Form 990-EZ

Department of the Treasury

Internal Revenue Service

(HTA)

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

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

OMB No 1545-1150

2007

Open to Public Inspection

A	rort	the Zoor Caten	dar year, c	or tax year beginnin		and	a enaing				_
<u>B</u>	_ Check	k if applicable	Please	C Name of organiza	tion				D Emplo	yer ide	entification number
╚	Addre	ess change	use IRS	Radio Free Nash	ماان					67	1720222
L	Name	e change	label or print or		PO box, if mail is not de	livered to street address)	γ	Room/suite	E Telepi		2-1739222
	Initial	return	type.					, toons out	L Telepi	HOHE	Hamber
	Termi	ination	See	8920 Griffith Road	<u></u>					615	5-662-8558
Г	Amen	ded return	Specific Instruc-	City, town, or cour	ntry	State	ZII	P + 4	F Group		
	Applica	cation pending	tions.	Nashville		TN	3.	7221	Numb		•
=				ions and 4947(a)(1)	nonevernat cheri			G Accou			X Cash Accrual
	9 360	511011 301(6)(3)		oleted Schedule A (F			illacii		specify)		X Cash Accrual
_		·	<u> </u>		01111 000 01 000 2		·		<u> </u>	_	-
	Mobe	site: ▶ www.r	adiofreen	achville ora				H Check			ne organization
٠.		•			0) 1()	V 10.174 V4V			required to		
	Organ	ization type (ch	eck only on	e)— X 501(c) (3) ◀ (insert no) 4947(a)(1) c	or 527	Sched	ule B (For	m 990	0, 990-EZ, or 990-PF)
K	Check			n is not a section 509					mally not	more	than \$25,000.
_				e organization choos							
		nes 5b, 6b, and	l 7b, to line	9 to determine gross	receipts, if \$100,0	000 or more, file Fo	rm 990 inst	ead of Form	990-EZ I	▶\$	15,885
£	art I	Revenue,	Expens	es, and Changes	in Net Assets	or Fund Balan	ices (See	page 55	of the in	stru	ctions)
7	1 1	Contribution	ıs, gifts, gı	rants, and similar a	mounts received	d t				1	13,271
Ç===	1 2	Program sei	rvice reve	nue including gove	rnment fees and	contracts.			. \Box	2	
	3	Membership	dues and	d assessments.		•				3	
705	4	Investment i	income						. [_	4	
\preccurlyeq	5a	Gross amou	int from sa	ale of assets other	than inventory		5a				
_	b	Less. cost o	r other ba	isis and sales expe	enses		5b				
	C	Gain or (loss)	from sale	of assets other than i	inventory Subtract	line 5b from line 5a	a (attach sc	hedule) .	5	īc 📗	0
Ž	ա 6			ctivities (attach sch	edule) If any an	nount is from gan	ning, chec	k here 🕨			
\mathbf{Z}_{i}	[a	Gross reven	iue (not in	cluding \$		of contribution	is .				
SCANNED	<u> </u>	reported on					6a		2,479		
$\widetilde{\mathscr{D}}$	- b	Lessomeet	EXPERSE	other than fundra	sing expenses .		6b	- -			
	_¢			rom special events			1 1	١		<u>ic</u>	2,479
	7 a			ory jess returns an	id allowances .		7a			71	
	10	Lessycost o	i goodags				7b		81	*	
	١٩	Gross profit	or (loss) t	rom sales of inven	tory Subtract lin	e /b from line /a				<u>'c</u>	54
	8 9	Other reven		nes 1, 2, 3, 4, 5c, 6	Sc. 7c. and 8			•	—-′	8	45.004
_						•	• • •	• •		9	15,804
	10 -			nounts paid (attach	scriedule)		•		_	0	
		Benefits paid		ensation, and empl	ovoo bonofita	•		•		12	· · · · · · · · · · · · · · · · · · ·
Š	13			other payments to		ntractore				3	1,000
8	14			ies, and maintenar		initaciois .		• •		4	540
	15			postage, and ship			•			5	423
_	16			cribe > See atta			•	•		6	7,703
	17			lines 10 through 1						7	9,666
_	18			the year Subtract		9				8	6,138
Accepte	19			lances at beginning)) (must ac	aree with			
٤	3			orted on prior year			,, (. 1	9	24,328
į	20			assets or fund bala		planation) .				20	
2	21			lances at end of ye					. ▶ 2	21	30,466
	art II	Balance S	Sheets-	-If Total assets on	line 25, column ((B) are \$250,000	or more, f	ile Form 99	90 instea	d of	
_				page 60 of the in:		, , , , , , , , , , , , , , , , , , , ,			ning of yea		(B) End of year
2:	2 Casi	h, savings, ar			2 400110./			,., seg.	3,64		7,888
2		d and building			•				23,07		24,553
24		er assets (des		Inventory			· · ·			6 24	325
2		al assets							27,12		32,766
20			describe	▶ Due to Michae	el Muldoon - Trai	ler	΄ γ	———	2,800		2,300
2				es (line 27 of colu			′		24,328		30,466
F				eduction Act Notice				·	= 7,UZ	- 1	Form 990-EZ (2007)
		,			,						· - · · · · · · · · · · · · · · · · · ·

Ра	rt III Statement of Program Service Accom	plishments (See page 60	of the instruction	ns.)		Exper		
Wh:	at is the organization's primary exempt purpose?	ommunity radio station				ured fo (4) org		
Des	cribe what was achieved in carrying out the organiz- cribe the services provided, the number of persons be	ation's exempt purposes. In	a clear and cond rmation for each p	rise manner, rogram title.	and	4947(a) onal for	(1) tn	usts;
	Trained 25 community programmers, 20 add'l in FCC rule							
	laid the groundwork for building a studio for youth in co							
	coverage to entire county; originated national broadcas	t on homelessness;began to d	evelop local news	division				
ĺ	Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ □	28a			
29 .					ļ l			
!	Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ □	29a			
30								
				<u></u>				
		udes foreign grants, check	here	. ▶ 🗓	30a			
	, ,							
		udes foreign grants, check	 		31a			
	Total program service expenses. Add lines 28a th		*		32			
Рα	rt IV List of Officers, Directors, Trustees, and Key	(B) Title and average	n if not compensate (C) Compensation	a. See page 6 (D) Contributio	-		Expens	
	(A) Name and address	hours per week	(If not paid,	employee benefit	plans &	acco	ount a	nd
<u> </u>		devoted to position	enter -0)	deferred comper	sation	other a	allowai	nces
	au Hunter, President 8920 Griffith, Pasquo, TN 37221	President 30, Treasurer 30	•		0			^
	g Welsch, Treasurer 8920 Griffith, Pasquo, TN 37221 s Pryor 337 Rosslyn Court, Nashville, TN 37221	Trestaent 60, treasurer 60	0					
	y Pryor 337 Rosslyn Court, Nashville, TN 37221	0	0		0			Λ
	ott Sanders 164 Lakeshore Dr. Murfreesboro, TN 37130		•					_
	i Cunza 1061-B Antioch Pike, Nashville, TN 37211	0	0		0			0
	da Wood, 514 Adamwood Dr, Nashville, TN 37211		, , , , , , , , , , , , , , , , , , , 					
		1						
Pa	rt V Other Information (Note the statemer	nt requirement in Genera	Instruction V.)		. '		Yes	No
33	Did the organization make a change in its activities	es or methods of conducting	ng activities? If "Y	es." attach a	 			
-	detailed statement of each change					33		✓
34	Were any changes made to the organizing or gov	reming documents but not	reported to the IF	RS? If "Yes,"				
	attach a conformed copy of the changes					34		✓
35	If the organization had income from business activities,	such as those reported on line	s 2, 6, and 7 (amon	g others), but i	not			
	reported on Form 990-T, attach a statement explaining	your reason for not reporting to	he income on Form	990-T.		1 1		ļ '
а	Did the organization have unrelated business gros	s income of \$1,000 or more	e or 6033(e) notice	e, reporting, a	and	1		١,
						35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for	■				35b		├─
36	Was there a liquidation, dissolution, termination, of		•	-	h a			,
	statement					36		/
	Enter amount of political expenditures, direct or inc							/
	Did the organization file Form 1120-POL for this	·				37b		✓
38a	Did the organization borrow from, or make any loa					38a		1
	any such loans made in a prior year and still unpa		· 1	retum? .		30d		 •
b	If "Yes," attach the schedule specified in the line		r the amount 38	.				
00	involved		36	-		┥		
39	501(c)(7) organizations. Enter: Initiation fees and capital contributions included of	on line 9	39	a				
	Gross receipts, included on line 9, for public use			_		┦		

Part	V Other Information (Note the statement requirement	nt in General Inst	ruction V) (Cont	inued)			
40 a	501(c)(3) organizations. Enter amount of tax imposed on the o section 4911 ▶; section 4912 ▶								
b	501(c)(3) and (4) organizations Did the organization engage in any se	ction 4958 excess be	nefit transa	ction dui				Yes	No
	the year or did it become aware of an excess benefit transaction from a	•		explanati	on		40b		_X_
C	Enter amount of tax imposed on organization managers or disc	ualified persons d	urıng				1 1 1		_ ^ ^_
			. ▶				1	11	<u>}</u>
d	Enter amount of tax on line 40c reimbursed by the organization		• •				,	7 3	
е	All organizations. At any time during the tax year, was the orga	inization a party to	a prohibit	ed tax s	helter			· -,	
	transaction?	•	•			•	40e		X
41	List the states with which a copy of this return is filed. ▶ TN								
42 a	The books are in care of ▶ Name Virginia Welsch			Teleph	none n	o. 🕨 🔟	615-8	34-33	65
	Located at ► 725 Wildview Drive City Nashville	e	ST TN		ZIP+	4 ▶ 3	7211-11	42	
b	At any time during the calendar year, did the organization have	an interest in or a	signature	or othe	r autho	ority			
	over a financial account in a foreign country (such as a bank a	ccount, securities a	account, o	r other f	inancia	al		Yes	No
	account)?						42b		X
	If "Yes," enter the name of the foreign country:						, ^ %	" 4 y	*, ##. ** \$5
	See the instructions for exceptions and filing requirements for l	orm TD F 90-22.1	l.						- 1
С	At any time during the calendar year, did the organization mair			U.S ?			42c		X
	If "Yes," enter the name of the foreign country.								
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990	F7 in heu of Form	n 1041 —	heck h	ere				
70	and enter the amount of tax-exempt interest received or accrue			31100K 11	o.o ▶	43 N	٠.	•	٠ ـــا
	Under penalties of perjury, I declare that I have examined this return, incl and belief, it is true, correct, and complete Declaration of preparer (other								
Pleas	se \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	and it distributes to a decident	.,			- 08	.,	.50	
Sign	Signature of officer	·		Date	, 11				
Here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. O L.	_	Date					
	Type or psult name and title	be ALLOW	<u> </u>						
	y Type of plant name and title	Date	Check if		Prenare	er's SSN o	or PTIN (S	ee Gen	Inst X)
Paid	Preparer's	Date	self-		riepaie	51 3 0014 0), i i i i (c	ice den	mist A)
	arer's signature SELF-PREPARED RETURN		employed P	<u> </u>					
Use (Firm's name (or yours		EI	N	>				
J36 (Only if self-employed), address, and ZIP + 4		Ph	one no	>		•		
		•	<u> </u>				Form 9	90-EZ	(2007)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

20U *i*

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information—(See separate instructions.)

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

62 1739222 Radio Free Nashville Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 . 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 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 .

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rag	е	4

Pa	rt 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 \$\Bigsim \$\text{\$\	1		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			:
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		✓_
b	Lending of money or other extension of credit?	2b		✓
С	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
е	Transfer of any part of its income or assets?	2e		✓
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.)	3a		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓
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	4a 4b		√ ✓
		4c		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> 40 </u>	1	
đ	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	 .	, <u>.</u>	
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	<u> </u>		0

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 of	f the instruction	ons.)
cer	tify	that the organization is not a privat	te foundation bed	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)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)			
7		A hospital or a cooperative hospit	tal service organi:	zation. Section 170(b)(1)	(A)(iii).		
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization o and state ▶	=	•			hospital's name, city,
10		An organization operated for the be (Also complete the Support Sched		or university owned or o	perated by a go	vernmental unit	. Section 170(b)(1)(A)(iv)
11a		An organization that normally recei			a govemmental	unit or from the	general public. Section
11b	7	A community trust. Section 170(b))(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A.)	
12		An organization that normally receifrom activities related to its charitafrom gross investment income an organization after June 30, 1975.	able, etc., function ad unrelated busi	ns-subject to certain ex ness taxable income (le	cceptions, and ss section 511	(2) no more that tax) from busin	an 33%% of its support nesses acquired by the
13		An organization that is not control requirements of section 509(a)(3).					d otherwise meets the
		☐ Type I ☐ Type II	☐Type l	III-Functionally Integrat	ed 🗀	Type III-Other	
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the instru	uctions.)
Na	ıme((a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
					Yes	No	
Tota	1.			<u> </u>	· · · · · ·	▶	
14	\Box	An organization organized and on	erated to test for	nublic safety. Section 5	509(a)(4) (See r	nage 8 of the in	structions)

	: You may use the worksheet in the instructions						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20	03	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.) .	8064	21396	7435		0	36895
16	Membership fees received	0	0	0		0	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	3655	3566	3349		0	10570
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	O		0	0
19	Net income from unrelated business					<u> </u>	
10	activities not included in line 18	0	o	0		o	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0		0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0		0	0
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets	0	0	0		0	0
23	Total of lines 15 through 22	11719	24962	10784		0	47465
24	Line 23 minus line 17	8064	21396	7435		0	36895
25	Enter 1% of line 23	117.19	249.62	107.84		0	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24 . .	▶	26a	737.90
b	Prepare a list for your records to show the nar	ne of and amoun	t contributed by	each person (oth	er than a		
	governmental unit or publicly supported organization						
	amount shown in line 26a. Do not file this list w	ith your return. E	nter the total of all	these excess am	ounts >	26b	14150
C	Total support for section 509(a)(1) test: Enter li				, ,▶	26c	36895
d	Add: Amounts from column (e) for lines: 18	0	19	0			
		0			▶	26d	14150
е	Public support (line 26c minus line 26d total)	: : : : : : :			▶	26e	22745
f	Public support percentage (line 26e (numera	ator) divided by I	ine 26c (denomi	nator))	>	26f	62 %
27 b	Organizations described on line 12: a Forgerson," prepare a list for your records to show Do not file this list with your return. Enter the (2006)	the name of, and e sum of such an ved from each per year, that was mo 5 through 11b, as we the larger amount	total amounts recondunts for each your (2004)	eived in each yea ear: isqualified person of (1) the amount Do not file this lie or (2), enter the si	ar from, ead (2003) s"), prepare on line 25 f st with you um of thes	e a list for the year return.	r your records to ar or (2) \$5,000. After computing aces (the excess
С	Add: Amounts from column (e) for lines: 15				•	27c	
d			1			27d	
e	Public support (line 27c total minus line 27d to					27е	
f g	Total support for section 509(a)(2) test: Enter a Public support percentage (line 27e (numera	mount from line 2	23, column (e) .	. ▶ <u>27f</u>		27g	%
h	Investment income percentage (line 18, colu					27h	%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
	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		
С	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:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33ь		
С	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.)			
			}	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		·
		246		
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 nondiscrimination? If "No," attach an explanation	35	·	
		,		

Pa	rt VI-A	(To be completed ONLY by an					structio	ns.)	
Che	ck ▶ a 🗌	ıf the organization belongs to an affilia	ted group. Che	eck ▶ b 🔲 n	you checked "a"	and "lir	nited cont	trol" p	rovisions apply.
		Limits on Lobbyir (The term "expenditures" mear	•			Aff	(a) iliated grou totals	dr	(b) To be completed for all electing organizations
36	Total John	lying expenditures to influence public			34	3			
37		lying expenditures to influence a legis				7			
38		lying expenditures (add lines 36 and 3		•		3			
39		mpt purpose expenditures			بم ا	9			
40		npt purpose expenditures (add lines				<u> </u>			
41		nontaxable amount. Enter the amoun							
	If the am	ount on line 40 is— The lo	bbying nontaxe	able amount is-	-			- 1	
	Not over	\$500,000 20% (of the amount or	line 40				-	
		000 but not over \$1,000,000 . \$100,0						ł	
		0,000 but not over \$1,500,000 . \$175,0				' 			
		0,000 but not over \$17,000,000. \$225,0						- 1	
		00,000 \$1,000						- 1	
42		s nontaxable amount (enter 25% of li	•						
43		ine 42 from line 36. Enter -0- if line 4			· · · · -				
44	Subtract I	ine 41 from line 38. Enter -0- if line 4	is more than iii	ne 38,	· · · *	*			
	Caution:	If there is an amount on either line 43	or line 44, you	must file Form 4	720.				
		4-Year Ave	eraging Perio	d Under Sect	tion 501(h)				
	(Sc	ome organizations that made a section See the instructions for					column	s bel	ow.
			Lot	bying Expendit	ures During 4-	Year A	veraging) Peri	iod
	Calendar fiscal year	year (or er beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004		(e) Total
<u>45</u>	Lobbying	nontaxable amount							
46	Lobbying	ceiling amount (150% of line 45(e))				ļ		.	
47	Total lobb	oying expenditures							
48	Grassroot	s nontaxable amount				-	,,,,,,		
<u>49</u>	Grassroot	s ceiling amount (150% of line 48(e))							
50	Grassroot	s lobbying expenditures							
Pa	rt VI-B	Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (Se	e pag	je 14 of	the	instructions.)
Duri	ng the year	, did the organization attempt to influ	ence national, st	tate or local legis	slation, including	any	Yes	No	Amount
atte	mpt to influ	ence public opinion on a legislative m	atter or referenc	lum, through the	use of:				
а	Volunteer	s							
b	Paid staff	or management (Include compensation	on in expenses r	eported on lines	c through h.).		\vdash		-
С		vertisements					 	-	
d	Mailings t	o members, legislators, or the public					 		
е		ns, or published or broadcast statem					 		·
f		other organizations for lobbying purp							
g		ntact with legislators, their staffs, gove						\dashv	
h		emonstrations, seminars, conventions		_			 	\dashv	
ı	I otal look	bying expenditures (Add lines c through any of the above, also attach a state	ement giving a d	etailed descripti		 ng acti	uties.		

Page	7

SCHE	RUIS A (FUIII 990 OF 990-EZ) 2007			Page
Par		ng Transfers To and Transa s (See page 14 of the instruction	ctions and Relationships Wins.)	th Noncharitabl
51			following with any other organization for 527, relating to political organization	
а	Transfers from the reporting organization	zation to a noncharitable exempt org	anization of:	Yes No
	,			51a(i) ✓
				a(ii) ✓
ь				
-		with a noncharitable exempt organiza	ation	b(i) ✓
		ncharitable exempt organization .		b(ii) ✓
	• •	or other assets		b(iii) ✓
				b(iv) ✓
				b(v) ✓
		mbership or fundraising solicitations		b(vi) ✓
С				c 1
			e. Column (b) should always show the fa	air market value of th
•	goods, other assets, or services give	ven by the reporting organization. If the how in column (d) the value of the good	the organization received less than fair	r market value in ar
	(a) (b) e no. Amount involved Name	(c) of nonchantable exempt organization	(d) Description of transfers, transactions, and	sharing arrangements
				<u> </u>
			<u> </u>	
				
			<u> </u>	
			• • • • • • • • • • • • • • • • • • • •	
				
		ode (other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Yes ☑ No
	(a)	(b)	(c)	. .
	Name of organization	Type of organization	Description of relations	snip
				
				
				
	· · · · · · · · · · · · · · · · · · ·			
				·
				
			1	

Lir	ne 16 (990-EZ) - Other Expenses		7,703
1	Travel, Meals and Entertainment		
•	a Travel	. 1a	
	1 T 4.1 d dt-d-t	41.	
_		. 10	
	Fundraising	. 2	
3	From Form 4562 - Amortization	. 3	
4	Conferences, conventions, and meetings	4	227
	Depreciation, depletion, etc.		3,146
6	Equipment rental and maintenance	— ĕ —	599
		<u>°</u>	
	Interest	′	0
8	Supplies	8	168
9	Telephone	9	1,790
	Unrelated business income taxes	10	0
	Miscellaneous	11	0
			<u>_</u>
	Promotion	12	0
	Dues and Memberships	13	200
14	Bank and PayPal Fees	14	41
15	Licenses and Permits	15	721
16	Internet Service Provider	16	591
	Education and Training	17	220
	Education and Training		220
18		18	
19		19	
20		20	
21		21	
22		22	
23			
24		24	
25		25	
26		26	
Lir 1 2 3 4 5 6 7 8	ne 20 (990-EZ) - Other Changes in Net Assets or Fund Balances	1 2 3 4 5 6 7 8 9	
1 2 3 4 5 6 7 8 9		2356789	
1 2 3 4 5 6 7 8	ne 20 (990-EZ) - Other Changes in Net Assets or Fund Balances Total	235678	
1 2 3 4 5 6 7 8 9		2356789	0
1 2 3 4 5 6 7 8 9 10	Total	2356789	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0
1 2 3 4 5 6 7 8 9 10 Lir	Total	23	0

Line 24 (990-EZ) - Other assets

Lin	ie <u>2</u> 4 (990-EZ) - Other assets	406	325
		Beginning	End
11	Inventory	406	325
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 26 (990-EZ) - Liabilities	2,800	2,300
	Beginning	End
`1 Due to Michael Muldoon - Trailer	2,800	2,300
2		
3		
4		
5		
6		
7		_
8		_
9		
10		

ne 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received Contributions	1 7,27
NonCash Contributions	2
Membership dues and assessments (contributions from the public)	3
Government contributions (grants)	4 6,000
Commercial co-venture	5
Special events contributions (Line 6 - Special Events).	6
	7
	8
	9
Total	10 13 2

Line 6 (990-EZ) - Special events and activities

1 Special event name	Event A Boro	Event B Douglas Corner	Event C GEC	All others	Totals
1a Number of special events	1	1	11		
2 Gross receipts 3 Less contributions	150	707	1,622	2	2,479 0
4 Gross revenue 5 Less direct expenses	150	707	1,622	0 4 5	2,479 0
6 Net income or (loss)	150	707	1,622	0 6	2,479