Form 990-EZ

Short Form 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) Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 4 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

		the Treasury ue Service	end The organization may have to us		nay use this form this return to satisfy s	state report	ing requirem	nents		Inspection		
_	For the 2006 calendar year, or tax year beginning January 1 , 2006, and ending						December 31 , 20 06					
_	Check if ap							D Employer identification number				
	Address c	hange use IR		ciation				86 1048469				
=	Name cha	inge print o	" 		not delivered to street	address)	Room/suite	E Teleph	one nu	umber		
\equiv	Initial retui Final retur	135	PO Box 67457			1		(602)	973-2341		
=	rınaı retur Amended	roturn Specif	ic City or town state or country	and ZIP + 4				F Group				
=		n pending Instructions.	Phoenix AZ 85082					Numbe		. •		
	Section	on 501(c)(3) organ	izations and 4947(a)(1) nonexe	mpt charit	able trusts must a	attach	G Acco	unting met	hod	☑ Cash ☐ Accr	ual	
			ompleted Schedule A (Form 99	-			Other	(specify) I	>			
							H Chec	k ▶ [7]	ıf the d	organization		
1 1	Websit	e: www.weste	ernsfa.org					t required t		•		
J	J Organization type (check only one)— ✓ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 Schedule B						dule B (For	m 990	, 990-EZ, or 990-P	'F)		
			ition is not a section 509(a)(3) sup				pts are nor	mally not n	nore th	nan \$25,000 A retu	rn is	
			anization chooses to file a return,				, 			<u> </u>		
L /	Add lines	s 5b, 6b, and 7b, to	line 9 to determine gross receipts	, if \$100,000	or more, file Form	990 instea	ad of Form	990-EZ .	▶ \$			
Pa	art I	Revenue, Exp	enses, and Changes in I	Net Asse	ts or Fund Ba	lances	(See pag	e 47 of	the in	structions.)		
	1	Contributions, gr	fts, grants, and similar amount	s received.					1		0	
	2		e revenue including governme						2		0	
	3								3		70	
	4	Investment inco	ome					[4		_0	
	5a	Gross amount f	rom sale of assets other than	nuventor	,	5a		0				
	b		ther basis and sales expense	-		5b		0				
_	С	Gain or (loss) fro	om sale of assets other than	inventory	(line 5a less line	5b) (atta	ach sched	lule) L	5c		0	
Revenue	6	Special events a	nd activities (attach schedule).	If any amo	ount is from gami i	ng, chec	k here 🕨					
Š	а	Gross revenue ((not including \$		f contributions			1				
æ		reported on line	-			6a		0				
	۳b	Less diece exp	penses other than fundraising	expenses	s	6b	<u></u>	0				
	С	Net heome or	loss from special events and	activities	(line 6a less line	6b) .			6c		0	
	∤a	1 5 72										
		Lessiveost of g	ာဂုဏ္ soတြ			7b					_	
	3	Gross profit or	(loss) from sales of inventory	(line 7a le	ess line 7b)				7c		0	
	8	Other revenue (describe ▶)	8		0	
	9	Total navenue	(add lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8)	· · · · ·	<u> </u>		▶	9		70	
	10	Grants and simi	ilar amounts paid (attach sch	edule)					10		0	
	11	· ·	or for members						11		0	
Ses	12	Salaries, other of	compensation, and employee	benefits				}	12	-	0	
eŭ	13		es and other payments to ind					}	13		0	
Expenses	14		it, utilities, and maintenance						14		0	
ш	15	Printing, publica	ations, postage, and shipping (describe Bank fees, mer		A7 Com Com for		 0 dom::::::::	}	15	·	756	
	16	Other expenses	(describe Bank fees, mer	nuersnips,	AZ CORP COM ree, 1	web site	x domains	─ }	16			
_	17		s (add lines 10 through 16)		<u> </u>				17		756 686)	
ets	18		cit) for the year (line 9 less lin						18		,00)	
Net Assets	19	Net assets or f	und balances at beginning of	of year (fro	om line 27, colur	mn (A))	must agr	ee with	19	12	191	
t A		end-of-year figu	ure reported on prior year's	return) .				}	20	12	131	
Ne	20 21		in net assets or fund balance and balances at end of year (21	11	505	
Đ,	art II		ets—If Total assets on line 2								555	
	للكلت				עשן מופ שבטט,טטנ	J 01 111011		ginning of ye		(B) End of year		
^^	. <u>^</u>		(See page 51 of the instruction	-			- (,,,50		91 22	, ` ` ` 	205	
22		_	nvestments						0 23		0	
23									0 24		0	
24			pe ▶			,		121	91 25		205	
25									26		700	
26 27	l Ota	accete or fund	halances (line 27 of column	(B) must a	agree with line 21)		121	91 27		505	

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

Form **990-EZ** (2006)

Cat No 106421

	rt III Statement of Program Service Accom	plishments (See page 51	of the instruction	ns)	Τ	Expen	ses	ugo _
Wh	What is the organization's primary exempt purpose? To promote literacy & science via SF/Fantasy Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner							(c)(3) tions
	cribe the services provided, the number of persons be					4947(a) onal for o		
28	ConRunners 13 - 25 people Teaching seminar focused on SF event coordination							
	(Grants \$) If this amount incl	udes foreign grants, check	here		28a			60
29	ConRunner 14 - 18 people			-				
20	Teaching seminar focused on SF event coordination							
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐ 29a							
30	30 Mini-ConRunners - 40 people							
	Series of 10 half-day seminars focused on specific topic	s in depth						
	(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ 🗆	30a			
31								
		udes foreign grants, check	here <u></u>	. ▶ □	31a			
	Total program service expenses (add lines 28a th		<u> </u>		32			60
Pá	art IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve (B) Title and average		d. See page 5				
	(A) Name and address	hours per week devoted to position	(C) Compensation (If not paid, enter -0)	employee benefit deferred compe	plans &		Expens ount ar illowar	nd
	ig Dyer / Stephanie Bannon Box 67457 Phoenix AZ 85082	Chairman 1 / Treasurer 3	0		0			0
Cat	herine Book	Secretary 1						
PO	Box 67457, Phoenix AZ 85082		0		0			0
	bert LaPierre Box 67457, Phoenix AZ 85082	President 1	0		0			0
	ry Swaty / Sue uttke Box 67457, Phoenix AZ 85082	Vice Chair / Director 1	0		0			0
Pá	art V Other Information (Note the statemen	nt requirement in Genera	I Instruction V.)				Yes	No
33	Did the organization engage in any activity not pridescription of each activity	• •	S? If "Yes," attacl	h a detailed		33		1
34	Were any changes made to the organizing or gov		reported to the IF	RS? If "Yes,"	•			
	attach a conformed copy of the changes		-			34		✓
35	If the organization had income from business activities, reported on Form 990-T, attach a statement explaining	•	. ,	• ,.	not			
á	Did the organization have unrelated business gros	·			and			_
	• •					35a		√
ŀ	If "Yes," has it filed a tax return on Form 990-T for	•				35b		✓
36	Was there a liquidation, dissolution, termination, o statement.)					36		✓
	 Enter amount of political expenditures, direct or inc 					- <u></u>		<u>,</u>
	Did the organization file Form 1120-POL for this					37b		✓
38a	 Did the organization borrow from, or make any loa any such loans made in a prior year and still unpa 					38a		1
ŧ	If "Yes," attach the schedule specified in the line	•	r the amount					1
	involved			b	_	-		
39	501(c)(7) organizations. Enter:]
	 Initiation fees and capital contributions included of Gross receipts, included on line 9, for public use 					-		
	s areas receipte, mended on line a, for public use	5. 5.05 (doi:1055 , , ,		~				

Form	990-EZ	2006)						F	Page 3	
Pai	rt V	Other Information (Note the statement requirement in G	eneral Instruc	tion V.) (Cont	inued)				
40a		(3) organizations. Enter amount of tax imposed on the organization 4911 ▶0; section 4912 ▶0				0	-		Г	
b		(3) and (4) organizations. Did the organization engage in any section are did it become aware of an excess benefit transaction from a prior						Yes	No ✓	
	the ye	amount of tax imposed on organization managers or disqualified ar under sections 4912, 4955, and 4958		. ▶ _						
d	Enter	amount of tax on line 40c reimbursed by the organization		. ▶ _						
е	-	nanizations. At any time during the tax year, was the organization ction?			d tax s	helter	406	•	✓	
41		e states with which a copy of this return is filed.								
42a	The books are in care of ► Stephanie L Bannon Located at ► 7213 N 37th Dr, Phoenix AZ ZIP + 4 ►						602 <u>)</u> 85	<u>) 973-2341</u> 85051		
	over a account f "Ye See that any If "Ye	time during the calendar year, did the organization have an interpretation from the financial account in a foreign country (such as a bank account)? s," enter the name of the foreign country: ▶ the instructions for exceptions and filing requirements for Form To time during the calendar year, did the organization maintain and s," enter the name of the foreign country: ▶ 1. 10	D F 90-22.1. office outside	of the U	J.S.?	r financ			No ✓	
		nter the amount of tax-exempt interest received or accrued during					<u>. </u>			
Plea Sigi Her	n	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true correct, and complete Declaration of preparer (other than Signature of officer Stephanie L Bannon Type or print name and title	ccompanying sche officer) is based o	on all infor	mation o	nts, and to	eparer has a	my knov	wledge vledge	
Paid	arer's	Preparer's signature	Date	Check if self- employe	d ▶□	Preparer's	SSN or PTIN	(See Gen	Inst X)	
Use		Firm's name (or yours if self-employed).			EIN	>	!			

Phone no ► (

Firm's name (or yours if self-employed), address, and ZIP + 4

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

Western Sci	ience Fiction Association			86	1048469
Part I	Compensation of the Five High (See page 2 of the instructions. L				, and Trustees
(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	& account and other
None					
Total number	of other employees paid over \$50,000 .				
Part II-A	Compensation of the Five Highe (See page 2 of the Instructions. List				
(a) N	lame and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
Total numbo professiona	er of others receiving over \$50,000 for I services				
Part II-B	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	orofessional serv	Other Service	s individuals or
(a) N	lame and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
	er of other contractors receiving over other services				

Par	* 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 * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		✓
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
С	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		1
е	Transfer of any part of its income or assets?		✓
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		✓
b	Did the organization have a section 403(b) annuity plan for its employees?		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b	Did the organization make any taxable distributions under section 4966?		✓
С	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year >		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt I	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruct	tions.)			
l cer	tıfy	that the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE app	olicable box)				
5		A church, convention of churches	, or association of	of churches. Section 170	(b)(1)(A)(ı).					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	urt V.)						
7		A hospital or a cooperative hospit	tal service organiz	zation. Section 170(b)(1)((A)(III).					
8		A federal, state, or local government	ent or governmer	ital unit. Section 170(b)(1	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%% 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%% 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 control requirements of section 509(a)(3).	Check the box the	nat describes the type o	f supporting o	rganization.				
		☐ Type I ☐ Type II		II-Functionally Integrate		Type III-Othe				
		Provide the following info			1					
(a) Name(s) of supported organization(s)		* *	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in upporting zation's documents?	(e) Amount of support			
					Yes	No				
_										
Tota	ıl <u>.</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> ▶</u>				
14		An organization organized and op	erated to test for	public safety Section 5	09(a)(4). (See	page 7 of the	instructions.)			

	You may use the worksheet in the instructions					
Cale	ndar 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.).					
16	Membership fees received	120	47973	12819	8170	69082
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	1491				1491
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18,					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					ļ
	Total of lines 15 through 22	1611	47973	12819	8170	70573
						
24	Line 23 minus line 17	120	47973	12819	8170	+- · · · · · · · · · · · · · · · · · · ·
24				12819 128.19		+- · · · · · · · · · · · · · · · · · · ·
24 25	Line 23 minus line 17	120 16	47973 479.73	128.19	8170 81.1	
24 25 26 b	Enter 1% of line 23	a Enter 2% of an e of and amount ation) whose tota	47973 479.73 amount in colum contributed by all gifts for 2002 th oter the total of all	n (e), line 24 each person (other rough 2005 excel these excess am	8170 81. 26a er than a seded the ounts > 26b	
24 25 26 b	Enter 1% of line 23	a Enter 2% of an e of and amount cation) whose tota th your return. Erne 24, column (e)	47973 479.73 amount in column contributed by all gifts for 2002 thater the total of all	n (e), line 24 each person (other rough 2005 excel these excess am	8170 81. 26a er than a seded the ounts > 26b	
24 25 26 b	Enter 1% of line 23	a Enter 2% of an e of and amount ration) whose tota th your return. Er ne 24, column (e)	479.73 479.73 amount in column contributed by all gifts for 2002 thater the total of all the column	n (e), line 24 each person (other trough 2005 excel these excess am	81.7 81.7 26a er than a eded the ounts 26b 26c	
24 25 26 b	Enter 1% of line 23	a Enter 2% of an e of and amount ration) whose tota th your return. Er ne 24, column (e)	479.73 479.73 amount in column contributed by all gifts for 2002 thater the total of all	n (e), line 24 each person (otherrough 2005 excet these excess am	81.76 81.7 26a er than a eded the ounts > 26b 26c 26c	
24 25 26 b	Enter 1% of line 23	a Enter 2% of an e of and amount ration) whose tota th your return. Er ne 24, column (e)	479.73 479.73 amount in column contributed by all gifts for 2002 thater the total of all	n (e), line 24 each person (otherrough 2005 excell these excess am	81.76 81.7 26a er than a eded the ounts > 26b 26c 26c 26c	
c d	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the shown in line 26a. Do not file this list with Total support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a Form person," prepare a list for your records to show to Do not file this list with your return. Enter the	a Enter 2% of a e of and amount ation) whose tota th your return. En me 24, column (e) total divided by lift amounts includithe name of, and the sum of such am	479.73 479.73 amount in column contributed by a gifts for 2002 thater the total of all	n (e), line 24	81.76 81.7 81.7 26a er than a reded the rounts > 26c 26c 26c 26c vere received frar from, each "di	om a "disqualifies
24 25 26 b c d	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the shown in line 26a. Do not file this list with Total support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a Form person," prepare a list for your records to show to Do not file this list with your return. Enter the	a Enter 2% of a e of and amount ation) whose tota th your return. En me 24, column (e) total divided by lift amounts includithe name of, and the	479.73 479.73 amount in column contributed by a gifts for 2002 thater the total of all	n (e), line 24	81.76 81.7 81.7 26a er than a reded the rounts > 26c 26c 26c 26c vere received frar from, each "di	om a "disqualifies
24 25 26 b c d e f	Enter 1% of line 23	a Enter 2% of a e of and amount tation) whose tota th your return. Enter 24, column (e) total divided by lift amounts includit the name of, and the sum of such amounts including the name of the name of the tation	479.73 479.73 amount in column contributed by all gifts for 2002 the other the total of all	n (e), line 24 each person (otherrough 2005 excell these excess ame nator)) 6, and 17 that versived in each yearear. 0 isqualified person of (1) the amount of (2), enter the sign	81.76 81.7 81.7 26a er than a eded the ounts \(\bigsimes \) 26c	om a "disqualifies squalified person (2) \$5,000 im. After computer erences (the excess
24 25 26 b c d e f	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the shown in line 26a. Do not file this list with Total support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeral Organizations described on line 12: a Foperson," prepare a list for your records to show to Do not file this list with your return. Enter the (2005) O (2004) For any amount included in line 17 that was received show the name of, and amount received for each your line list organizations described in lines the difference between the amount received and amounts) for each year:	a Enter 2% of a e of and amount ation) whose tota th your return. Enter 24, column (e) total divided by lift amounts includithe name of, and the sum of such amounts including the name of and the sum of such amounts including the larger amount the larger amount the larger amount	479.73 479.73 amount in column contributed by all gifts for 2002 thater the total of all 26b ine 26c (denomined in lines 15, 1 total amounts reconnected by a contributed by a contributed in lines 15, 1 total amounts for each year of the colounts for each year of the colounts in the larger year as individuals described in (1)	n (e), line 24 each person (other ough 2005 excell these excess amount of the control of the control of (1) the amount of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (4), enter the second of (4) the amount of (2), enter the second of (3) the amount of (4), enter the second of (4) the amount of (4), enter the second of (4).	81.76 81.7 81.7 26a er than a eded the ounts \(\bigsimes \) 26c	om a "disqualified squalified person (2) \$5,000 per or (2) \$5,000
24 25 26 b c d e f	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a Formation person," prepare a list for your records to show to Do not file this list with your return. Enter the show the name of, and amount received for each of (Include in the list organizations described in lines to the difference between the amount received and amounts) for each year: (2005)	a Enter 2% of a e of and amount sation) whose tota th your return. Enter 24, column (e) total divided by lift amounts includithe name of, and se sum of such amounts of through 11b, as we the larger amount 0	479.73 479.73 amount in column contributed by a gifts for 2002 thater the total of all the column co	n (e), line 24 each person (other ough 2005 excell these excess ame of these excess ame of (1) the amount point (2), enter the second of (3) the amount point (2), enter the second of (2), enter the second of (3) the amount point (4), enter the second of (4) the amount point (4), enter the second of (4), enter the se	81.76 81.7 81.7 26a er than a seded the sounts 266 266 266 266 266 267 267 268 268 269 269 269 269 269 269 269 269 269 269	om a "disqualifie squalified person (to for your records year or (2) \$5,000 m. After computing rences (the excess)
224 225 26 b c d e f	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a Formation person," prepare a list for your records to show to Do not file this list with your return. Enter the show the name of, and amount received for each of (Include in the list organizations described in lines to the difference between the amount received and amounts) for each year: (2005)	a Enter 2% of a e of and amount ation) whose tota th your return. Enter 24, column (e) total divided by lift amounts includithe name of, and the sum of such amounts including the name of and the sum of such amounts through 11b, as we the larger amount 0	479.73 479.73 amount in column contributed by a gifts for 2002 thater the total of all the column co	n (e), line 24 each person (other ough 2005 excell these excess ame of these excess ame of (1) the amount point (2), enter the second of (3) the amount point (2), enter the second of (2), enter the second of (3) the amount point (4), enter the second of (4) the amount point (4), enter the second of (4), enter the se	8170 81.7 81.7 26a er than a eded the ounts \(\bigsimes \) 26c	om a "disqualifie squalified person (the for your records eyear or (2) \$5,000 cm. After computing erences (the excess)
24 25 26 b c d e f	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeration of line) of lines of line of	a Enter 2% of a e of and amount sation) whose tota th your return. Enter 24, column (e) total divided by light amounts including the name of, and the sum of such amounts including the name of and the sum of such amounts including the name of and the sum of such amounts including the name of and the larger amount of through 11b, as we the larger amount of the larger amounts and line 27b total tail).	479.73 479.73 amount in column contributed by all gifts for 2002 the other the total of all total amounts recolumn for each y and total amounts recolumn for each y and total amounts recolumn for each y and total amounts	n (e), line 24 each person (other ough 2005 excell these excess amount of the excess amount of (1) the amount of (2), enter the second of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (3) the amount of (4) the amount of (4), enter the second of (5) the amount of (6) the amount	81.76 81.3 26a er than a seded the ounts 26b 26c	om a "disqualifie squalified person (the for your records eyear or (2) \$5,000 cm. After computing erences (the excess)
24 25 26 b c d e f 27	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeration of prepare a list for your records to show to person," prepare a list for your records to show to person, amount included in line 17 that was received for any amount included in line 17 that was received the difference between the amount received for each your content of the difference between the amount received and amounts) for each year: (2005)	a Enter 2% of a e of and amount sation) whose tota th your return. Enter 24, column (e) total the name of, and the name of, and the sum of such amount the larger amount the larger amount the larger amount tal).	479.73 479.73 amount in column contributed by all gifts for 2002 the other the total of all colors and the colors are the colors for each years and the colors are the colors are the colors and the colors are the colors and the colors are the colors and the colors are the colo	n (e), line 24 each person (other ough 2005 excell these excess amount of the each year ear. 0 isqualified person of (1) the amount of (1) the amount of (2), enter the second of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (2), enter the second of (3) the amount of (4), enter the second of (4) the amount of (2), enter the second of (3).	81.76 81.7 81.7 26a er than a leded the lounts ► 26c	om a "disqualifie squalified person (to for your records year or (2) \$5,000 mm. After computing persons (the excess (1) \$70575
24 25 26 b c d e f 27	Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the support for section 509(a)(1) test Enter line Add. Amounts from column (e) for lines. 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numeration of line) of lines of line of	a Enter 2% of a e of and amount sation) whose tota th your return. Enter 24, column (e) to a mount side in a mount side in a column (e) to a c	479.73 479.73 amount in column contributed by all gifts for 2002 the other the total of all total amounts reconstructed in lines 15, 1 total amounts for each years (2003) (2003) (2003	n (e), line 24 each person (otherrough 2005 excell these excess amount of the each year ear. 0 iisqualified person of (1) the amount (Do not file this liber (2), enter the second of (2), enter the second of (3) the ear.	81.76 81.7 81.7 26a er than a eded the ounts ▶ 26c	om a "disqualifie squalified person the for your records be year or (2) \$5,000 m. After computing rences (the excess the excess to the excess the excess to the excess the exc

Sche	dule A (Form 990 or 990-EZ) 2006		F	age 5
Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
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	Yes	No
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	_	
32 a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a 32b		
С	basis?	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.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c	_	
d	Scholarships or other financial assistance?	33d		
е	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.)			
34a	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		-
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 pondiscrimination? If "No." attach an explanation	35		

Page	6

	TO be completed ONLY by ar	eligible organ	ization that file	ed Form 5768)		,
Che	ck ▶ a	ated group. Che	ck ▶ b ☐ if	you checked "a"	and "limite	ed control"	provisions apply.
	Limits on Lobbyin	•				(a) ted group otals	(b) To be completed for all electing
	(The term "expenditures" mea	ns amounts paid	or incurred.)	1	-		organizations
36	Total lobbying expenditures to influence public	· · · ·					
37	Total lobbying expenditures to influence a legis	• •		37	+		
38	Total lobbying expenditures (add lines 36 and	37)					
39							
40	Total exempt purpose expenditures (add lines	•		40	 		
41	Lobbying nontaxable amount. Enter the amount		-				
		obbying nontaxa		i			
	Not over \$500,000 20%			1 1			
		000 plus 15% of th		1 1			
	Over \$1,000,000 but not over \$1,500,000 . \$175,			1 1	-		
	Over \$1,500,000 but not over \$17,000,000. \$225,0			8 1			
		0,000		مه ا			
42	Grassroots nontaxable amount (enter 25% of l	** * * *		· · ·			
43	Subtract line 42 from line 36. Enter -0- if line 4			· · · 	+		
44	Subtract line 41 from line 38. Enter -0- if line 4	i is more than iir	1e 38		_1.		<u> </u>
	Caution: If there is an amount on either line 43	3 or line 44, you n	nust file Form 47	20.			
	(Some organizations that made a section See the instructions for the sec	or lines 45 throug		3 of the instructi	ons.)		
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004		(d)	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50 De	Grassroots lobbying expenditures	etina Public Cl	harities				
	(For reporting only by organiza			Part VI-A) (Se	e page	13 of th	e instructions.)
Dur	ng the year, did the organization attempt to influ						
	mpt to influence public opinion on a legislative in		-	_	<u> </u>	Yes No	Amount
	Volunteers				[
b		on in expenses re	eported on lines	c through h.)	[
c					<u>[</u>		
d					[
e					[
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gov						
h			_	=	[
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	gh h.)			L	ies	

Pai	t VI			ransfers To and Transa e page 13 of the instruction		Relationships	With	None	chari	table
 51				indirectly engage in any of the 1(c)(3) organizations) or in sect					d in s	ection
а				to a noncharitable exempt org			·		Yes	No
				· -				51a(i)		✓
	(ii)	Other assets .						a(ii)		✓
b		er transactions.								
	(i)	Sales or exchange	es of assets with a	nonchantable exempt organiza	ation			b(i)		✓
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization .				b(ii)		✓
	(iii)	Rental of facilities	s, equipment, or oth	ner assets				_b(iii)		✓
	(iv)	Reimbursement a	rrangements					b(iv)		/
	(v)				<i>.</i>			b(v)_		✓
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations				b(vi)	ļ	√
С	Sha	iring of facilities, ec	quipment, mailing li	sts, other assets, or paid emplo	oyees			С		_ ✓
d 	goo	ds, other assets, o	or services given by	complete the following schedule the reporting organization. If column (d) the value of the good	the organization	received less tha	n fair n			
(a	a)	(b)		(c)		(d)				
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description of	f transfers, transactions	s, and sh	aring arr	angem	ents
	_									
					 					
			-		-					
					 					
			<u> </u>							
					+					
					-	 				
					-					
					†		_			
		· · · · · · · -								
	des	cribed in section 5		affiliated with, or related to, o other than section 501(c)(3)) or		· -		☐ Yes	s [] No
		(a) Name of organiz	zation	(b) Type of organization		(c) Description of re	lationship	.		
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