

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2005****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

**A** For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006**B** Check if applicable:☐ Address change☐ Name change☒ Initial return☐ Final return☐ Amended return☐ Application pending

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

**C** Name of organization

PENCIL Foundation

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

421 Great Circle Road

Room/suite

100

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

Nashville, TN 37228

**D** Employer identification number

58-1475675

**E** Telephone number

(615) 242-3167

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

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

H and I are not applicable to section 527 organizations.

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

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

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

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ www.pencilfd.org**J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,731,785**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	515,294	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	1,104,021	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,619,315 noncash \$ )	<b>1d</b>		1,619,315
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		18,125
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ <b>Part I line 7 Other investment income</b> )	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	(B) Other	
<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>	94,345		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	22,932		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			71,413
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1,708,853
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		1,409,817
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		225,593
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		104,297
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		(30,853)
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		879,340
	<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, 19, and 20)	<b>21</b>		

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

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (sch. 5) (cash \$ <u>45,900</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 45,900	45,900		
23	Specific assistance to individuals (attach schedule) . . . . . Schedule 6	23			
24	Benefits paid to or for members (attach schedule) . . . . . Schedule 7	24			
25	Compensation of officers, directors, etc. . . . . Schedule 8	25			
26	Other salaries and wages . . . . .	26 1,097,419	838,524	173,597	85,298
27	Pension plan contributions . . . . .	27 28,035	18,881	6,944	2,210
28	Other employee benefits . . . . .	28 87,638	78,398	5,340	3,900
29	Payroll taxes . . . . .	29 80,331	60,526	13,280	6,525
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31 10,500		10,500	
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33 15,849	15,849		
34	Telephone . . . . .	34 21,608	21,608		
35	Postage and shipping . . . . .	35 8,867	8,642		225
36	Occupancy . . . . .	36 79,239	71,564	5,117	2,558
37	Equipment rental and maintenance . . . . .	37 14,057	14,057		
38	Printing and publications . . . . .	38 69,684	66,104		3,580
39	Travel . . . . .	39 12,829	12,617	212	
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	General Insurance . . . . .	43a 10,603		10,603	
b	Student Assistance . . . . .	43b 220	220		
c	Program Activities . . . . .	43c 61,462	61,462		
d	Professional Development . . . . .	43d 4,202	4,202		
e	Internet/Technology . . . . .	43e 19,241	19,241		
f	Miscellaneous . . . . .	43f 38,312	38,312		
g	Professional Services . . . . .	43g 33,710	33,710		
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44 1,739,706	1,409,817	225,593	104,297

**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 ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 21,486; (ii) the amount allocated to Program services \$ 19,666;(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ 1,820

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

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

What is the organization's primary exempt purpose? <b>Link community resources with public schools</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs. and 4947(a)(1) trusts, but optional for others.		<b>Program Service Expenses</b> (Required for 501(c)(3) and others.)	
<b>a Jobs for Tennessee</b> Graduates serves 450 at-risk students annually. Students receive academic assistance and job readiness skills with the goal of graduating from high school and transitioning successfully to the workforce or to post-secondary education. Graduation rate exceeds 90% annually.		(Grants and allocations) \$ 568,159	<input type="checkbox"/> If this amount includes foreign grants, check here
<b>b Jobs Skills Training and Employment</b> program serves nearly 800 Families First clients, providing job readiness and placement services to those receiving public assistance. Clients are referred to PENCIL by the Department of Human Services.		(Grants and allocations) \$ 388,216	<input type="checkbox"/> If this amount includes foreign grants, check here
<b>c PENCIL Partners</b> serves over 70,000 students annually. PENCIL Partners encourages a business or other community organization to "partner with" a specific Metro Nashville Public School and conduct activities that enhance the learning experience for students.		(Grants and allocations) \$ 170,702	<input type="checkbox"/> If this amount includes foreign grants, check here
<b>d Reading Partners</b> serves over 2,000 students annually. The program recruits, trains and places volunteers to work with students in grades K through 4 with the goal of improving children's reading ability and enjoyment.		(Grants and allocations) \$ 98,366	<input type="checkbox"/> If this amount includes foreign grants, check here
<b>e Other program services</b> (attach schedule) <b>Schedule 9</b>		(Grants and allocations) \$ 184,374	<input type="checkbox"/> If this amount includes foreign grants, check here
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).		1,409,817	Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	178,249	<b>45</b>	197,389
	<b>46</b> Savings and temporary cash investments . . . . .	525,693	<b>46</b>	582,231
	<b>47a</b> Accounts receivable . . . . . <b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable . . . . . <b>48a</b> 70,500			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>48b</b>	132,500	<b>48c</b>	70,500
	<b>49</b> Grants receivable . . . . .	61,803	<b>49</b>	86,728
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . . <b>Schedule 10</b>		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . . <b>Schedule 11</b> <b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	13,919	<b>53</b>	14,058
	<b>54</b> Investments—securities (schedule) <b>Schedule 12</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . . <b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>Schedule 13</b> <b>55b</b>		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . . <b>Schedule 14</b>		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis . . . . . <b>57a</b>				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>Schedule 15</b> <b>57b</b>		<b>57c</b>		
<b>58</b> Other assets (describe <b>Part 4 line 58 description</b> . . . . . <b>Schedule 16</b> )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	912,164	<b>59</b>	950,906	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	32,824	<b>60</b>	37,791
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . . <b>Schedule 17</b>		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . . <b>Schedule 18</b>		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . . <b>Schedule 19</b>		<b>64b</b>	
	<b>65</b> Other liabilities (describe <b>64,628</b> . . . . . <b>Schedule 20</b> )		<b>65</b>	64,628
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	32,824	<b>66</b>	102,419	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	740,890	<b>67</b>	777,987
	<b>68</b> Temporarily restricted . . . . .	138,450	<b>68</b>	70,500
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .	879,340	<b>73</b>	848,487
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	912,164	<b>74</b>	950,906	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	1,782,954
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	74,101
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): <b>P4A-b41</b> . . . . . <b>Schedule 21</b> <b>P4A-b42</b> . . . . .	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	74,101
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	1,708,853
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): <b>P4A-d21</b> . . . . . <b>Schedule 22</b> <b>P4A-d22</b> . . . . .	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	1,708,853

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

Part I		Reconciliation of Expenses per Audited Financial Statements With Expenses per Vietnam	
a	Total expenses and losses per audited financial statements	a	1,813,807
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	74,101
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): P4B-b41 Schedule 23 P4B-b42	b4	
	Add lines b1 through b4	b	74,101
c	Subtract line b from line a	c	1,739,706
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): P4B-d21 Schedule 24 P4B-d22	d2	
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17). Add lines c and d	e	1,739,706

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

[illegible]

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

Yes	No
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**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 40

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

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

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

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

**d** Does the organization have a written conflict of interest policy?

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

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

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

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . .  
If "Yes," attach a conformed copy of the changes.

**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

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

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

**80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

**b** If "Yes," enter the name of the organization ► Part 6 -80a line 1

Part 6-80a line 2 and check whether it is ☒ exempt or ☐ nonexempt

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

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

**Part VI Other Information** (continued)

		Yes	No
82a	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?	✓	
b	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.)		
	82b 74,101	✓	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	✓
89a	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 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed ▶ Tennessee		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	27
91a	The books are in care of ▶ Laura Ross Telephone no. ▶ ( 615 ) 242-3167 Located at ▶ 421 Great Circle Road, Suite 100, Nashville, TN ZIP + 4 ▶ 37228		
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)? If "Yes," enter the name of the foreign country ▶ Foreign Country Name See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	✓
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		□

**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		
<b>93</b> Program service revenue:						
<b>a</b> Line 93a	100100		01			
<b>b</b> Line 93b	100200		02			
<b>c</b> Line 93c	100300		03			
<b>d</b> Line 93d	100400		04			
<b>e</b> Line 93e	100500		05			
<b>f</b> Medicare/Medicaid payments . . . . .	100600		06			
<b>g</b> Fees and contracts from government agencies	100700		07			
<b>94</b> Membership dues and assessments . . . . .	100800		08			
<b>95</b> Interest on savings and temporary cash investments		18,125				
<b>96</b> Dividends and interest from securities . . . . .						
<b>97</b> Net rental income or (loss) from real estate:						
<b>a</b> debt-financed property . . . . .	101100		11			
<b>b</b> not debt-financed property . . . . .	101200		12			
<b>98</b> Net rental income or (loss) from personal property	101300		13			
<b>99</b> Other investment income . . . . .	101400		14			
<b>100</b> Gain or (loss) from sales of assets other than inventory	101500		15			
<b>101</b> Net income or (loss) from special events . . . . .						71,413
<b>102</b> Gross profit or (loss) from sales of inventory	101700		17			
<b>103</b> Other revenue: <b>a</b> Line 103a	101800		18			
<b>b</b> Line 103b	101900		19			
<b>c</b> Line 103c	102000		20			
<b>d</b> Line 103d	102100		21			
<b>e</b> Line 103e	102200		22			
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		18,125				71,413
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .						89,538

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	Supported the work of PENCIL's education programs
95	Supported the work of both PENCIL's education and workforce development programs

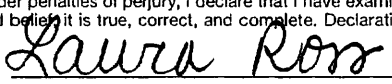
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

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

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

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

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

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 Laura Ross, Finance Director Type or print name and title.		Date <u>12/14/06</u>	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ( )	



**Schedule 2: Part I, Line 9 - Special Events and Activities**

<b>Activity</b>		<b>Number of Times</b>
(A)	Little Night of Music	1
(B)		
(C)		
Other		

	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>Other</b>	<b>Total</b>
<b>Amounts Carried to <u>Part I, Line 9</u></b>					
Gross Receipts	94,345				94,345
Less: Contributions					0
Gross Revenue	94,345	0	0	0	94,345
Less: Direct Expenses	22,932				22,932
Net Income or (Loss)	71,413	0	0	0	71,413

Carry to Part VII, Line 101 - See Note

**Amounts Carried to Part VII, Line 101**

**Column B - Unrelated Business Income**

Gross Receipts	0	0	0	0	0
Less: Contributions	0	0	0	0	0
Gross Revenue	0	0	0	0	0
Less: Direct Expenses	0	0	0	0	0
Net Income or (Loss)	0	0	0	0	0

**Column D - Excluded by Sec 512, 513, or 514**

Gross Receipts	0	0	0	0	0
Less: Contributions	0	0	0	0	0
Gross Revenue	0	0	0	0	0
Less: Direct Expenses	0	0	0	0	0
Net Income or (Loss)	0	0	0	0	0

**Column E - Related / Exempt Function Income**

Gross Receipts	94,345	0	0	0	94,345
Less: Contributions	0	0	0	0	0
Gross Revenue	94,345	0	0	0	94,345
Less: Direct Expenses	22,932	0	0	0	22,932
Net Income or (Loss)	71,413	0	0	0	71,413

**Note:** Numeric codes used are:

- 1 - if Unrelated Business Income (Part VII, Column B),
  - 2 - if Excluded by Sec 512, 513, or 514 (Part VII, Column D)
- Balance is Related / Exempt Function Income (Part VII, Column E).

**Schedule 5: Part II, Line 22 - Grants and Allocations**

**Part II, line 22**

<b>Class of Activity:</b>		<b>Total Cash Amount</b>	<b>Property Other than Cash (1)</b>	<b>Portion Approved, But Not Paid by Due Date (2)</b>	<b>Relationship if Individual (3)</b>
<b>Grantee's Name</b>	<b>Grantee's Address</b>				
Schedule 5 - Grants 1					
1.1 Giles County High School	Grantee Address 1	45,900	0	0	n/a
Total - Schedule 5 - Grants 1		45,900	0	0	
<b>Total - All Types</b>		<b>45,900</b>	<b>0</b>	<b>0</b>	

(1) Additional information for property other than cash included on continuation sheet.

(2) Grants or allocations that were approved during the year, but not paid by the due date for filing Form 990 (including extensions).

(3) In the case of grants to individuals, show the relationship of the grantee if related by blood, marriage, adoption, or employment including employees' children) to any person or corporation with an interest in the organization, such as a creator, donor, director, trustee, officer, etc.

**Additional Information for Property Other Than Cash**

<b>Line Number from prior page</b>	<b>Description of Property</b>	<b>Book Value</b>	<b>How Determined</b>	<b>Fair Market Value (4)</b>	<b>How Determine</b>	<b>Date of Gift</b>
1.1	Property Description 1					
1.2	Property Description 2					
1.3	Property Description 3					
2.1	Property Description 4					
2.2	Property Description 5					

(4) If the fair market value of the property when the organization gave it is the measure of the award or grant, record any difference between fair market value and book value in the organization's books of account and on line 20.

**Information Required by Colleges, Universities, and Primary and Secondary Schools for Scholarships or Other Financial Assistance**

<b>Type of Financial Aid</b>	<b>Number of Individuals Receiving Aid</b>	<b>Aggregate Dollar Amount</b>
1 Schedule 5 - Type of Aid 1		
2 Schedule 5 - Type of Aid 2		
Total		0

Attachments to IRS Form 990  
PENCIL Foundation  
58-1475675  
Tax Year 2005

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**Schedule 9: Part III, Line e - Other Program Services**

<b>Other Service</b>		<b>Grants and Allocations</b>	<b>Program Service Expenses (1)</b>
1	Math Partners	0	75,191
2	Caterpillar Student Writers Showcase	0	22,493
3	Choices	0	7,398
4	Reading College	0	12,661
5	LP PENCIL Box	0	28,707
6	PENCIL	0	35,542
7	Monroe Harding Youth Initiative	0	2,383
Total <b><u>Part III, line e</u></b>		0	184,374

(1) Required for Section 501(c)(3) and (4) organizations, and section 4947(a)(1) nonexempt charitable trusts.

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Attachments to IRS Form 990  
PENCIL Foundation  
58-1475675  
Tax Year 2005

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**Schedule 20: Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Amount</u>
Funds held for others	64,628
PENCIL Foundation is serving as the fiscal agent for Alignment Nashville	
Total <u>Part IV, line 65</u>	<u>64,628</u>

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**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

**2005**

Name of the organization  
**PENCIL Foundation**

Employer identification number  
**58 1475675**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 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
Laura Ross Nashville, TN	Finance/HR	65,024	4,041	0
Denise Hickerson Nashville, TN	Development	56,188	6,148	0
Jacquelyn Green Nashville, TN	JSTEP	56,299	6,152	0

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
Not applicable		0

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

Total number of other contractors receiving over \$50,000 for other services . . . ►

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . . **1**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. **Schedule 1**

- 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.) **Schedule 2**

- a Sale, exchange, or leasing of property? . . . . . **2a** ✓
- b Lending of money or other extension of credit? . . . . . **2b** ✓
- c Furnishing of goods, services, or facilities? . . . . . **2c** ✓
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . **2d** ✓
- e Transfer of any part of its income or assets? . . . . . **2e** ✓

- 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . **Schedule 3** **3a** ✓

- b Do you have a section 403(b) annuity plan for your employees? . . . . . **3b** ✓

- c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? **3c** ✓

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . . **4a** ✓

- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . **4b** ✓

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 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 ► **Part IV Line 9**
- 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.) **Schedule 4**
- 11b ☐ 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 33½% 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 33½% 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.) **Schedule 5**
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
Part IV Line 13a- 1	Part IV L 13a2
Part IV Line 13b- 1	Part IV L 13b2

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,685,740	2,096,228	2,007,576	2,170,956	7,960,500
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	6,952	3,432	4,093	2,227	16,704
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1,692,692	2,099,660	2,011,669	2,173,183	7,977,204
<b>24</b> Line 23 minus line 17	1,692,692	2,099,660	2,011,669	2,173,183	7,977,204
<b>25</b> Enter 1% of line 23	16,927	20,997	20,117	21,732	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					26a 159,544
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,977,204
<b>d</b> Add: Amounts from column (e) for lines:					
18 16,704					
19 0					
22 0					
26b 0					
<b>e</b> Public support (line 26c minus line 26d total)					26d 16,704
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 7,960,500
					26f 99.79% %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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:					
(2004) (2003) (2002) (2001)					
<b>b</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:					
(2004) (2003) (2002) (2001)					
<b>c</b> Add: Amounts from column (e) for lines:					
15 7,960,500					
16 0					
17 0					
20 0					
21 0					
<b>d</b> Add: Line 27a total					27c 7,960,500
and line 27b total					27d 0
<b>e</b> Public support (line 27c total minus line 27d total)					27e 7,960,500
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 7,977,204
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.79% %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .21% %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
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	N/A
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	N/A
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? . . . . . Schedule 7 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Part V line 31 - 1 Part V line 31 - 2 Part V line 31 - 3 Part V line 31 - 4	31	N/A
32 Does the organization maintain the following:	32a	N/A
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32b	N/A
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32c	N/A
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32d	N/A
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . Schedule 8 If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Part V line 32d - 1 Part V line 32d - 2		
33 Does the organization discriminate by race in any way with respect to:	33a	N/A
a Students' rights or privileges? . . . . .	33b	N/A
b Admissions policies? . . . . .	33c	N/A
c Employment of faculty or administrative staff? . . . . .	33d	N/A
d Scholarships or other financial assistance? . . . . .	33e	N/A
e Educational policies? . . . . .	33f	N/A
f Use of facilities? . . . . .	33g	N/A
g Athletic programs? . . . . .	33h	N/A
h Other extracurricular activities? . . . . . Schedule 9 If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Part V line 33h - 1 Part V line 33h - 2 Part V line 33h - 3		
34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	N/A
b Has the organization's right to such aid ever been revoked or suspended? . . . . . Schedule 10 If you answered "Yes" to either 34a or b, please explain using an attached statement. Schedule 11	34b	N/A
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	N/A



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying). . . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— <div style="display: flex; justify-content: space-between;"> <div> <p><b>If the amount on line 40 is—</b></p> <p>Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .</p> <p>Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000</p> <p>Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000</p> <p>Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000</p> <p>Over \$17,000,000 . . . . . \$1,000,000</p> </div> <div> <p><b>The lobbying nontaxable amount is—</b></p> </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41). . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 11 of the instructions.)

Schedule 13	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) 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))					
50 Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers . . . . .
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .
- c Media advertisements. . . . .
- d Mailings to members, legislators, or the public . . . . .
- e Publications, or published or broadcast statements . . . . .
- f Grants to other organizations for lobbying purposes . . . . .
- g Direct contact with legislators, their staffs, government officials, or a legislative body. . . . .
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i Total lobbying expenditures (Add lines c through h.) . . . . .

Yes	No	Amount
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		

Schedule 14

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Yes	No
-----	----

(i) Cash	51a(i)	N/A
----------	--------	-----

(ii) Other assets	a(ii)	N/A
-------------------	-------	-----

b Other transactions:

N/A

(i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .	b(1)		
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b(1)		
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(ii) Purchases of assets from a noncharitable exempt organization . . . . .	b(ii)	N/A
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b(ii)	N/A
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(iii) Rental of facilities, equipment, or other assets . . . . .	b(iii)	N/A
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b(iii)	N/A
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(iv) Reimbursement arrangements	b(iv)	N/A
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b(iv)	N/A
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(v) Loans or loan guarantees	b(v)	N/A
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b(v)	N/A
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(vi) Performance of services or membership or fundraising solicitations . . . . .	b(vi)	N/A
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b(vi)	N/A
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Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	C	N/A
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C	N/A
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d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]