

Form

**990****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)

OMB No. 1545-0047

**2005****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.

**A** For the 2005 calendar year, or tax year beginning

, 2005, and ending

, 20

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

NEW LEVEL Community Development Corp

Number and street (or P.O. box if mail is not delivered to street address):

1112 Jefferson Street

City or town, state or country, and ZIP + 4

Nashville, TN 37208-2500

**D** Employer identification number

62 187 3654

**E** Telephone number

(615) 627-0347

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H(a, d) are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶**J** Organization type (check only one) ▶ ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support:	1a	125,660	
	<b>b</b> Indirect public support:	1b		
	<b>c</b> Government contributions (grants):	1c		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 125,660 noncash \$ ):	1d	125,660	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93):	2	8,089	
	<b>3</b> Membership dues and assessments:	3		
	<b>4</b> Interest on savings and temporary cash investments:	4		
	<b>5</b> Dividends and interest from securities:	5		
	<b>6a</b> Gross rents:	6a		
<b>b</b> Less: rental expenses:	6b			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a):	6c			
<b>7</b> Other investment income (describe ▶):	7			
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory:	(A) Securities	8a	
	<b>b</b> Less: cost or other basis and sales expenses:	8b		
	<b>c</b> Gain or (loss) (attach schedule):	8c		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)):	8d		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> :			
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a):	9a		
	<b>b</b> Less: direct expenses other than fundraising expenses:	9b		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a):	9c		
	<b>10a</b> Gross sales of inventory, less returns and allowances:	10a		
	<b>b</b> Less: cost of goods sold:	10b		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a):	10c			
<b>11</b> Other revenue (from Part VII, line 103):	11			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11):	12	133,749		
Expenses	<b>13</b> Program services (from line 44, column (B)):	13	100,908	
	<b>14</b> Management and general (from line 44, column (C)):	14	34,659	
	<b>15</b> Fundraising (from line 44, column (D)):	15		
	<b>16</b> Payments to affiliates (attach schedule):	16		
	<b>17</b> Total expenses (add lines 13 and 14, column (A)):	17	135,497	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12):	18	21,748	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)):	19	21,890	
	<b>20</b> Other changes in net assets or fund balances (attach explanation):	20		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20):	21	20,142	

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

C.I.T. No. 11282Y

Form 990 (2005)

**Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule). (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	26,526	17,272	9284
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	2030	1319	711
30	Professional fundraising fees	30			
31	Accounting fees	31	7800	5000	2800
32	Legal fees	32	2544		2544
33	Supplies	33	4964	4764	
34	Telephone	34	1545	1011	541
35	Postage and shipping	35			
36	Occupancy	36	1926	1052	674
37	Equipment rental and maintenance	37	3250	3250	
38	Printing and publications	38	689	689	
39	Travel	39	1564	1564	
40	Conferences, conventions, and meetings	40	2759	2759	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	MANAGEMENT FEE	43a	69,067	51,800	17,267
b	PROPERTY TAX	43b	868		868
c	AUDIO/VIDEO	43c	1,250	1,250	
d	INSTRUCTOR	43d	2,125	2,125	
e	ADVERTISING	43e	1,560	1,560	
f	CONTRACT SERVICES	43f	5,000	5,000	
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	135,447	100,818	34,689

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported on (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

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

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

What is the organization's primary exempt purpose? <b>Community Development &amp; Education</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 501(c)(29) trusts; fill optional for others.)
a. <b>Housing &amp; Housing Development</b> Held 2 Homebuyers Class with each lasting 8 weeks. Participants were taught by certified instructors in the acquisition of qualified housing. Topics included budgeting, obtaining financing, credit report analysis, etc. Total participants were FIFTY.	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	14,128
b. <b>Financial Education</b> Presented Living Completely Blessed Conference with over 100 registrants. The focus of the conference was a comprehensive program for planning for the future.	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	7,223
c. <b>Economic Development</b> Presented a 12 week ENTREPRENEUR Fast Steps class. The class targeted potential business owners who may not have the necessary education background to ensure success.	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	34,147
d. <b>Social Awareness</b> Presented an Adoption and Foster Care class which included 20 families in the spring and fall.	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	14,122
e. <b>Other program services (attach schedule)</b>	(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31,188
<b>f. Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).		<b>100,808</b>

**New Level Community Development Corporation**  
**990 Tax Return – 2005**  
**Part III – Statement of Program Service Accomplishments**

**Other Program Services:**

**Volunteer Income Tax Assistance Program**

NLCDC partnered with the Internal Revenue Service to provide free income tax preparation and filing service to low and moderate income tax payers in the Nashville community. Prepared, processed and filed over 450 tax returns, generating over \$700,000 in tax refunds and cost avoidance of \$50,000 to \$50,000 in tax preparer fees.

**Program Expenditures = \$6,000**

**Investment 101**

NLCDC presented an investment 101 class, targeting the novice or non-traditional investor. This class had over 20 participants who were given first hand access to tools and strategies to initiate an investment plan consistent with their long term needs.

**Program Expenditures = \$12,100**

**Business Expo**

Presented a Business Expo in partnership with Mt. Zion Baptist Church Network Ministry. This Expo hosted over 50 businesses from the surrounding community and also included a job fair. NLCDC held an eight week class focusing on networking, financial acquisition, resumes, and entrepreneurial panel discussion on how to develop a successful business model.

**Program Expenditures = \$10,525**

**Other Programs**

NLCDC held several small programs during the year including several Voter Registration Drives, an auto purchasing awareness class, and a basic financial empowerment class.

**Program Expenditures = \$2,563**

770-4084  
Lynn Adams

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing	4,912	31,64
	46 Savings and temporary cash investments		
	47a Accounts receivable	24,000	
	b Less: allowance for doubtful accounts		13,703
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55a Investments—land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)		
56 Investments—other (attach schedule)			
57a Land, buildings, and equipment: basis	63,478		
b Less: accumulated depreciation (attach schedule)			
58 Other assets (describe <input type="checkbox"/> )			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.	92,390	80,345	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	24,000	13,703
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)		
	65 Other liabilities (describe <input type="checkbox"/> SECURITY DEPOSITS)	46,500	46,500
66 <b>Total liabilities.</b> Add lines 60 through 65.	70,500	60,203	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	21,890	20,142
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).	21,890	20,142
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	92,390	80,345

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	133,749
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	133,749

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	135,497
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	135,497

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LATRISHA D. STEWART SEE ATTACHED	CHAIRPERSON	-0-	0	0
Bishop Joseph W. Walker, III SEE ATTACHED	VICE CHAIR	-0-	0	0
ELDER K. EDWIN BYRANT SEE ATTACHED		-0-	0	0
JOYLE Searcy SEE ATTACHED		-0-	0	0
PERRA duGRO OWENS SEE ATTACHED	SECRETARY	-0-	0	0
IRIS Brandon SEE ATTACHED		-0-	0	0
Lee D. Motette SEE ATTACHED	MANAGEMENT SERVICES 40/HR	66,000	0	0
JERRY L WHITE SEE ATTACHED	TREASURER 5/HR ACCT SERVICES	1,500	0	0

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

Yes	No
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**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).

**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 this organization through common ownership or common control?

**Note.** Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

**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.)

[illegible]**Part VI** Other Information (See the instructions.)

Yes	No
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**76** Did the organization engage in any activity not previously reported to the IFS? If "Yes," attach a detailed description of each activity.

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 this return?

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year?

**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

**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 organization?

b If "Yes," enter the name of the organization MT ZION BAPTIST Church  
and check whether it is ☐ exempt or ☐ nonexempt

**81a** Enter direct and indirect political expenditures. (See line 81 instructions.)

**b** Did the organization file **Form 1120-POL** for this year?

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?	<input checked="" type="checkbox"/>	
b If "Yes," you may indicate the value of these items here. Do not include the amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	82b 72,400		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b>	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
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	
<b>86</b>	501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b>	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	88	<input checked="" type="checkbox"/>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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	<input checked="" type="checkbox"/>
c	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		
<b>90a</b>	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> Tennessee		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	1
<b>91a</b>	The books are in care of <input checked="" type="checkbox"/> JERRY L. WHITE, CPA Located at <input checked="" type="checkbox"/> 1020 Clearview Drive, Brentwood, TN Telephone no. <input checked="" type="checkbox"/> (615) 642-9894 2 P + 4 <input checked="" type="checkbox"/> 37027		
b	At any time during the calendar year, did the organization have an interest in or signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90321, Report of Foreign Bank and Financial Accounts.	91b	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	91c	<input checked="" type="checkbox"/>
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		



**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b>	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments . . . . .					
g	Fees and contracts from government agencies					
<b>94</b>	Membership dues and assessments . . . . .					
<b>95</b>	Interest on savings and temporary cash investments					
<b>96</b>	Dividends and interest from securities . . . . .					
<b>97</b>	Net rental income or (loss) from real estate:					
a	debt-financed property . . . . .					
b	not debt-financed property . . . . .					
<b>98</b>	Net rental income or (loss) from personal property					
<b>99</b>	Other investment income . . . . .					
<b>100</b>	Gain or (loss) from sales of assets other than inventory					
<b>101</b>	Net income or (loss) from special events . . . . .					
<b>102</b>	Gross profit or (loss) from sales of inventory					
<b>103</b>	Other revenue: a					
b						
c						
d						
e						
<b>104</b>	Subtotal (add columns (B), (D), and (E))					
<b>105</b>	Total (add line 104, columns (B), (D), and (E))					

**Note:** Line 105 plus line 1d, 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).

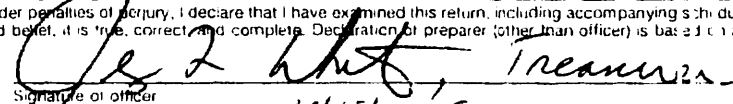
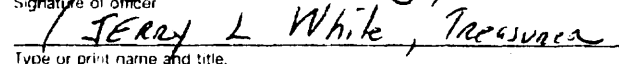
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

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

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

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>06/20/06</u>	
<b>Paid Preparer's Use Only</b>	 Type or print name and title.		Date	
	Preparer's signature		Date	
Firm's name for years if self-employed, address, and ZIP + 4		Check if self-employed <input type="checkbox"/>		Preparer's SSN or PTIN (See Gen. instructions)
		EIN		Phone no