

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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

**2006****Open to Public  
Inspection**

<b>A For the 2006 calendar year, or tax year beginning and ending</b>		<b>D Employer identification number</b> 62-1860835	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Education Equal Opportunity Group	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	
		P.O. Box 24056	
		City, town, or country State ZIP + 4 Nashville TN 37202-4056	
		<b>E Telephone number</b>	
		<b>F Group Exemption Number</b> ▶	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G Accounting method** ☒ Cash ☐ Accrual  
Other (specify) ▶**I Website:** ▶ NA**J Organization type** (check only one)— ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**H Check** ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K Check** ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 66,409****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	66,409
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5 a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	0
	<b>6</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 \$ 0 of contributions reported on line 1)	<b>6a</b>	0
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	0
	<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	0
	<b>7 a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>	0
	<b>8</b> Other revenue (describe ▶ )	<b>8</b>	0
	<b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	66,409
	<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>
<b>11</b> Benefits paid to or for members		<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors		<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping		<b>15</b>	
<b>16</b> Other expenses (describe ▶ )		<b>16</b>	61,699
<b>17</b> Total expenses (add lines 10 through 16)	<b>17</b>	61,699	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	4,710
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	-410
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	4,300

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	2,468	4,300
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ )	0	0
<b>25</b> Total assets	2,468	4,300
<b>26</b> Total liabilities (describe ▶ loans payable)	2,878	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	-410	4,300

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

Form **990-EZ** (2006)

(HTA)

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**Part III Statement of Program Service Accomplishments** (See page 51 of the instructions)**Expenses**What is the organization's primary exempt purpose? aiding college students

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	We held the annual conference for the college students. A total of 786 students have attended the conference since we started.		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,409
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	20,409

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
Name George Thomas Str P.O. Box 24056 City Nashville ST TN ZIP 37202	Title President Hr/WK 40 00	0	0	5,882
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**Part V Other Information** (Note the statement requirement in General Instruction V)

Yes No

33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

**Part V Other Information** (Note the statement requirement in General Instruction V ) (Continued)**40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 **b** 501(c)(3) and (4) organizations 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 an explanation

	Yes	No
<b>40b</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **d** Enter amount of tax on line 40c reimbursed by the organization **e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

<b>40e</b>		X
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**41** List the states with which a copy of this return is filed.  TN**42 a** The books are in care of  Name George Thomas Telephone no  615-400-7657Located at  City Nashville ST TN ZIP + 4  37202**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
<b>42b</b>		X

If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

<b>42c</b>		X
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If "Yes," enter the name of the foreign country **43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A**Please  
Sign  
Here**

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 8-15-07 George Thomas

President

 Type or print name and title**Paid  
Preparer's  
Use Only**Preparer's signature Date Check if self-employed ☐

Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN   
Phone no

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

**2006**

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

Name of the organization

Education Equal Opportunity Group

Employer identification number

62-1860835

**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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				
Total number of other employees paid over \$50,000 ▶		0		

**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 ▶		0

**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 ▶		0

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
<b>1</b> 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)		X
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		
<b>2</b> 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)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? see part IV	X	
<b>e</b> Transfer of any part of its income or assets		X
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		
<b>b</b> Did the organization have a section 401(a) profit-sharing plan for its employees?		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land, or historic structures? If "Yes," attach a detailed statement		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
<b>b</b> Did the organization make any tax-exempt contributions under section 4966?		X
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____		
<b>e</b> Enter the aggregate value of assets held in donor advised funds owned at the end of the tax year ► _____		
<b>f</b> Enter the total number of separate individual accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where an individual has the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		
<b>g</b> Enter the aggregate value of assets held in individual funds or accounts included on line 4f at the end of the tax year ► _____		

**Part IV Reason for Non-Exemption Status** (See pages 4 through 7 of the instructions)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of 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 organization. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Country: \_\_\_\_\_
- 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: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Country: \_\_\_\_\_
- 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.)
- 11 a ☐ 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.)
- 11 b ☐ A community trust. Section 170(c)(2)(B)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☒ An organization that normally receives more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt purpose, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization. Section 509(a)(2). See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(1). (Check the box that describes the type of supporting organization.)
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)(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)(d)  
Is the supported organization listed in the supporting organization's governing documents?

Yes

No

(e)  
Amount of support

Total

0

- 14 ☐ An organization organized for the test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedules****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****15** Gifts, grants, and contributions received. Do not include unusual grants described on line 28.**16** Membership fees received.**17** Gross receipts from admissions for the sale of goods or services performed at the organization's facilities in any activity that is not the organization's charitable, educational, or religious purpose.**18** Gross income from interest, dividends, and other income (including amounts received from payments on loans (section 512(a)(5)), net of unrelated business taxable income (section 511 taxes) from business operations conducted by the organization after 1975.**19** Net income from unrelated business activities not included in line 18.**20** Tax revenues levied for the organization's benefit and either paid to the organization or its behalf.**21** The value of services or facilities provided to the organization by a governmental unit without charge. Do not include the value of services or facilities generally available to the public without charge.**22** Other income. Attach a schedule showing the source of each item. Include gain or (loss) from the sale of assets.**23** Total of lines 15 through 22.**24** Line 23 minus line 17.**25** Enter 1% of line 23.**26** Organizations described in section 513(c)(3).**b** Prepare a list for your records showing the name of and amount contributed by each person (other than a governmental unit or public charity) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return.**c** Total support for section 513(c)(3) organizations.**d** Add. Amounts from column (e).**e** Public support (line 26c minus line 25).**f** Public support percentage.**27** Organizations described in section 513(c)(3). Prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.

(2005) \_\_\_\_\_

(2003) \_\_\_\_\_

(2002) \_\_\_\_\_

**b** For any amount included in lines 15, 16, and 17 that was received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.

(2005) \_\_\_\_\_

(2003) \_\_\_\_\_

(2002) \_\_\_\_\_

**c** Add. Amounts from column (e).

17

**d** Add. Line 27a total.**e** Public support (line 27c total minus line 27d total).**f** Total support for section 513(c)(3) organizations.**g** Public support percentage.**h** Investment income percentage.**28** Unusual Grants: For a list of unusual grants received during 2002 through 2005, prepare a list for your records showing the name of the contributor, the date and amount of the grant, and a brief description of the grant. Do not include these grants in line 15.

Use cash method of accounting. Use the instructions for converting from the accrual to the cash method of accounting.

	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15					0
16					0
17					0
18					0
19					0
20					0
21					0
22					0
23	0	0	0	0	0
24	0	0	0	0	0
25	0	0	0	0	0

<b>26a</b>	Enter 2% of amount in column (e), line 24	0
<b>26b</b>	Name of and amount contributed by each person (other than a governmental unit or public charity) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	
<b>26c</b>	Line 24, column (e)	
<b>26d</b>	Line 26b	0
<b>26e</b>		0
<b>26f</b>	(Numerator divided by line 26c (denominator))	0.00%

For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.

<b>27a</b>	Name of and total amounts received in each year from, each "disqualified person." Do not file this list with your return.	
<b>27b</b>	(2005) _____ (2003) _____ (2002) _____	
<b>27c</b>	For any amount included in lines 15, 16, and 17 that was received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.	0
<b>27d</b>	For any amount included in lines 15, 16, and 17 that was received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.	0
<b>27e</b>	For any amount included in lines 15, 16, and 17 that was received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.	0
<b>27f</b>	For any amount included in lines 15, 16, and 17 that was received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.	0.00%
<b>27g</b>	For any amount included in lines 15, 16, and 17 that was received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.	0.00%
<b>27h</b>	For any amount included in lines 15, 16, and 17 that was received from a "disqualified person," prepare a list for your records showing the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return.	0.00%

(see page 9 of the instructions )

**Schools that checked the box on line 6 in Part IV)**

Schedule A (Form 990 or 990-EZ) 2006



**Part VI-A Lobbying**  
(To be completed by the organization)Check ☒ a ☐ if the organization is aElecting Public Charities (See page 10 of the instructions.)  
eligible organization that filed Form 5768)Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures (including amounts paid or incurred for grassroots lobbying)	36	
37	Total lobbying expenditures (including amounts paid or incurred for direct lobbying)	37	
38	Total lobbying expenditures (including amounts paid or incurred for exempt purpose expenditures)	38	0
39	Other exempt purpose expenditures (including amounts paid or incurred for exempt purpose expenditures)	39	
40	Total exempt purpose expenditures (including amounts paid or incurred for exempt purpose expenditures)	40	0
41	Lobbying nontaxable amount (See instructions for the following table—)		
If the amount on line 40 is:			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$1,750,000			
Over \$1,750,000			
42	Grassroots nontaxable amount (See instructions for the following table—)	42	0
43	Subtract line 42 from line 41	43	0
44	Subtract line 41 from line 40	44	0

Caution: If there is an amount on line 44, you must file Form 4720

**Averaging Period Under Section 501(h)**If the organization 501(h) election do not have to complete all of the five columns below  
for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (15% of total lobbying expenditures)				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (15% of total grassroots lobbying expenditures)				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activities**  
(For reporting on lobbying activities)

During the year, did the organization attempt to influence public opinion or legislation?

- a Volunteers
- b Paid staff or management
- c Media advertisements
- d Mailings to members, stockholders, or other persons
- e Publications, or published or unpublished reports
- f Grants to other organizations
- g Direct contact with legislators, government officials, or a legislative body
- h Rallies, demonstrations, or other public events
- i Total lobbying expenditures

If "Yes" to any of the above, provide a detailed description of the lobbying activities

**Electing Public Charities**

If the organization did not complete Part VI-A (See page 13 of the instructions )

Did the organization attempt to influence national, state or local legislation, including any referendum, through the use of

expenses reported on lines c through h.)

Yes	No	Amount
		0



- If you are filing **Note.** Only complete this part if you are filing for an extension of time to file the return.
- If you are filing for an extension of time to file the return, complete only Part I (on page 1).

**Part II** **Additional Information****Type or print**

File by the extended due date for filing the return. See instructions.

Name  
Address  
City, State, and ZIP code**Check type of return**

- ☐ Form 990
- ☐ Form 990-BL
- ☒ Form 990-EZ

**STOP! Do not complete this part if you are filing for an extension of time to file the return.**

- The books and records must be kept for 7 years.
- If the organization is a corporation, attach a copy of the corporate minutes.
- If this is for a corporation, attach a copy of the corporate minutes.

- 4 I request an extension of time to file the return until \_\_\_\_\_, beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 5 For calendar year \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is a fiscal year, enter the first and last day of the year: \_\_\_\_\_ to \_\_\_\_\_.
- 7 State in detail the reasons for the extension requested: \_\_\_\_\_

- 8 a If this applies, enter the amount of the extension fee: \_\_\_\_\_.
- b If this applies, enter the amount of the estimated tax payment: \_\_\_\_\_.
- c **Balance Due** with FTD collection: \_\_\_\_\_.

Under penalties of perjury, I declare that this information is true, correct, and complete.

Signature \_\_\_\_\_

- ☐ We have applied for an extension of time to file the return.
- ☐ We have not applied for an extension of time to file the return.
- ☐ We have not applied for an extension of time to file the return.
- ☐ We cannot apply for an extension of time to file the return.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_

**Alternate Mailing Address**  
returned to an address other than the one above: \_\_\_\_\_**Type or print**Name  
Address  
City, State, and ZIP code

**3-Month Extension, complete only Part II and check this box.** ☒ **3-Month Extension, complete only Part I (on page 1).**

**3-Month Extension of Time. You must file original and one copy.**

Employer identification number 62-1860835
For IRS use only

Application for each return:

- ☐ Form 1041-A ☐ Form 6069
- ☐ Form 4720 ☐ Form 8870
- ☐ Form 5227

**3-Month Extension of Time. You must file original and one copy.**

1. If the organization is a corporation, check this box ☐ If it is for a part of the group, check this box ☐ and attach a copy of the minutes.

2. If the organization is a partnership, check this box ☐ If it is for a part of the group, check this box ☐ and attach a copy of the partnership agreement.

3. If the organization is a sole proprietorship, check this box ☐ If it is for a part of the group, check this box ☐ and attach a copy of the partnership agreement.

4. If the organization is a trust, check this box ☐ If it is for a part of the group, check this box ☐ and attach a copy of the trust agreement.

90-T, 4720, or 6069, enter the tentative tax, less any refundable credits and any year overpayment allowed as a credit and any other payment with this form, or, if required, deposit (Electronic Federal Tax Payment System) See instructions	8a	\$
	8b	\$
	8c	\$ 0

**Signature and Verification**

I declare that this information is true, correct, and complete, and to the best of my knowledge and belief, I am not a disqualified person.

Title \_\_\_\_\_

Date \_\_\_\_\_

**Applicant. (To Be Completed by the IRS)**

This form is to be completed by the IRS.

1. If the organization has granted a 10-day grace period from the later of the date shown below or the due date of the return, check this box ☐ This grace period is considered to be a valid extension of time for elections to file the return.

2. If the organization has not granted a 10-day grace period, check this box ☐ In this case, we cannot grant your request for an extension of time to file the return.

3. If the organization has not granted a 10-day grace period, check this box ☐ In this case, we cannot grant your request for an extension of time to file the return.

By \_\_\_\_\_

Date \_\_\_\_\_

I want the copy of this application for an additional 3-month extension of time to file the return.

or apt. no.) or a P.O. box number \_\_\_\_\_

City (including postal or ZIP code) \_\_\_\_\_

Line 1 (990-

- 1 Contributions
- 2 Non Cash Co
- 3 Membership
- 4 Government
- 5 Commercial c
- 6 Special even
- 7 -----
- 8 -----
- 9 -----
- 10 Total

grants, and similar amounts received

.....	1	66,409
.....	2	
.....	3	
.....	4	
.....	5	
.....	6	0
.....	7	
.....	8	
.....	9	
.....	10	66,409

Line 16 (990

- 1 Promotional l
- 2 Awards
- 3 Video produc
- 4 Other operat
- 5 Supplies
- 6 Telephone
- 7 Fundraising
- 8 Conference
- 9 Mileage Reim
- 10 Occupancy
- 11 Board Meetin
- 12 Consulting
- 13 Total other e

.....	1	50
.....	2	412
.....	3	300
.....	4	850
.....	5	500
.....	6	1,200
.....	7	2,865
.....	8	15,685
.....	9	4,682
.....	10	4,800
.....	11	355
.....	12	30,000
.....	13	61,699

## 0

[illegible]

**Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received**

1	Contributions	1	66,409
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Lease of Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	66,409

**Line 16 (990-EZ) - Other expenses**

1	Promotional Items	1	50
2	Awards	2	412
3	Video production	3	300
4	Other operating expenses	4	850
5	Supplies	5	500
6	Telephone	6	1,200
7	Fundraising Expenses	7	2,865
8	Conference Expenses	8	15,685
9	Mileage Reimbursement	9	4,682
10	Occupancy	10	4,800
11	Board Meeting Expenses	11	355
12	Consulting	12	30,000
13	Total other expenses	13	61,699

Line 26 (990-EZ) - Liabilities

2,878 0

		Beginning	End
1	loans payable	2,878	0
2			
3			
4			
5			
6			
7			
8			
9			
10			