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)

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

OMB No. 1545-0047

Form 990 (2006)

		t of the Treasury venue Service	The organization may	have to use a copy of this retur			ramante	Open to Public
_			year, or tax year beginning	JUL 1, 2006				Inspection
В	Check i		lame of organization	UUL I, 2000	anuc	ending JUN 30	T	
-	applical	ble: Please use IRS	D Employer to	entification number				
Γ	Addr	ress label or print or En	couragement Mini	stries Inc			62_18	66624
Ī	Nam chan	type.	umber and street (or P.O. box if ma	· · · · · · · · · · · · · · · · · · ·	ec)	Room/suite	E Telephone n	
Ī	Initia returi		6 Centerview Dri		33)	234		46-2230
Ē	Final	Instruc-	ity or town, state or country, and ZII			<u> </u>		d: Cash X Accru
Ē	Amer		entwood, TN 370	-			Other (specify)	
Ē		cation Section	on 501(c)(3) organizations and 494	7(a)(1) nonexempt charitable to	rusts	Hand Lare not ann		on 527 organizations.
		must a	ittach a completed Schedule A (Fo	rm 990 or 990-EZ).		H(a) Is this a group r		
G	Websit	te: >www . e:	<u>ncouragementmini</u>	stries.net		H(b) If "Yes," enter no		
			only one) X 501(c) ( 3 )		527			/A Yes N
			he organization is not a 509(a)(3) so			(If "No," attach a	list.)	
			t more than \$25,000. A return is not			H(d) Is this a separate ganization cover	e return filed by ed by a group ri	an or- uling? Yes XN
			be sure to file a complete return.			I Group Exemptio		N/A
								n is <b>not</b> required to attac
L	Gross r		6b, 8b, 9b, and 10b to line 12	147,7		Sch. B (Form 99		
P	art I	Revenue,	Expenses, and Changes			nces	· · · · · · · · · · · · · · · · · · ·	
	1		gifts, grants, and similar amounts r					
	a	a Contributions	to donor advised funds	***************************************	1a			
	t	<ul> <li>Direct public s</li> </ul>	upport (not included on line 1a)		1b	145,5	27.	
	C	Indirect public	support (not included on line 1a)	***************************************	1c			
	d		ontributions (grants) (not included o				2007	
	e		s 1a through 1d) (cash \$				) <u>1e</u>	145,527
	2	Program service	2					
	3	Membership d	3					
	4	Interest on sav	ings and temporary cash investmen	ts		·····	4	271.
	5	Dividends and	interest from securities		. ,		5	
	-6 a	Gross rents	***************************************		6a			
	b	Less: rental exp	oenses	······	6b	1		
ē	C	Net rental incor	ne or (loss). Subtract line 6b from li	ne 6a			6c	
Revenue	7		nt income (describe 📂				) 7	
æ	8 a		rom sales of assets other	(A) Securities		(B) Other		
_		than inventory		2,000				
	b	Less: cost or ot	her basis and sales expenses	1,599.				
	C	Gain or (loss) (a	attach schedule)	401.	8c			
	d d		s). Combine line 8c, columns (A) an				8d	401.
	9		and activities (attach schedule). If an		1 . 1	· [_]		
	a		uding \$		9a			
	D	Net income or 4	enses other than fundraising expens	ing Oh from line On	9b			
	10 a	Grace calco of in	oss) from special events. Subtract I oventory, less returns and allowance	38 אווו וווטוו עב אווי			9c	
	10 a		ods sold		10a			
	C	Gross profit or (	loss) from sales of inventory (attach	cohodula). Cubtroot line 10h fra	m line 1	00		
	11							
	12	Total revenue	rom Part VII, line 103) Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c	10c and 11	• • • • • • • • • • • • • • • • • • • •		11	146,199.
	13	Program service	s (from line 44, column (B))	, 100, and 11		***************************************	13	93,800.
ses	14	Management an	d general (from line 44, column (C))	······································			13	4,373.
Expenses	15	Fundraising (fro	m line 44, column (D))	· · · · · · · · · · · · · · · · · · ·			15	20,922.
EXP	16	Payments to affi	liates (attach schedule)				16	40,344.
-	17		Add lines 16 and 44, column (A)			······································	17	119,095.
	18		t) for the year. Subtract line 17 from	line 40				27,104.
ets	19	Net assets or fund balances at beginning of year (from line 73, column (A))						19,139.
Assets	20	Other changes in	net assets or fund balances (attach	explanation)	• • • • • • • • • • • • • • • • • • • •		19 20	0
	21	Net assets or fur	d balances at end of year. Combine	lines 18, 19, and 20		•••••••	21	46 243

623011 01-23-07

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) 0 • noncash \$ (cash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) 0 • noncash \$ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 69,290 76,989. Ο. 7,699. **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B 0. 25b 0. 0 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 11,908. 26 8,361. 1,386 2,161. 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 4,732. 5,799. 25a · 27 28 4,912. 180. Payroll taxes 6,701. 136 766. Professional fundraising fees 30 31 Accounting fees 1,000. 1,000. 31 Legal fees 32 33 33 1,576. 1,274 134 168. Supplies Telephone 760. 760. 34 Postage and shipping 2,195. 35 35 2.195. Occupancy 3,600. 1,200. 36 36 1,200 1,200. 37 Equipment rental and maintenance 37 Printing and publications 38 38 5,543. 5,543. 39 Travel 39 40 Conferences, conventions, and meetings Interest 41 2,040 2,020. 10. 10. 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 1,208. a Insurance 906. 302 43a b Dues & subscriptions 145 43b 145. ∘ Website 43c 218. 218 dOther expense 55 55 43d e Taxes & licenses 43e 245. 245. 43f 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 119,095. 93,800. 4.373. 20,922. Joint Costs. Check 
if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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.

	hat is the organization's primary exempt purpose?   orking with families in crisis in hospitals	Program Service Expenses
All	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	Hospital chaplaincy program working with patients and their families to provide, on a daily basis, compassionate pastoral care and spiritual support for people as they face serious illness.	
· <u>-</u> -	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	93,800.
b		
c	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	· .
C	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)	93,800.
		Form <b>990</b> (2006)

51,760. Form 990 (2006)

71

72

74

19,139

27,002.

71

72

73

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds

(Column (A) must equal line 19 and column (B) must equal line 21) Total liabilities and net assets/fund balances. Add lines 66 and 73

Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.

	m 990 (2		ries, Inc.		<u>62-1866</u>	<u>624</u>		age
<u> </u>	<del></del>	Current Officers, Directors, Trustees, and K				rees e	Yes	No
75	a Enter t meetin	he total number of officers, directors, and trustees permitted gs		usiness at board	10			
	listed i Part II-	y officers, directors, trustees, or key employees listed in Form n Schedule A, Part I, or highest compensated professional ar A or II-B, related to each other through family or business rela	nd other independent cont	ractors listed in Sc	hedule A,			
	the ind	ividuals and explains the relationship(s)				75b	1000	X
• (	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 the organization? See the instructions for the definition of "related organization."							X
	-	" attach a statement that includes the information described				75c		
		ne organization have a written conflict of interest policy?				75d	Х	
	art V-B		nployee received compens	sation or other ben	efits (described	d belo	w) duri	
		(A) Name and address None	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)		to (E	E) Exper ecount a er allowa	nse and
				·				
				,				
		·						
						+		
			·					
			·					
				·				
						<u> </u>		
177		Other Information (See the instructions.)			To:		Yes	No
76		organization make a change in its activities or methods of cornt of each change			1	76		X
77		y changes made in the organizing or governing documents b attach a conformed copy of the changes.	ut not reported to the IRS	?		77		X
78 a	Did the	organization have unrelated business gross income of \$1,000				78a	-	X
b '9		has it filed a tax return on Form 990-T for this year?re a liquidation, dissolution, termination, or substantial contra	action during the vear? If "			78b 79		X
30 a		ganization related (other than by association with a statewide			F-7			
		ship, governing bodies, trustees, officers, etc., to any other e	xempt or nonexempt orga	nization?		80a	30,204	<u>X</u>
b	If "Yes,"	enter the name of the organization N/A	and shook whather it is	avamnt as	nonevernt			
11 a	Enter dir	ect or indirect political expenditures. (See line 81 instructions	and check whether it is L.	exempt or 81a	nonexempt 0 .			
<u>b</u>		organization file Form 1120-POL for this year?				31b		X
						Form 🤄	990 (20	006)

Fo	orm	990 (2006) Encouragement Ministries, Inc. 62-186	<u> 5624</u>	P	age 7				
F	Pai	rt VI Other Information (continued)	,	Yes	No				
82	a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	1						
		less than fair rental value?	82a	X					
	b	If "Yes," you may indicate the value of these items here. Do not include this	314						
		amount as revenue in Part I or as an expense in Part II.							
		(See instructions in Part III.) 82b 5,249							
83	a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X					
		Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X					
84		Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X				
		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not							
		tax deductible? N/A	84b						
85		501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a						
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b						
		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.			10/18/30 14/38/19				
	C	Dues, assessments, and similar amounts from members 85c N/A			10 53 A				
		Section 162(e) lobbying and political expenditures 85d N/A							
		Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A							
		Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A							
		Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	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? N/A	85h						
86		501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on							
		line 12 86a N/A							
		Gross receipts, included on line 12, for public use of club facilities 86b N/A							
87		501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A							
	b	Gross income from other sources. (Do not net amounts due or paid to other sources							
		against amounts due or received from them.) 87b N/A							
88	a	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?	38.2						
		If "Yes," complete Part IX	88a		<u> </u>				
		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		<u>X</u>				
89		501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:							
		section 4911 ▶ <u>0 .</u> ; section 4912 ▶ <u>0 .</u> ; section 4955 ▶ <u>0 .</u>							
		501(c)(3) and 501(c)(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?		900	3433				
		If "Yes," attach a statement explaining each transaction	89b	30,334	_X				
•		Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
		sections 4912, 4955, and 4958   Enter: Amount of tax on line 89c. above, reimbursed by the organization							
		, , , , , , , , , , , , , , , , , , , ,	00-	\$2.500 g	~~~~				
		All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e 89f		<u>X</u>				
1		All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	091						
(		For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	89g		X				
۰.		or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	oby						
90 a		List the states with which a copy of this return is filed TN  Number of employees employed in the pay period that includes March 12, 2006  90b			3				
i 1 to		Number of employees employed in the pay period that includes March 12, 2006	6-25	32					
91 a		ocated at 216 Centerview Dr, Ste 234, Brentwood, TN ZIP+4 3							
		At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No				
t		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X				
		f "Yes," enter the name of the foreign country		30.25					
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		N.					
		and Financial Accounts.							
		TOT THE PROPERTY.	Form \$	90 (2	2006)				

Form 990			nt Min	<u>istries, Inc</u>	•	. 6:	<u>2-186662</u>		Page 8
Part V	i- L								No
	any time during the calendar y	· -		ntain an office outside o	of the Ur	nited States?	91c	<u></u>	X
	Yes," enter the name of the for	-		N/A				-	
	ction 4947(a)(1) nonexempt cha							🕨 L	
	enter the amount of tax-exem					> 92	N	/A	
	II Analysis of Income			·	Tema				
	nter gross amounts unless othe	erwise	(A)	ted business income (B)	(C)	ed by section 512, 513, or 514	(E		
indicated			Business	Amount	Exclu- sion	<b>(D)</b> Amount	Related o		
93 Prog	ram service revenue:		code		code		function	income	<del>)</del> .
					-				
C		······································					<del>-  </del>		
a									
6	inny (Madionial no manuta				-				
	icare/Medicaid payments				-	<del>.</del>			
	and contracts from governme bership dues and assessment				+-+		-	······································	
					14	271			
	st on savings and temporary cash ends and interest from securit				14	271	•		<del></del>
	ends and interest from securit ental income or (loss) from rea		21.260g X2490					- Interest	
			1.75 Y 10 1.44 F 200				<u></u>	<u> </u>	The St
	financed propertyebt-financed property		-		<del>  -</del>				
	ental income or (loss) from per				1				
	or (loss) from sales of assets				t				
	than inventory				18	401			
	ncome or (loss) from special ev				1 20		•		
	s profit or (loss) from sales of ir								
03 Other		ivoritory			<del>                                     </del>				
_									
		i i					<del></del>		
_						<u> </u>			
е .						· · · · · · · · · · · · · · · · · · ·			
04 Subto	otal (add columns (B), (D), and	(E))		0.		672			0.
	(add line 104, columns (B), (D)						<b>&gt;</b>	6	72.
	105 plus line 1e, Part I, should				• • • • • • • • • • • • • • • • • • • •				<del>,</del>
Part VII	Relationship of Activ	vities to the	Accompli	shment of Exemp	t Purp	oses (See the instruc	ctions.)		
Line No.	Explain how each activity for whi		······					on's	
•	exempt purposes (other than by						Ü		
I.	N/A								
						:			
Part IX	Information Regarding		Subsidiari		ed Enti	<b>ities</b> (See the instruct	ions.)		
Name add	(A) dress, and EIN of corporation,	(B) Percentage of		(C)		(D)	(E)		
partne	rship, or disregarded entity	ownership interest	<u> </u>	Nature of activities		Total income	End-of- asse		
		9	6						
	N/A	9/	0						
	,	9/	ó						
		9/							
Part X	Information Regarding	ng Transfers	Associat	ed with Personal	Benefi	t Contracts (See th	ne instructions.)		
(a) Did the	e organization, during the year, red	ceive any funds, di	rectly or indire	ectly, to pay premiums on a	persona	I benefit contract?	Yes	X	
(b) Did the	e organization, during the year, pa	y premiums, direct	tly or indirectly	y, on a personal benefit cor	ntract?		Yes	X	No
Note: If "	Yes" to <b>(b),</b> file Form 8870 <b>and</b>	Form 4720 (see	instructions	)	<u> </u>				
							Form	<b>990</b> (20	006)

## **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.)

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

OMB No. 1545-0047

2006

Name of the organization	Employer identification number				
Encouragement Ministr	cies, Inc	· · · · · · · · · · · · · · · · · · ·	000	62 18666	
Part I Compensation of the Five Highest Pa (See page 2 of the instructions. List each one. If there are			n Oπicers, Dire	ctors, and I	
(a) Name and address of each employee paid more than \$50,000	(b) Titl per	e and average hou week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
J. Russell Corley	Exec	utive Di	rector		
Brentwood, TN		0.00	76,989.	1,800.	,
Total number of other employees paid over \$50,000		0			
Part II-A Compensation of the Five Highest Pai (See page 2 of the instructions. List each one (whether in				onal Service	es 
(a) Name and address of each independent contractor paid	d more than \$50,0	00	(b) Type of s	service (	(c) Compensation
None					
					\ \
Total number of others receiving over					
\$50,000 for professional services		0			
Part II-B Compensation of the Five Highest Pai (List each contractor who performed services other than firms. If there are none, enter "None." See page 2 of the in	professional servi			ervices	
(a) Name and address of each independent contractor paid	more than \$50,00	0	(b) Type of s	ervice (	c) Compensation
None					
			-		
Total number of other contractors receiving over \$50,000 for other services	>	0			

f Enter the total number of separate funds or accounts owned at the end of the 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

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2006

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006 Encouragement Ministries, 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 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 15 415,142. 95,610 113,290 104,541 101,701 0. 0. 0. 0 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 0. 0. 0. 0. charitable, etc., purpose Gross income from interest, 18 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 118. 75 58 115. 366. 19 Net income from unrelated business activities not included in line 18 0. 0 n. 0. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 20 0 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 include gain or (loss) from sale of capital assets 95,728. Total of lines 15 through 22 113,365. 104,599. 101,816. 415,508. 23 24 Line 23 minus line 17 95,728. 113,365. 104,599. 101,816. 415,508. 25 Enter 1% of line 23 957. 1,134. 1,046. 1,018. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 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 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b N/A Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 \_\_\_\_\_ 19 \_\_\_\_ 26b \_\_\_\_\_ 26d e Public support (line 26c minus line 26d total) 26e N/A 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) (2004) (2003) (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: (2005) (2004) (2003) (2002) Add: Amounts from column (e) for lines: 15 16 20 21 .... 27c N/Aand line 27b total \_\_\_\_\_\_ Add: Line 27a total 27d N/A e Public support (line 27c total minus line 27d total) 27e N/A

Total support for section 509(a)(2) test; Enter amount on line 23, column (e) \_\_\_\_\_ **\rightarrow** 27f | N/A

Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g

27h

N/A

N/A

h Investment income percentage (line 18, column (e) (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.

N/A

## (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		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			(AE-350)
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	A. A.		
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
		_		
		_		
32	Does the organization maintain the following:			
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		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?			
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	11.00.000	CHOIL GAS
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_   1		
		-		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?			
b	Admissions policies?			
C	Employment of faculty or administrative staff?	33c		·
ď	Scholarships or other financial assistance?			
е	Educational policies?	33e		
f	Use of facilities?	33f		<del></del>
g	Athletic programs?			
h	Other extracurricular activities?	33h	5038V	0-44.0
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		-   -		
		-		GARLANC CARAMAN
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		55KV
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	\$57.03A (		4970
JJ		0.5	ŀ	
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006