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)

2006

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Rovenue Service

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

Α	For the	e 2006 ca	alendar	year, or tax year beginning	July 1	, 2006	, and e	nding		e 30	, 20 07
в	Check if a	pplicable:	Please	C Name of organization				i	D En	ployer	identification number
\Box	Address	is change liabel or				62	1	1681169			
_	Name ch		print or	Number and street (or P.O. box it	mail is not delivered t	o street ac	ddress)	Room/suite	E Te	lephon	e number
=	Initial reti	•	type. See	4822 Charlotte Avenue					(615)	292-3023
=	Final retu		Specific Instruc-	City or town, state or country, a	nd ZIP + 4				F Acc	ounting n	method: Cash 🗸 Accrual
\equiv	Amended		tions.	Nashville, TN 37209-3423						Other	r (specify) ►
$\overline{\Box}$	Applicatio	on pending	• Sec	ction 501(c)(3) organizations and	4947(a)(1) nonexem	pt charit					section 527 organizations.
	•		tru	sts must attach a completed Scho	edule A (Form 990 or	990-EZ).			_		or affiliates? Yes No
G	Website	: > wwv	v.global	leducationcenter.net			1	• •			of affiliates >
	Oi-	ation tomo	(abook a	anh and > [7] 501(a) / 2) = 6r	200# 20 \ \ \ 4947(2)	(1) or \square		H(c) Are all af			ed? Yes No See instructions.)
<u></u>	Organiza	ation type	(cneck c	only one) ► 🗸 501(c) (3) ◄ (ir	isert no.) [4947(a)	(1) 01		(ii No, H(d) Isthisas			•
K				organization is not a 509(a)(3) sup ore than \$25,000. A return is not req			USS	organizati	on cove	ered by	a group ruling? Yes No
				e a complete return.	uned, but a tre organi	2211011 (210	USES _	I Group E			
_		<u> </u>					\dashv	•			e organization is not required
L	Gross r	receipts:	Add line	es 6b, 8b, 9b, and 10b to line 1	2 ▶ 220,	273					m 990, 990-EZ, or 990-PF).
P	art I	Rever	iue, Ex	penses, and Changes in	Net Assets or	Fund I	Baland	ces (See ti	he in	struct	ions.)
	1	Contrib	utions.	gifts, grants, and similar am	ounts received:						
	1			to donor advised funds .		1a			0	\ \	
				support (not included on line		1b		47,8	325		
	1			support (not included on lin		1 . 1			0		
	1		•	ontributions (grants) (not inc	-	1 1		81,6	689		
				s 1a through 1d) (cash \$. L	1e	129,514
									2	88,084	
										3	2,675
	i i	Interest on savings and temporary cash investments								4	0
	5			interest from securities .					. L	5	0
	6a					1 6- 1			0		
				kpenses					0		
				ome or (loss). Subtract line 6					. L	6c	0
•	7			ent income (describe ► 0)	7	0
Revenue	8a	Gross a	amount	from sales of assets other	(A) Securities		(B)	Other		1	
Ž						8a	<u> </u>				
_				ther basis and sales expenses.		8b				:	
				(attach schedule)		8c					
	d	Net gain	n or (los	ss). Combine line 8c, columns	(A) and (E)				. -	8d	0
	9	Special	events a	and activities (attach schedule). I	f any amount is from	m gamin	g, checl	k here 🕨 🗌] [
	а	Gross i	revenue	e (not including \$	of	:				-	
				reported on line 1b)			ļ				
	b	Less: c	direct e	xpenses other than fundrais	ing expenses .	9b					
	С	Net inc	ome o	r (loss) from special events.	Subtract line 9b	from line	e 9a		. -	9c	0
	10a	Gross	sales o	f inventory, less returns and	allowances		1			ı İ	
	b	Less: d	cost of	goods sold		10b				}	
	c	Gross p	profit or	(loss) from sales of inventory (at	tach schedule). Sub	tract line	10b fro	m line 10a	.	10c	0
	11	Other	revenue	e (from Part VII, line 103) .					.	11	0
	12	Total r	evenue	. Add lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, an	d 11 .			.	12	220,273
	<u>,</u> 13	Progra	m serv	ices (from line 44, column (E	3))					13	204,974
į	14 15 16			and general (from line 44, c						14	14,129
	<u></u> 15			from line 44, column (D)) .						15	
Ĺ	_	Payme	ents to	affiliates (attach schedule) .					.	16	O
_	17	Total e	expens	es. Add lines 16 and 44, co	lumn (A)	<u> </u>	· · ·	<u></u>		17	219,103
ł	# 18	Excess	s or (de	eficit) for the year. Subtract I	ine 17 from line	12 .				18	1,170
j	Not Assets 19 20 21			fund balances at beginning						19	190,312
•	20			es in net assets or fund bala						20	
- 2	z 21	Net as:	sets or	fund balances at end of year.	Combine lines 18	3, 19, an	d 20		. 1	21	191,482

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	141.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
 22a	Grants paid from donor advised funds (attach schedule)				3	
ZZa	(cash \$)					
	If this amount includes foreign grants, check here	22a	0	0		
22b	Other grants and allocations (attach schedule)		İ		15.1.1	
	(cash \$ noncash \$)	İ	_1	_		
	If this amount includes foreign grants, check here 🕨 🗌	22b	0	0		
23	Specific assistance to individuals (attach	23	o	0		
04	schedule)		-	-		
24	schedule)	24	0	0		
25a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A (attach					
	schedule)	25a	0	0	0	0
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B (attach	256	0	0	0	0
	schedule)	25b	U	<u> </u>		<u> </u>
С	Compensation and other distributions, not included above, to	1				
	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0	o
26	Salaries and wages of employees not included					
	on lines 25a, b, and c	26	54,505	49,379	5,126	0
27	Pension plan contributions not included on		_	_		_
	lines 25a, b, and c	27	0	0	0	0
28	Employee benefits not included on lines	00	0	o	0	0
	25a – 27	28	4,290	3,888	1	0
29	Payroll taxes	30	4,230	3,000	 	0
30 31	Professional fundraising fees	31	2,800	2,537	<u> </u>	0
32	Legal fees	32	0	•	1	0
33	Supplies	33	4,656	4,218	438	
34	Telephone	34	4,451	4,033	`	0
35	Postage and shipping	35	103	93	 	0
36	Occupancy	36	13,321	12,069	1	1
37	Equipment rental and maintenance	37	1,823 2,011	1,652 1,822		
38	Printing and publications	39	17,861		· · · · · · · · · · · · · · · · · · ·	
39 40	Travel	40	0	}	:	+
41	Interest	41	14,240	12,901	1,339	0
42	Depreciation, depletion, etc. (attach schedule)	42	13,107	11,875	1,232	0
43	Other expenses not covered above (itemize):		·	}		
а	Contracted Artist	43a	·	†	-	-
b	License and Fees	43b		1	+	 -
C	Insurance	43c 43d		\	<u> </u>	
d	Venue Rental	430 43e	 			
e f	Marketing Other	43f	2,009	-		
•	Other	43g		1,702		
g 44	Total functional expenses. Add lines 22a					
44	through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13–15)	44	219,103	204,974	14,129) [

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

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

Wha	t is the organization's primary exempt purpose? Multicultural Arts Education and Performance	Program Service
All or	ganizations must describe their exempt purpose achievements in a clear and concise manner. State the number ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) nizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	Passport to Understanding school outreach program teaching approximately 20,000 students in over 100 settings about the many different cultural, ethnic and religious groups in our community through hands-on cultural	
]	presentations, drum and dance workshops/residencies, school assembly performances and a concert series for	
-	schools	[]
-		
2	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	40,692
	Professional development for teachers through workshops, conference presentations, consultations and an annual week-long summer teacher institute both on-site and off at approximately 20 schools, universities and community	
-	organizations, serving approximately 350 educators	
-		
-		
į	Grants and allocations \$) if this amount includes foreign grants, check here ▶ □	39,52
٠.	Community outreach programs sharing the arts of diverse cultures through ongoing classes and workshops,	
	cultural presentations, artist residencies, community performances, multicultural concert series for the community.	
	summer multicultural arts camp and out-of-school program for children and youth, and special programming for	
	underserved populations, such as seniors, incarcerated youth, plus size women and teens, and at-risk youth, serving approximately 50,000 individuals each year	
•	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	88,09
ď	Professional development and support of culturally diverse and minority artists through guest artist residencies,	
	space for classes, exhibits and rehearsals, performance and training opportunities and assistance in preparing	
	their programs for the schools, serving approximate 125 artists annually	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	36,67
	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □]
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	204,97

Рa	rt IV	Balance Sheets (See the instructions.	<u>)</u>			
N	ote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		4,690	45	5,986
	46	Savings and temporary cash investments .		0	46	0
		Accounts receivable	4,850	47c	11,140	
		Pledges receivable	48a 48b	0	48¢	0
	49	Less: allowance for doubtful accounts . Grants receivable	· - '	0	49	0
		Receivables from current and former officers key employees (attach schedule)	, directors, trustees, and		50a	0
	b	Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495	as defined under section		50b	0
Assets	51a	Other notes and loans receivable (attach schedule)	51a			
	Ь	Less: allowance for doubtful accounts .	51b	0	51c	0
Ä	52			0	52	0
	53	Prepaid expenses and deferred charges .	1	553	53	560
	54a	Investments—publicly-traded securities		0	54a	0
		Investments—other securities (attach schedu		0	54b	0
	1	Investments—land, buildings, and equipment: basis	55a			
	þ	Less: accumulated depreciation (attach schedule)	55b	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57a	Land, buildings, and equipment: basis .	57a 462,139			
	b	Less: accumulated depreciation (attach schedule)	57b 49,380	417,006	57c	412,759
	58	Other assets, including program-related inve				
		(describe ►		0		0
_	59	Total assets (must equal line 74). Add lines	45 through 58	427,099	_	430,445
	60	Accounts payable and accrued expenses .		12,919	+	19,784
	61	Grants payable		0	+	0
	62	Deferred revenue		0	62	0
abilities	63	Loans from officers, directors, trustees, an schedule)		0	+	0
		Tax-exempt bond liabilities (attach schedule		0		0
=	. .	Mortgages and other notes payable (attach		223,868		219,179
	65	Other liabilities (describe ►)	0	65	0
_	66	Total liabilities. Add lines 60 through 65 .		236,787	66	238,963
v.	-	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74.	▶ ✓ and complete lines			
Se	67	Unrestricted		190,312		191,482
<u>la</u>	68	Temporarily restricted			+	0
ä	69	Permanently restricted			69	0
Fund Balances		anizations that do not follow SFAS 117, chec complete lines 70 through 74.	k here ▶ 🔲 and			
ŗ	70	Capital stock, trust principal, or current fun-			70	
S	71	Paid-in or capital surplus, or land, building,			71	
5.5	72	Retained earnings, endowment, accumulate			72	
Net Assets	73	Total net assets or fund balances. Add lin			1	
S		70 through 72. (Column (A) must equal line	19 and column (B) must			
	74	equal line 21)		190,312		191,482
	74	Total liabilities and net assets/fund balance	es. Add lines ob and 73	427,099	74	430,445

Par	Reconciliation of Revenue per Audit instructions.)	ed Financial Statem	ner	nts With Reve	nue per	Retu	ırn (S	ee the
	Total revenue, gains, and other support per audite	– d financial statements				а		
b	Amounts included on line a but not on Part I, line		•			135		
1	Net unrealized gains on investments		ΙŁ	o1				
	Donated services and use of facilities		_	2		s telle		
2			-	03				
3	Recoveries of prior year grants			-	-	- 1		
4	Other (specify):		١.	04				
			_	04				
	Add lines b1 through b4					b		
С	Subtract line b from line a					C		
d	Amounts included on Part I, line 12, but not on line							
1	Investment expenses not included on Part I, line 6	b	(d1	_			
2	Other (specify):					1 3		
			Ŀ	d2				
	Add lines d1 and d2					d		
е	Total revenue (Part I, line 12). Add lines c and d	<u> </u>			_, ▶	е		
Pa	rt IV-B Reconciliation of Expenses per Aud					1	eturn	
а	Total expenses and losses per audited financial st		•	· · · · · ·		а		
þ	Amounts included on line a but not on Part I, line		1 .					
1	Donated services and use of facilities		_	b1				
2	Prior year adjustments reported on Part I, line 20		\vdash	b2		1		
3	Losses reported on Part I, line 20		Ľ	b3				
4	Other (specify):		1					
	***************************************		L	b4		ļ		
	Add lines b1 through b4					b		
С	Subtract line b from line a					С		
d	Amounts included on Part I, line 17, but not on lir	ne a:						
1	Investment expenses not included on Part I, line 6		L	d1				
2			Г					
_				d2				
			. –			d		
е	Total expenses (Part I, line 17). Add lines c and c	d			. ▶	е		
Pa	Current Officers, Directors, Trustees or key employee at any time during the year							director, trustee
	(A) Name and address	(B) Title and average hours pe week davoted to position	er ((C) Compensation (If not paid, enter -0)	(D) Contribu benefit pl comper	tions to er ans 3 defe isation pla	mployee erred ens	(E) Expense account and other allowances
Mo	onica E.Cooley	President 2	7					
	4 Highland Crest Drive, Nashville, TN 37205	riesiuem 2	•	0			0	0
	ywill Amenya	15 - D	. †					- this sulfra
	33 Sunnyview Drive, Nashville, TN 37218	Vice President 1	'	0			0	o
_	ance A. Prado		+					
	9 Gary Drive, Nashville, TN 37211	Treasurer 2	2	0			0	l o
			\dashv					
	nirley Holland	Secretary 2	2	0			0	l
	16 Burges Drive, Nashville, TN 37209	-	+					· · · · · ·
	ndi Malone Lindsay	Director	1	•			^	
	0 3rd Avenue South, Nashville, TN 37203		4	0	<u> </u>		0	c
	arcus Williamson	Director	1	_			_	
_52	2 Brookhill Circle, Nashville, TN 37215		_	0	ļ		0	
	atricia Absar	Director	2					
_	01 Chesterfield Avenue, Nashville, TN 37215		\perp	0	<u> </u>		0	(
	achelle Fitzgerald	Director	1		1			1
_25	565 Slaydon Drive, Nashville, TN 37207		_	0			0	1
	athy Shîao	Director	2					
20	029 Valleybrook Drive, Brentwood, TN 37027			0			0	1 (
	arcus Whitney	Director	1					
22	205 Bryce Cove, Nashville, TN 37211			0			0	1

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Page	t

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)							
	Enter the total number of officers, directors, and trustees preetings	permitted to vo	te on organization	business at board 10			
b	Are any officers, directors, trustees, or key employees list employees listed in Schedule A. Part I. or highest co-contractors listed in Schedule A, Part II-A or II-B, re relationships? If "Yes," attach a statement that identifies the statement of the statement	ompensated p lated to each	rofessional and o	other independent amily or business	75b	·	✓_
С	Do any officers, directors, trustees, or key employed compensated employees listed in Schedule A, Part I, independent contractors listed in Schedule A, Part II-organizations, whether tax exempt or taxable, that are retired definition of "related organization."	or highest co A or II-B, rec elated to the o	ompensated profective compensations and compensations are compensations.	essional and other on from any other	75c		✓_
d	Does the organization have a written conflict of interest	policy?			75d		
Par	Former Officers, Directors, Trustees, and Key Em officer, director, trustee, or key employee received of person below and enter the amount of compensation	compensation o	r other benefits (de	scribed below) during	the y	ear, lis	
	(A) Name and address (B) Loan	rs and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen int and owance	other
N/A							
					:		
				7 3 1 7 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1			
							
			-				
Pa	rt VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or r detailed statement of each change			? If "Yes," attach a	76		1
77	Were any changes made in the organizing or governing If "Yes," attach a conformed copy of the changes.	documents be	ut not reported to	the IRS?	77		1
78a	Did the organization have unrelated business gross incerthis return?		or more during	•	78a	1.5	1
b	If "Yes," has it filed a tax return on Form 990-T for this	-			78b	<u> </u>	/
79	Was there a liquidation, dissolution, termination, or subsa statement	stantial contract	ction during the ye	ear? If "Yes," attach	79		1
80a	Is the organization related (other than by association w common membership, governing bodies, trustees, o organization?	fficers, etc., t	o any other exe		80a		1
b	o If "Yes," enter the name of the organization ▶						
81a	and c Enter direct and indirect political expenditures. (See line	e 81 instruction	ns.) [81 a]				1
t	b Did the organization file Form 1120-POL for this year?						

om 9	990 (2006)		P	age 7
Par	t VI Other Information (continued)		Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓_
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	V	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	-√	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	received a waiver for proxy tax owed for the prior year.		5	i
C	Dues, assessments, and similar amounts from members	1	''	Ī
	Section 102(e) lobbying and pointed experiorates	1		
e	riggiogate noncodedition amount of content code(s)(1)(1) date metters	1	1	i
f	Taxable amount of loopying and pointed experiences (into odd lood doo)	85g		1
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	oog		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		ł	
b	Gross receipts, included on line 12, for public use of club facilities 86b	<u> </u>		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	10	1000	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		1
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶	12		
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			1
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
r	I Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
	transaction?	89€	1_	1
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		1
c	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		1	
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			1
90a	List the states with which a copy of this return is filed ▶ Tennessee			 .
Ŀ	Number of employees employed in the pay period that includes March 12, 2006 (See			2
91a	instructions.))9-342	292-30 3	23
i	At any time during the calendar year, did the organization have an interest in or a signature or other authority	,	<u> </u>	
•	over a financial account in a foreign country (such as a bank account, securities account, or other financia	ا	Ye	
	account)?	. 911	2	1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

							•
Form 99							Page 8
Part							No /
C.	At any time during the calendar year, did the	organization mai	ntai n an office o	outside of the	United States?	[aic]	<u> </u>
92	If "Yes," enter the name of the foreign countr Section 4947(a)(1) nonexempt charitable trust	s filina Form 990	in lieu of Form	1041—Check	here		► □
32	and enter the amount of tax-exempt interest	received or accru	ed during the ta	ax year	▶ 92	• • •	. – 🗀
	VII Analysis of Income-Producing Ac						
	Enter gross amounts unless otherwise		usiness income		ion 512, 513, or 514	(E)	
indicat		(A)	(B)	(C)	(D)	Related exempt fur	
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	incom	
а	Passport to Understanding School Outreach	_				2	4,714
b	Professional Development for Teachers						1,620
С	Global Connections Community Outreach						1.065
d	Support and Training for Artists					1	0,685
е		_	-				
f	Medicare/Medicaid payments	-	 			-	
g	Fees and contracts from government agencies	es	 -		111,182011		2 676
94	Membership dues and assessments		 			 	2,675
95	Interest on savings and temporary cash investmen	ts				 	
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate:		-				
a	debt-financed property						
ь 98	not debt-financed property	,		 			
99	Other investment income						
100	Gain or (loss) from sales of assets other than invento						
101	Net income or (loss) from special events .	"					
102	Gross profit or (loss) from sales of inventory	,					
103	Other revenue: a	l.					
b							
С							
d							
е		_					
104	Subtotal (add columns (B), (D), and (E)) .				<u> </u>		90,759
105	Total (add line 104, columns (B), (D), and (E				. 🕨		90,759
	Line 105 plus line 1e, Part I, should equal th			- 10			
Part							
	No. Explain how each activity for which inco of the organization's exempt purposes (continuous)				importantly to the	e accomplis	shment
93	Ba Exposed children and youth to culturally div						
	Bb Trained teachers about cultural diversity the						
	Bc Educated and engaged the community about		· · · · · · · · · · · · · · · · · · ·				uces
	Rd Provided professional support for artists thr					rsal space	
Par	Information Regarding Taxable Su				instructions.)	(E)	
	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C Nature of	activities	(D) Total income	End-of	year
		%			1	_	
		%					
		%					

	tnership, or disregarded entity	ownership interest	Nature of activities	Total income	assets
		%		Į.	
		%			
		%			
		%			
Part X	Information Regarding Transfers	Associated with Perso	nal Benefit Contracts (Se	e 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).

Par	: XI	Information Regarding T is a controlling organizatio	ransfers To and From n as defined in section	Con 512(trolled Ent	ities. (Complet	te only if the o	rganiz	ation
106		id the reporting organization mal				efined in	n section	512(b)(13) of	Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C Descrip trans	tion of		(E Amount o		er
a	N/A									
b										
С										
		Totals			-		-	:		
107		old the reporting organization rec 12(b)(13) of the Code? If "Yes,"						ection	Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C Descrip trans	tion of		Amount o	O) of trans	fer
а	N/A									
b										
С										
		Totals		:-		er .				
108		Did the organization have a bindi ents, royalties, and annuities des				2006, d	covering	the interest,	Yes	No
Plea Sign	n	Under penalties of perjury, I declare that and belief, it is true, correct, and comple Signature of officer Ellen S. Gilbert, Director Type or print name and title	I have examined this return, includete. Declaration of preparer (other	ding ac r than c	companying sch officer) is based	nedules ar on all inf	nd stateme ormation o Date	nts, and to the best f which preparer has	of my kno s any kno	owledge owledge
Paid Pren	arer's	Preparer's signature			Date	Check if self- employe	×d ▶ 🗌	Preparer's SSN or PTI	N (See Ge	n. Inst. X
Use		Firm's name (or yours if self-employed), address, and ZIP + 4					EIN Phone no	▶ :		

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.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None." (d) Contributions to employee benefit plans & deferred compensation (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation account and other than \$50,000 per week devoted to position allowances -----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

Par	Statements About Activities (See page 2 of the instructions.)	Ye	es	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.)	1		<u> </u>
	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.)		10 to 10 to	-
а	Sale, exchange, or leasing of property?	2a		<u>✓</u>
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	_	<u>√</u>
С		3c	_	✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4 a		✓
b	Did the organization make any taxable distributions under section 4966?	4b		<u> </u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
d	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			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 IV Reason for	Non-Private	Foundation S	status (See pages 4 t	through 7 of	the instructi	ons.)			
cer	rtify that the organization	n is not a privat	e foundation beca	ause it is: (Please check	only ONE app	licable box.)				
5	☐ A church, convent	ion of churches,	or association o	f churches. Section 170	(b)(1)(A)(i).					
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9	☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶									
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)									
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
11b	b 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 331/4% 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 331/4% 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				ualified persons (other that describes the type of			nd otherwise meets th			
	☐ Type I	☐ Type II		II-Functionally Integrate		Type III-Othe	r			
	Provide the	following info	rmation about th	ne supported organizat	ions. (See page	e 7 of the instr	ructions.)			
(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)	lines the support 12 organization RC governing docu		(e) Amount of support				
					Yes	No				
_										
	al									

Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2005 (b) 2004 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 72,046 246,364 226,860 70,429 615,699 16 Membership fees received . 3,700 3,200 3,375 5,525 15,800 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 . 88,933 91,171 65,760 69,272 315,136 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 0 0 0 0 0 income from unrelated business activities not included in line 18, 0 0 0 0 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0 O 0 0 0 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 Other income. Attach a schedule. Do not 22 include gain or (loss) from sale of capital assets 0 0 0 7,500 7.500 164,679 340,735 295,995 23 Total of lines 15 through 22 152,726 954,135 24 Line 23 minus line 17 75,746 249,564 230,235 83,454 638,999 25 Enter 1% of line 23 1.647 3,407 2,960 1.527 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26c d Add: Amounts from column (e) for lines: 18 ______ 19 26d 22 _ 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0 (2004) 12,790 (2003) 15,040 (2002) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: 615,699 Add: Amounts from column (e) for lines: 15 _ 946 635 27c 315,136 36.330 d Add: Line 27a total and line 27b total 910 305 27e Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ 27f 95 % 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005. prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

0 %

27h

Par	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	1 = 2	√
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	Does the organization maintain the following:		4-3	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	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	<u> </u>	
b	Admissions policies?	33b	<u> </u>	
С	Employment of faculty or administrative staff?	33c		<u> </u>
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?	34t	,	
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		-

Par	VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					e instructions	.)		
Chec	k ▶ a ☐ if the organization belongs to an affiliation						" provisions apply.		
	Limits on Lobbyin (The term "expenditures" mean	- ,				(a) Affiliated group totals	(b) To be completed for all electing organizations		
36			36						
37		Total lobbying expenditures to influence public opinion (grassroots lobbying)							
38	Total lobbying expenditures (add lines 36 and 3		38						
39	Other exempt purpose expenditures				39				
40	Total exempt purpose expenditures (add lines 3	38 and 39)			40		 		
41	Lobbying nontaxable amount. Enter the amount								
	If the amount on line 40 is— The lo			-					
	Not over \$500,000								
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	100 plus 15% of the			41				
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•	1 1						
				· · · · · · · · · · · · · · · · · · ·					
42	Grassroots nontaxable amount (enter 25% of li	ne 41)			42				
43	Subtract line 42 from line 36. Enter -0- if line 43				43				
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than line	e 38		44		<u> </u>		
	Caution: If there is an amount on either line 43	or line 44, you m	ust file Form 47	20.					
		eraging Period							
	(Some organizations that made a section See the instructions for						oelow.		
		Lobi	ying Expenditu	res During	4-Ye	ar Averaging F	Period		
	Calendar year (or	(a)	(b)	(c)		(d)	(e)		
	fiscal year beginning in) ▶	2006	2005	2004	-	2003	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))	=:	<u> </u>	=		1			
50	Grassroots lobbying expenditures								
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organization)			Part VI-A)	(See	page 13 of	the instructions.)		
	ng the year, did the organization attempt to influence public opinion on a legislative r				uding	any Yes N	o Amount		
	Volunteers						그 별 기		
b									
С	Media advertisements								
d	•					!			
e	• •								
f	Grants to other organizations for lobbying pur Direct contact with legislators, their staffs, gov								
g h	- W						•		
i	Total lobbying expenditures (Add lines c throu	igh h.)							
	If "Yes" to any of the above, also attach a sta	tement giving a d	etailed description	on of the lo	obbyin	g activities.			

Par	t VII		Regarding Traganizations (See	ansfers To and Transac page 13 of the instruction	ctions and	Relationship	s With	Nonc	harit	able	
51	Did 501(the reporting organ	nization directly or i	ndirectly engage in any of the (c)(3) organizations) or in section	following with	any other organ	nization de anizations	escribe	d in se	ection	
а				o a noncharitable exempt orga		5 · p			Yes	No	
_		a .	· · · · · ·	o a nononamable exempt orga	mzation or.		[51a(i)			
	.,	Other assets						a(ii)			
h		er transactions:					· ·				
D			o of access with a	nonchoritable avamet avaniset				b(i)			
				noncharitable exempt organizat			• •	b(ii)			
				able exempt organization			• •	b(iii)		—	
				er assets			• •				
			•				• •	b(iv)			
		•			· · · ·			b(v)	-		
				hip or fundraising solicitations				b(vi)			
				ts, other assets, or paid employ			1	С			
d	good	ds, other assets, or	r services given by	complete the following schedule, the reporting organization. If the column (d) the value of the good	ne organization	received less t	han fair n				
(i	a)	(b)		(c)		(d)				
Line	no.	Amount involved	Name of nonci	naritable exempt organization	Description o	f transfers, transact	ions, and sh	aring arr	angeme	ents	
		_									
					 						
			<u></u>								
	-				-						
	_										
					 						
						40.00					
			_		1						
			ļ		ļ						
			<u> </u>		ļ						
	des	cribed in section 5	•	affiliated with, or related to, or other than section 501(c)(3)) or :				☐ Ye	s [] No	
		(a) Name of organia	zation	(b) Type of organization	(c) Description of relationship						
					1						
_											
					 			_	_		
_		-			1						
					 						
					 						
	_										
_					 						
					 						
				1	1						