 56,499.

d THE ORGANIZATION IS REQUESTED AT TIMES TO CREATE ONE TIME PROGRAMS THAT PROMOTE, SUPPORT AND ADVOCATE VISUAL AND PERFORMING ARTS EDUCATION.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 48,325.

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 573,377.

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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
Assets	45	Cash - non-interest-bearing				45	
	46	Savings and temporary cash investments			430,347.	46	445,201.
	47 a	Accounts receivable	47a	600.			
	b	Less: allowance for doubtful accounts	47b		7,012.	47c	600.
	48 a	Pledges receivable	48a	20,000.			
	b	Less: allowance for doubtful accounts	48b		410,000.	48c	20,000.
	49	Grants receivable			11,500.	49	37,350.
	50 a	Receivables from current and former officers, directors, trustees, and key employees				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	8,627.			
	b	Less: accumulated depreciation STMT 6	57b	3,836.	6,405.	57c	4,791.
	58	Other assets, including program-related investments (describe ▶)				58	
	59	**Total assets** (must equal line 74) Add lines 45 through 58			865,264.	59	507,942.
Liabilities	60	Accounts payable and accrued expenses			28,796.	60	9,565.
	61	Grants payable				61	
	62	Deferred revenue			125,468.	62	126,594.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable STMT 7				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			154,264.	66	136,159.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			18,574.	67	11,454.
	68	Temporarily restricted			692,426.	68	360,329.
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			711,000.	73	371,783.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			865,264.	74	507,942.

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

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

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

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

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
SEE STATEMENT 8		97,885.	4,790.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 25			
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)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	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
ELIZABETH LINDSLEY C/O CALIFORNIA ALLIANCE FOR ARTS EDUC	0.	6,842.	0.	0.

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	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?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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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?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
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		88a		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 ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.				
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ▶ CA				
b	Number of employees employed in the pay period that includes March 12, 2006	90b 3			
91 a	The books are in care of ▶ LAURIE SCHELL Telephone no. ▶ (626) 578-9315 Located at ▶ 495 EAST COLORADO BLVD., PASADENA, CA ZIP + 4 ▶ 91101				
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 ▶ N/A 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		X
	If "Yes," enter the name of the foreign country ▶ N/A			
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.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue.					
a FISCAL SPONSOR FEES					8,024.
b PROGRAM					
c SUPPORT/CONSULTING					163,469.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					12,750.
95 Interest on savings and temporary cash investments			14	16,002.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	2,707.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		18,709.	184,243.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					202,952.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(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
	%			
N/A	%			
	%			
	%			

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
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

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

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)* N/A

		Yes	No
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		

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

		Yes	No
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		

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

		Yes	No
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?		

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

Please Sign Here

× Laurie J Schell — Signature of officer

× 7/3/08 — Date

× Laurie T. Schell Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature [signature] Date 6/21/08 Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ QUIGLEY & MIRON, CPA'S
3550 WILSHIRE BOULEVARD--SUITE 1660
LOS ANGELES, CA 90010-2481

EIN ▶

Phone no. ▶ (213) 639-3550

Form **990** (2006)

623164/01-26-07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2006

Name of the organization

CALIFORNIA ALLIANCE FOR ARTS EDUCATION

Employer identification number

94 2733935

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there 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
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III 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 ▶ $ _____ $ 36,000. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	1	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.			
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.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 10	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	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.) SEE STATEMENT 11	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the 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 ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

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** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also 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? Yes	(d) No	(e) Amount of support
Total ▶					

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.)	507,638.	241,769.	291,931.	245,149.	1,286,487.
16 Membership fees received	18,840.	19,550.	20,830.	34,610.	93,830.
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	245,944.	326,168.	405,109.	357,506.	1,334,727.
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	10,261.	2,546.	1,881.	1,913.	16,601.
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	782,683.	590,033.	719,751.	639,178.	2,731,645.
24 Line 23 minus line 17	536,739.	263,865.	314,642.	281,672.	1,396,918.
25 Enter 1% of line 23	7,827.	5,900.	7,198.	6,392.	

26	**Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶	26a	N/A
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	N/A
c	Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	N/A
d	Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	N/A
e	Public support (line 26c minus line 26d total) ▶	26e	N/A
f	**Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	N/A %

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) 0. (2004) 0. (2003) 0. (2002) 0.

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) 612,000. (2004) 165,000. (2003) 271,000. (2002) 228,000.

c	Add: Amounts from column (e) for lines: 15 1,286,487. 16 93,830. 17 1,334,727. 20 _____ 21 _____ ▶	27c	2,715,044.
d	Add: Line 27a total 0. and line 27b total 1,276,000. ▶	27d	1,276,000.
e	Public support (line 27c total minus line 27d total) ▶	27e	1,439,044.
f	Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 2,731,645.		
g	**Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	52.6805%
h	**Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	.6077%

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.
NONE

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

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

			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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

623141
01-18-07

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)

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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		36,000.
38 Total lobbying expenditures (add lines 36 and 37)	38		36,000.
39 Other exempt purpose expenditures	39		709,955.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		745,955.
41 Lobbying nontaxable amount. Enter the amount from the following table - **If the amount on line 40 is -** / **The lobbying nontaxable amount is -**: Not over $500,000 — 20% of the amount on line 40; Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000; Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000; Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000; Over $17,000,000 — $1,000,000	41		136,893.
42 Grassroots nontaxable amount (enter 25% of line 41)	42		34,223.
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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	136,893.	125,151.	110,594.	118,815.	491,453.
46 Lobbying ceiling amount (150% of line 45(e))					737,180.
47 Total lobbying expenditures	36,000.	31,982.	18,000.	18,000.	103,982.
48 Grassroots nontaxable amount	34,223.	31,288.	27,649.	29,704.	122,864.
49 Grassroots ceiling amount (150% of line 48(e))					184,296.
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.)

N/A

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:	Yes	No	Amount
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**.)			0.

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

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 PAGE 2 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
1	FURNITURE	05 01 03	SL	6.00	16	1,714.			1,714.	1,144.		286.
2	FURNITURE	05 01 03	SL	6.00	16	860.			860.	572.		143.
3	COPIER	08 25 03	SL	6.00	16	758.			758.	506.		126.
4	COMPUTER EQUIPMENT	09 07 06	SL	5.00	16	5,295.			5,295.			1,059.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					8,627.		0.	8,627.	2,222.	0.	1,614.
	* GRAND TOTAL 990 PAGE 2 DEPR					8,627.		0.	8,627.	2,222.	0.	1,614.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	862.	733.	129.	
BOARD COST	2,380.		2,380.	
CATERING	6,796.	6,796.		
CONTRACTED SERVICES	249,911.	193,046.	56,865.	
DEVELOPMENT	9,569.			9,569.
DUES AND SUBSCRIPTIONS	55.		55.	
FACILITIES RENTAL	225.	225.		
FEES AND PERMITS	85.		85.	
FISCAL AGENCY FEE	9,150.	9,150.		
INSURANCE	3,922.	790.	3,132.	
INTERNET	1,524.		1,524.	
MISCELLANEOUS	60.		60.	
PROFESSIONAL DEVELOPMENT	15,594.	1,854.	13,740.	
PROFESSIONAL FEES	3,555.	700.	2,855.	
TOTAL TO FM 990, LN 43	303,688.	213,294.	80,825.	9,569.

FORM 990 CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EMERGING YOUNG ARTIST AWARDS TALENTED YOUNG CALIFORNIANS C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	NONE	56,499.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		56,499.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

THE ORGANIZATION AS FISCAL AGENT PARTICIPATES IN THE COMMUNITY ARTS EDUCATION PROJECT. THE COMMUNITY ARTS EDUCATION PROJECT PROVIDES TECHNICAL ASSISTANCE TO SCHOOL DISTRICTS BY BRINGING TOGETHER THE LOCAL SCHOOL DISTRICT AND COMMUNITY MEMBERS AND FACILITATING THE DEVELOPMENT OF A LONG-RANGE BUDGETED STRATEGIC ARTS EDUCATION MASTER PLAN AND ARTS EDUCATION POLICY, WHICH IS ADOPTED BY THE LOCAL SCHOOL BOARD AND IMPLEMENTED BY THE SCHOOL DISTRICT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		134,524.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE TWO

THE ORGANIZATION PROMOTES, SUPPORTS AND ADVOCATES FOR ARTS EDUCATION IN ALL CALIFORNIA PUBLIC SCHOOLS BY EDUCATING EDUCATION DECISION-MAKERS, LEGISLATORS AND THOUGHT LEADERS AT THE STATE LEVEL WHILE CREATING REGIONAL ADVOCACY NETWORKS AT THE GRASSROOTS LEVEL TO MOBILIZE AND ADVOCATE FOR POLICIES THAT WILL ENABLE EQUITABLE ACCESS TO QUALITY ARTS EDUCATION FOR ALL CALIFORNIA STUDENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		334,029.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 5

EXPLANATION

THE CALIFORNIA ALLIANCE FOR ARTS EDUCATION PROMOTES, SUPPORTS, AND ADVOCATES VISUAL AND PERFORMING ARTS EDUCATION FOR PRESCHOOL THROUGH POST-SECONDARY STUDENTS IN CALIFORNIA SCHOOLS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	1,714.	1,430.	284.
FURNITURE	860.	715.	145.
COPIER	758.	632.	126.
COMPUTER EQUIPMENT	5,295.	1,059.	4,236.
TOTAL TO FORM 990, PART IV, LN 57	8,627.	3,836.	4,791.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 7

LENDER'S NAME: UNION BANK OF CALIFORNIA

TERMS OF REPAYMENT

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		8,000.	14.80%

SECURITY PROVIDED BY BORROWER: NONE

PURPOSE OF LOAN: LINE OF CREDIT

RELATIONSHIP OF LENDER: NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	8,000.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MITCHEL AIKEN C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
KRISTINE ALEXANDER C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
STEPHANIE ANGELINI C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
NANCY CARR C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
FRAN CARRILLO C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 5.00	2,960.	0.	0.
CAROLYN ELDER C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
RANDY GOODSON C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
SAM GRONSETH C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
JEFF HOLLAND C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.

SUZANNE ISKEN C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
RON JESSEE C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
LESLIE JOHNSON C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
CAROL KOCIVAR C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
SUSAN MCGREEVY-NICHOLS C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
LOUISE MUSIC C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
JOAN PALMER C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
ANTHONY PARREIRA C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
FRANCES PHILLIPS C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
DANA POWELL C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	4,925.	0.	0.

CARL SCHAFER C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
VICTORIA STEVENS C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
GLEN THOMAS C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
JIM THOMAS C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
MARGARET TRAVERS C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
PENNY VENOLA C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	DIRECTOR 1.00	0.	0.	0.
LAURIE SCHELL C/O CALIFORNIA ALLIANCE FOR ARTS EDUCATION	EXECUTIVE DIRECTOR 40.00	90,000.	4,790.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		97,885.	4,790.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FISCAL SPONSOR FEES SUPPORT THE ADMINISTRATION OF FISCAL SPONSOR RECEIPTS.
93B	SUPPORT ENABLES TECHNICAL ASSISTANCE AND COACHING FOR TEN LOS ANGELES COUNTY SCHOOL DISTRICTS COMMITTED TO PLANNING AND IMPLEMENTING DISTRICT-WIDE ARTS EDUCATION.
94	MEMBERS RECEIVE ACCESS TO A NEWSLETTER AS WELL AS ACTION ALERTS AND TIMELY E-MAIL UPDATES ON THE STATUS OF ARTS EDUCATION IN THE STATE.

SCHEDULE A EXPLANATION OF TRANSACTIONS PART III, LINE 2C STATEMENT 10

CURRENT DIRECTOR FRANCES CARRILLO PROVIDES BOOKKEEPING SERVICES FOR THE ORGANIZATION. SHE WAS COMPENSATED $2,960 FOR THE FISCAL YEAR ENDED SEPEMBER 30, 2007.

CURRENT DIRECTOR DANA POWELL WAS CONTRACTED TO MANAGE THE DEVELOPMENT OF AN ORGANIZATIONAL STRUCTURE AND CONTENT FOR A NEW WEBSITE. SHE SPENT APPROXIMATELY 50 HOURS ON THIS PROJECT AND WAS COMPENSATED $4,925 FOR THE FISCAL YEAR ENDED SEPEMBER 30, 2007.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

THE EMERGING YOUNG ARTIST AWARDS ENABLE TALENTED YOUNG CALIFORNIANS TO PURSUE THEIR DREAMS OF BECOMING PROFESSIONAL ARTISTS THROUGH FINANCIAL SUPPORT. THE AWARDS OPEN DOORS BY PROVIDING UP TO $5,000 PER YEAR FOR FOUR YEARS ($20,000) TO TALENTED YOUNG ARTISTS WHILE ENROLLED IN A COLLEGE/UNIVERSITY DEGREE PROGRAM OR PROFESSIONAL TRAINING PROGRAM IN THEIR ARTISTIC DISCIPLINE. THOSE WISHING TO BE CONSIDERED FOR AN AWARD MUST SUBMIT AN APPLICATION, A COPY OF WHICH IS ATTACHED TO THIS RETURN. (THIS AWARDS PROGRAM WAS DISCONTINUED AFTER 2006. ALTHOUGH NO NEW AWARDS ARE PLANNED, THE ALLIANCE IS FULFILLING ITS SCHOLARSHIP COMMITMENT TO ALL AWARD WINNERS.)

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

EMERGING YOUNG ARTIST AWARDS 2005 APPLICATION

Application Deadline: February 1, 2005

Personal Information

Confirmation of eligibility;

I confirm that I am a high school senior and will be graduating in 2005. Initial Here_____

Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Telephone (home)	Telephone (parent work)	
Telephone (cell)	Email	
Fax number (if available)		
Gender ☐ Male ☐ Female	Age	Date of Birth
Social Security Number		
Name of High School	Principal's Name	
High School Street Address		
High School City, State, Zip		
High School Phone Number		
Type of High School (check one)	☐ Public – General	☐ Public - Performing and Visual Arts
	☐ Private - General	☐ Private - Performing and Visual Arts
How would you describe where you live?	☐ Urban	☐ Suburban ☐ Rural
How would you describe yourself?	☐ African American	☐ Native American or Alaskan
☐ Asian/Pacific Islander	☐ Hispanic/Latino	☐ White/Caucasian ☐ Other ☐ Prefer not to answer
How did you FIRST learn about the Emerging Young Artist Awards (check ONE)		☐ Internet ☐ Newspaper
☐ High School Teacher	☐ Other Teacher	☐ Counselor ☐ Poster ☐ Friend/Relative
☐ Other (specify)_____		

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

Artistic background

1. Indicate arts category in which you are applying. *Please check one.*

☐ Dance ☐ Music ☐ Theatre ☐ Visual Arts

2. Where do you plan to pursue your education/training in your arts discipline next year?

3. What are your major fields of interest within your discipline?

4. Where and with whom have you studied? *Indicate number of years with each teacher. Please indicate where you are receiving your training in your chosen art form, including both high school and other classes that you currently attend such as study with private teachers, performing arts companies or training centers.* **Use additional sheets if necessary.**

Current:

Prior years:

5. List any arts-related courses you are currently enrolled in or have recently completed.

6. List any competitions you have entered.

7. List any awards or recognition you have received as a result of your artistic efforts.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

Career Statement

Please attach a statement describing your career goals and the reasons why you wish to pursue a professional career in the arts. Statements must be typewritten and not exceed 500 words.

Please give the names and addresses of the instructors or arts professionals who have had the most significant impact on your development as an artist.

Name	Title
School or organization	
Street Address	
City, State, Zip	
Telephone	
Email	

Name	Title
School or organization	
Street Address	
City, State, Zip	
Telephone	
Email	

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

Financial Disclosure Form

The Emerging Young Artist Awards are granted to talented young artists who demonstrate need of financial assistance. The following information is required to ensure applicant's eligibility.

Student Name		
Father/Guardian's Name		
Father/Guardian's Age		
Father/Guardian's Address		
City, State, Zip		
Day Phone	Night Phone	
Father/Guardian's occupation	Company	How long?
Mother/Guardian's Name		
Mother/Guardian's Age		
Mother/Guardian's Address		
City, State, Zip		
Day Phone	Night Phone	
Mother/Guardian's occupation	Company	How long?

1. **Parent/Guardian's current marital status** (please check one)

- ☐ Single.
- ☐ Married. (Report income information for both parents/guardians, including stepparent).
- ☐ Widow/Widower. (Report income information of surviving parent/guardian.)
- ☐ Separated/Divorced. (Report income information on parent you lived with during the last twelve months.)

2. **State of LEGAL RESIDENCE of parent(s)/guardian(s)**_____

3. **Number in Family:**_____
(include all persons financially dependent on your parents – siblings, elders, etc.)

Number in College Next Year :____ (include yourself)

4. **Parent/Guardian's ADJUSTED GROSS INCOME** (line 33 of IRS Form 1040, or line 18 of Form 1040A, or line 4 of Form 1040EZ)

a. Earned Income (Father/Guardian)_____
b. Earned Income (Mother/Guardian)_____

5. **TOTAL FEDERAL INCOME TAX PAID**_____

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

6. **UNTAXED BENEFITS.** These may include, Earned Income Credit (EIC), additional child tax credit, welfare benefits, including Temporary Assistance for Needy Families (TANF) and Social Security benefits. Do not include food stamps or subsidized housing._____

7. **UNTAXED INCOME.** Include contributions to tax-deferred pension and savings plans. IRA deductions and payments to SEP, SIMPLE and Keogh plans. Child support received for all children. Do not include foster care or adoption payments. Tax-exempt interest income. Untaxed portions of IRA distributions and pensions, excluding rollovers. Housing, food and living allowances paid to members of the military, clergy, and others. Veterans' noneducation benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and VA Educational Work-Study allowances. Any other untaxed income or benefits not reported elsewhere, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, and so on.

8. **PARENT/GUARDIAN'S LIQUID ASSETS** (ie, bank accounts):_____

9. **STUDENTS' LIQUID ASSETS:**_____

10. **NET HOME EQUITY:**_____

11. **OTHER ASSETS:** Include investments, stocks, bonds, certificates of deposit, precious metals, etc.:_____

12. **NET WORTH BUSINESS OR FARM:**_____

13. **SCHOLARSHIPS AND OTHER RESOURCES:** (list below with dollar amount)
Resources include veteran's benefits and prepaid tuition plans. If the scholarship or resource is to be paid over four years, please specify the amount available during a single year.

14. Your 2 Top School Choices: estimated school costs (for one year)

	School #1	**School #2**
Name of School		
Tuition		
Fees		
Room and Board		
Books and Supplies		
Transportation To/From Home:		
Health Insurance		
Incidental Expenses		
Total		

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

15. **Attach a copy of parent/guardian's 2004 IRS Form 1040, 1040A, or 1040EZ tax forms pages 1-2 to this application. (If 2004 tax forms have not yet been filed, please attach tax forms from 2003)**

16. **SPECIAL CIRCUMSTANCES:** On a separate sheet, attach a statement describing any special circumstances that relate to your need for financial support for your education. Statement must be typewritten and not exceed 500 words. Please do not address your art, your passion or your career goals. Special circumstances may include, but are not limited to: illness, injury/disability, accident, divorce, natural disaster, single parent, imprisonment, layoff, unemployment, or death in the family.

Please note: this is optional. It is used for initial financial screening and kept strictly confidential. This information is NOT made available to the judges.

Media

If you are chosen as a semifinalist or finalist, we will notify your local newspaper of your success. What two or three newspapers would be interested in such an announcement?

1. Newspaper Name	Address	Phone or email
2		
3		

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3A

Verifications / Teacher Recommendation

1. Letter of Recommendation. Please give page #1 of this application entitled "Teacher Letter of Recommendation Instructions" to your arts teacher. This includes:

✓ guidelines for the letter
✓ our mailing address
✓ postmark deadline for letter

The letter of recommendation should be sent directly by your teacher to us. It is recommended that you provide a stamped envelope, addressed to California Alliance for Arts Education, EYAA, 495 E. Colorado Blvd., Pasadena, CA 91101 for your teacher's use.

2. Teacher/Counselor/Principal. *I hereby certify that the applicant named below is a student of my school and is expected to graduate in May/ June 2005.*

Student Name (print)

Teacher/Counselor/Principal Name (print) Title

Teacher/Counselor/Principal Signature Date

3. Parent/Guardian (for students under the age of 18 years). *I hereby certify that the work submitted is performed or created by my son or daughter. Further, should s/he be selected as an Emerging Young Artist awardee I will support his/her participation in any publicity opportunities offered by the Emerging Young Artist Awards and the California Alliance for Arts Education.*

Parent/Guardian Name (print)

Parent/Guardian Signature Date

4. Artist. *I hereby certify that the performance or artworks submitted are truly my own, and that no other person's work has been presented as mine. If selected as an Emerging Young Artist Award winner, I agree to participate in any publicity and media opportunities provided by this award, including the reproduction of my works for publicity purposes.*

Artist Name (print)

Artist Signature Date

APPLICATION DEADLINE (POSTMARK DATE) FEBRUARY 1, 2005

Mail to: California Alliance for Arts Education – EYAA
495 East Colorado Blvd.
Pasadena, CA 91101

Questions? Refer to CAAE website at **www.artsed411.org** or e-mail **eyaa@artsed411.org**.
Phone **(626) 578-9315 ext. 102**

Form **8868**
(Rev December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- 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)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only . . . ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile*.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	**California Alliance for Arts Education**	**94 : 2733935**
	Number, street, and room or suite no. If a P O. box, see instructions. **495 East Colorado Boulevard**	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. **Pasadena, CA 91101, US**	

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

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ **Laurie Schell**
  495 East Colorado Boulevard, Pasadena, CA 91101, US

Telephone No. ▶ **626-578-9315** 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 **Form 990-T corporation**) extension of time until **5/15/2008** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year or
▶ ☑ tax year beginning **10/1/2006**, and ending **9/30/2007**

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

3a 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 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 . . . . . $

c **Balance Due.** 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 . . . . . $

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.

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions	CALIFORNIA ALLIANCE FOR ARTS EDUCATION	94-2733935
	Number, street, and room or suite no. If a P.O. box, see instructions. 495 EAST COLORADO BOULEVARD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PASADENA, CA 91101	

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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 ▶ LAURIE SCHELL
  Telephone No. ▶ (626) 578-9315 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 AUGUST 15, 2008.

5 For calendar year _____, or other tax year beginning OCT 1, 2006, and ending SEP 30, 2007.

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
ADDITIONAL TIME IS NEEDED TO COMPLETE CERTAIN ACCOUNTING PROCEDURES RELATED TO THE BOOKS OF THE ORGANIZATION.

8a	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	8a	$
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.	8b	$
c	**Balance Due.** 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.	8c	$ N/A

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 ▶ [signature] Title ▶ CPA Date ▶ 5/13/08

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 _____

_____ By: _____ _____
Director 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.

Type or print

Name
QUIGLEY & MIRON, CPA'S

Number and street (include suite, room, or apt. no.) or a P.O. box number
3550 WILSHIRE BOULEVARD--SUITE 1660

City or town, province or state, and country (including postal or ZIP code)
LOS ANGELES, CA 90010-2481

623832
05-01-07