Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B Check furpleasible present of cognization or cognization where the present of the complete results o	Α	For th	ne 2006 calendar year, or tax year beginning , 2006, and			dending		, 20		
Address change India return I	В	Check if	applicable:		C Name of organization				D Employ	er identification number
Training return Project Proje		Address	s change						i	
Initial return Init		Name c	hange		Number and street (or P.O. box	if mail is not delivered to s	street address	Room/suite	E Teleph	one number
Final return Instruct.		Initial re	turn			170			()
Application pending		Final ret	lum instruc-				•			
Replication persons Trusts must attach a completed Schedule A (Form 990 or 990-EZ). He) Is this a group return for affiliates? Ver No No No No No No No N	=		mended return							
Website: ▶	Ш	Applicati	ion pending							
Dorganization type (check only one)	G	Website	e: ▶		·		,	H(b) If "Yes,"	enter numb	er of affiliates ▶
K Check here ▶								, , ,		
Revenue Comparison Compar	<u>J</u>	Organiz	zation type	(check o	nly one) ► 501(c) () ◀ (ii	nsert no.) 4947(a)(1) (or 527	, ,		,
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ A Check M	K							H(a) is this a s	separate retur ion covered b	n filed by an ov a group ruling? Yes No
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$\simes\$ noncash \$\simes\$ 1e 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a Gross rents b Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe ▶) 7 8a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. C Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ 10a Gross revenue (not including \$\simes\$ of contributions reported on line 1b). b Less: cifrect expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances 10a Gross profit or (loss) from special events. Subtract line 9b from line 9a 10b Less: cost of goods sold 10b C Gross profit or (loss) from special events. Subtract line 9b from line 10a 11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 Total revenue. (from line 44, column (B)) 15 Fundraising (from line 44, column (C)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 17						ulled, but if the organizati	on chooses			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1a through 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (add lines 1d) (cash \$ noncash \$) e Total (ad								M Check	▶	the organization is not required
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contributions reported on line 1b)			•	•		. , . ,				
contributions reported on line 1b)		а	Gross re	evenue	(not including \$	of				
C Net income or (loss) from special events. Subtract line 9b from line 9a			contribu	tions re						
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b Less: cost of goods sold		1				and the second s			. 90	
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17 Total expenses. Add lines 16 and 44, column (A)	ses	14	Manage	ment a	nd general (from line 44, co	olumn (C))			. 14	
17 Total expenses. Add lines 16 and 44, column (A)	ben	15								
	ŭ									
18 Excess or (deficit) for the year. Subtract line 17 from line 12									4.0	
Net assets or fund balances at beginning of year (from line 73, column (A))	sets	18		•	•					
	Asi	19								
20 Other changes in net assets or fund balances (attach explanation)	Net	21							. —	

(iii) the amount allocated to Management and general \$

22a G (()	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. Grants paid from donor advised funds (attach schedule) cash \$	22a 22b 23	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
(()	cash \$	22b 23				
22b C (()	of this amount includes foreign grants, check here Other grants and allocations (attach schedule) cash \$	22b 23			-	
22b C (() () () () () () () () () () () () ()	Other grants and allocations (attach schedule) cash \$	22b 23				
(() f 23 S 24 E 5a C k 5 C	cash \$ noncash \$) If this amount includes foreign grants, check here Specific assistance to individuals (attach schedule)	23			-	
if 3 S 4 E 5a C k s b C	f this amount includes foreign grants, check here ► □ Specific assistance to individuals (attach schedule)	23			-	
3 S S S S S S S S S S S S S S S S S S S	Specific assistance to individuals (attach schedule)					
\$ 4 E S S C K S S C D C C S C D C C S C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D	Schedule)					
5a C k s b C	Compensation of current officers, directors, sey employees, etc. listed in Part V-A (attach	24		+		
k s b C	key employees, etc. listed in Part V-A (attach					
		25a				
	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
d p	Compensation and other distributions, not included above, to lisqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
0	Salaries and wages of employees not included on lines 25a, b, and c	26				
li	Pension plan contributions not included on ines 25a, b, and c	27				
2	Employee benefits not included on lines 25a – 27	28				
9 F	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31				
	Legal fees	33				
	Supplies	34				
	Telephone	35				
	Postage and shipping	36				
	Occupancy	37				
	Equipment rental and maintenance	38				
		39				
	ravel	40				
		41				
	nterest	42				
	Other expenses not covered above (itemize):	72				
	other expenses not covered above (itemize).	43a				
_		43b				
		43c				
		43d				
		43e				
		43f				
		43g				
•		.59				
tl C	Fotal functional expenses. Add lines 22a hrough 43g. (Organizations completing columns (B)–(D), carry these totals to lines (3–15)	44				

; and (iv) the amount allocated to Fundraising \$

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

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

W	What is the organization's primary exempt purpose? ▶		Program Service
of	Il organizations must describe their exempt purpose achievements in a clear and concise m f clients served, publications issued, etc. Discuss achievements that are not measurable. (rganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants a	(Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1)
а	a		
	(Grants and allocations \$) If this amount includes foreign	n grants, check here ►	
b	b		
	(Grants and allocations \$) If this amount includes foreign	n grants, check here	1
_	c		J
·	·		
	(Grants and allocations \$) If this amount includes foreign	n grante shock hara	1
اء		i grants, check here	J
d	a		
	72		
	(Grants and allocations \$) If this amount includes foreign	n grants, check here ►]
е	e Other program services (attach schedule)		1
f	(Grants and allocations \$) If this amount includes foreign Total of Program Service Expenses (should equal line 44, column (B), Program se		Ш
- 1	i iotai oi i iogiani oeivice Expenses (snould equal ine 44, colunn (b), Frogram se	11 VICCO)	

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Pa	rt IV	Balance Sheets (See the instructions.)		
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. (A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	45	
	46	Savings and temporary cash investments	46	
	70	Cavings and temporary cash investments , , , , , , , , , ,		
	47-	Accounts receivable 47a		
		Accounts receivable	47c	
	D	Less: allowance for doubtful accounts . 47b	470	
		490		
		Pledges receivable	40-	
		Less: allowance for doubtful accounts . 48b	48c	
	49	Grants receivable	49	
	50a	Receivables from current and former officers, directors, trustees, and		
		key employees (attach schedule)	50a	
	b	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	50b	
	51a	Other notes and loans receivable (attach		
ets		schedule)		
Assets	b	Less: allowance for doubtful accounts . 51b	51c	
⋖	52	Inventories for sale or use	52	
	53	Prepaid expenses and deferred charges	53	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV	54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV	54b	
	55a	Investments—land, buildings, and		
		equipment: basis		
	b	Less: accumulated depreciation (attach		
		schedule)	55c	
	56	Investments—other (attach schedule)	56	
	57a	Land, buildings, and equipment: basis . 57a		
	b	Less: accumulated depreciation (attach		
		schedule)	57c	
	58	Other assets, including program-related investments		
		(describe ►)	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	59	
	60	Accounts payable and accrued expenses	60	
	61	Grants payable	61	
	62	Deferred revenue	62	
ies	63	Loans from officers, directors, trustees, and key employees (attach		
Liabilities		schedule)	63	
iak		Tax-exempt bond liabilities (attach schedule)	64a	
_	b	Mortgages and other notes payable (attach schedule)	64b	
	65	Other liabilities (describe ►)	65	
	00	Tabel Balaina Add Bass CO thorough CF		
	66	Total liabilities. Add lines 60 through 65	66	
	Orga	nizations that follow SFAS 117, check here ▶ □ and complete lines		
es		67 through 69 and lines 73 and 74.	67	
nc	67	Unrestricted	67 68	
ala	68	Temporarily restricted	69	
B	69	Permanently restricted	09	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here ► ☐ and		
Ĭ.		complete lines 70 through 74.	70	
õ	70	Capital stock, trust principal, or current funds	70	
iets	71	Paid-in or capital surplus, or land, building, and equipment fund	72	
488	72	Retained earnings, endowment, accumulated income, or other funds	12	
et /	73	Total net assets or fund balances. Add lines 67 through 69 or lines		
ž		70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	72	
	74	equal line 21)	73 74	
	/ +	i otal liabilities aliu liet assets/fullu balalites. Aud illies oo aliu 75	/4	

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Pai	t IV-A Reconciliation of Revenue per Aud instructions.)	lited Financial Statem	ents With Rev	enue per	r Return (See the
a b	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line				а	
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	
С					С	
d	Amounts included on Part I, line 12, but not on li		d1			
1	Investment expenses not included on Part I, line		u i			
2	Other (specify):		d2			
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lines c and d				e	
Pai	t IV-B Reconciliation of Expenses per Au				-	1
а	Total expenses and losses per audited financial s	statements			а	
b	Amounts included on line a but not on Part I, line			[
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify):		b4			
	Add lines b1 through b4				b	
С	Subtract line b from line a				С	
d	Amounts included on Part I, line 17, but not on li					
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):		d2			
e					d e	
	t V-A Current Officers, Directors, Trustees					director trustee
	or key employee at any time during the ye	ar even if they were not	compensated.) (S	ee the ins	tructions.)	, an ootor, tractoo,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)		ons to employee is & deferred ation plans	(E) Expense account and other allowances
		-				

Form 990 (2006) Page 6 Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business 75b relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for 75c If "Yes," attach a statement that includes the information described in the instructions, d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (C) Compensation (if not paid, (D) Contributions to employee (E) Expense (B) Loans and Advances benefit plans & deferred account and other (A) Name and address enter -0-) compensation plans allowances Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 76 77 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 78a 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt 80a **b** If "Yes," enter the name of the organization ▶ and check whether it is U exempt **or** U nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . 81a b Did the organization file Form 1120-POL for this year?

	t VI Other Information (continued)		Yes	No	
	-				
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a			
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)				
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a			
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b			
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a			
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b			
	f "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
С	Dues, assessments, and similar amounts from members				
	Section 162(e) lobbying and political expenditures				
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e				
	Taxable amount of lobbying and political expenditures (line 85d less 85e)				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a				
	Gross receipts, included on line 12, for public use of club facilities				
87	cor(o)(12) orgo: Enter: a areas means norm members of sharoholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b			
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g			
90a	List the states with which a copy of this return is filed ▶				
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)				
91a	The books are in care of ▶				
	Located at ► ZIP + 4 ►				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	-			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No	
	account)?	91b			
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.				

Form 990 (2006) Page 8 Part VI Other Information (continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 92 | Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise Related or indicated. exempt function Business code Amount Exclusion code Amount income 93 Program service revenue: а b C d е Medicare/Medicaid payments f Fees and contracts from government agencies Membership dues and assessments . . . 94 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: debt-financed property а not debt-financed property b 98 Net rental income or (loss) from personal property Other investment income 99 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events . 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a ____ b C d е Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A)
Name, address, and EIN of corporation, (B) Percentage of ownership interest Fnd-of-year Nature of activities partnership, or disregarded entity assets % % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Part X

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

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

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization

	is a controlling organization	on as defined in section	512(b)(13).			•			
							Yes	No	
106	Did the reporting organization ma the Code? If "Yes," complete the				n secti	on 512(b)(13) of			
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer				(D) Amount of transf		
а									
b									
С									
•	Totals								
							Yes	No	
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"					section			
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer		(D Amount o		er	
а		-							
b									
С									
	Totals								
							Yes	No	
108	Did the organization have a bindir rents, royalties, and annuities des			, 2006, co	overing	the interest,			
Pleas	Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this return, includi	ng accompanying so						
Sign Here	Signature of officer				Date	ate			
	Type or print name and title		D-t-	Cheek if			<u> </u>		
Paid Prepare	Preparer's signature		Date	Check if self-employed		Preparer's SSN or PTIN	(See Gen.	Inst. X)	
Use On	ly if self-employed),					> ()			
	address, and ZIP + 4			F	Phone no	o. ▶ ()			