Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the 2	006 calendar year, or tax year beginning OCT 1	, 2006 and 6	noing SEP 30			
В	Check if applicable:	Please C Name of organization			D Employe	er identifica	ition number
_	Address	use IHS			05-	05286	72
느	change Name	print or VOA ARIO OF TEMMESSEE		Room/suite			
F	change _initial	See Whither and Sheet (of P.O. box it main is not derived	ed to street address)	Noomsule		5 – 826 –	
F	return Final	Specific 1210 LAKE RISE PLACE					Cash X Accrual
\vdash	⊣return ⊣Amende	tions. City or town, state or country, and ZIP + 4				cify)	Casii Accidai
<u> </u>	return Applica	GALLIATIN, IN 37000	emnt charitable tructs	111			7 organizations
L	pending	must attach a completed Schedule A (Form 990 or 996)-EZ).	H and I are not app H(a) Is this a group			Yes X No
	11 - b - 'A - o	▶WWW.VSAARTSTENNESSEE.ORG		H(b) If "Yes," enter n			
		tion type (check only one) X 501(c) (3) (insert no.)	4947(a)(1) or 52	¬ ''			
_		ere if the organization is not a 509(a)(3) supporting org		(If "No." attach	list)	•	
		are normally not more than \$25,000. A return is not required, but		H(d) Is this a separa ganization cove	te return tile red by a or	ed by an or- oup ruling?	Yes X No
		to file a return, be sure to file a complete return.	ii iiiç bi ganızandı	I Group Exempti			N/A
—	.1100303	to no a rotari, so ours to me a complete rotaris					not required to attach
	Grace rai	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	117,176.	i i			
_	art I	Revenue, Expenses, and Changes in Net A	ssets or Fund Bal				
ب ا	1	Contributions, gifts, grants, and similar amounts received:	-				
	1	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)			16.		
	C	Indirect public support (not included on line 1a)					
	d	Government contributions (grants) (not included on line 1a)			00.		
	e	110 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	116 - noncash S			1e	117,016.
	2	Program service revenue including government fees and contri				2	
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	160.
		Dividends and interest from securities				5	
	5		ſ			-	
	6 a	Gross rents					
	b	Less; rental expenses				6c	
ne	°	Net rental income or (loss). Subtract line 6b from line 6a			1	7	
Revenue	7	Other investment income (describe Gross amount from sales of assets other	(A) Securities	(B) Other		' 	***************************************
Re	8 a			1	—		
		than inventory					
	D	Less; cost or other basis and sales expenses		i			
]	Gain or (loss) (attach schedule)				8d	
	d				······	ou	
	9	Special events and activities (attach schedule). If any amount is	i	1		- 1	
	a .					Į.	
	b	Less: direct expenses other than fundraising expenses				9c	
	10.0	Net income or (loss) from special events. Subtract line 9b from		i .	·····	30	
	10 a						
	Ь	•			──┤ .	100	
	C					10c	
	11	Other revenue (from Part VII, line 103)				11	117 176
_	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and				12	117,176. 106,284.
Ś	13	Program services (from line 44, column (B))				14	100,204.
nse	14	Management and general (from line 44, column (C))				1 -	
Expenses	15	• • • • • • • • • • • • • • • • • • • •	••••••••			15	
û	1					16	106,284.
	17	Total expenses. Add lines 16 and 44, column (A)				17	10,892.
٠	18	Excess or (deficit) for the year. Subtract line 17 from line 12	anlumn (A))			18	22,390.
Net	19	Net assets or fund balances at beginning of year (from line 73,				19	
2	۱-	Other changes in net assets or fund balances (attach explanation				20	33 202
623	21	Net assets or fund balances at end of year. Combine lines 18,			<u> </u>	21	33,282.
01-	001 18-07	LHA For Privacy Act and Paperwork Reduction Act Notice,	see the separate instructi	ons.			Form 990 (2006)

VSA ARTS OF TENNESSEE 05-0528672 Form 990 (2006) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Statement of Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (B) Program (C) Management Do not include amounts reported on line (D) Fundraising (A) Total services and general 6b, 8b, 9b, 10b, or 16 of Part I. 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 0 0 0 employees, etc. listed in Part V-A b Compensation of former officers, directors, key 0 employees, etc. listed in Part V-B 0. 0 0. 25b 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 26 26,346. 26,346 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a - 27 28 2.063. 2,063 29 29 Payroll taxes 30 Professional fundraising fees 30 1,238. 1,238. 31 Accounting fees 31 32 32 Legal fees 5,961 5,961 33 33 Supplies 1,758 1,758 34 34 Telephone 438 438 35 Postage and shipping 35 2,640. 2,640 36 Occupancy 36 37 Equipment rental and maintenance 37 38 Printing and publications 3,984 3,984 38 1,935 1,935 39 Travel 39 40 Conferences, conventions, and meetings 40 41 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 566. 566. a AWARDS 43a 31,204. **b CONTRACT ARTIST FEES** 31,204. 43b c CONTRACT LABOR 23,062. 23,062. 43c d DUES/STATE FILING FEES 2,712. 2,712. 43d e INSURANCE 1,113. 1,113. 43e OFFICE SUPPLIES AND 431 1,264. 1,264. MISCELLANEOUS 43g 44 Total functional expenses, Add lines 22a through 0.

43g. (Organizations completing columns (b)-(D),	1 1					
carry these totals to lines 13-15)	106	5,284.	106,284.	0.		0.
Joint Costs. Check ▶ ☐ if you are following:	SOP 98-2.			_		
Are any joint costs from a combined educational campaig	n and fundraising s	solicitation repo	rted in (B) Program service	es?► L	Yes X No	
If "Yes," enter (i) the aggregate amount of these joint cost	ts \$ N/A _	; (ii)	the amount allocated to P	rogram services \$	<u>N/A</u>	;
(iii) the amount allocated to Management and general \$	N/A	; and l'iv	the amount allocated to F	undraising S	N/A	
E23011					Form 990	(2006)

For	m 990 (2006)		OF_TENNESSEE		0528672 Page 3
Pa	art III Statement of	Program Servi	ice Accomplishments (See the instruction	ns.)	
Hov	v the public perceives an	organization in such	or some people, serves as the primary or sole so n cases may be determined by the information pr pes, in Part III, the organization's programs and a	resented on its return. There	
	at is the organization's pri		se?► S FOR PEOPLE WITH DISABI	LITIES	Program Service Expenses
clie	nts served, publications is	sued, etc. Discuss	pose achievements in a clear and concise manno achievements that are not measurable. (Section ble trusts must also enter the amount of grants a	501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	INTERACTIVE A	ARTS PROGR	AMS FOR PEOPLE WITH DISA	BILITIES	
					_
b	(Grants and allocations	\$) If this amount includes foreign gr	ants, check here	106,284.
<u>c</u>	(Grants and allocations	\$) If this amount includes foreign gr	rants, check here	
					_
	(Grants and allocations	\$) If this amount includes foreign gr	rants, check here	
d					
	(Crante and allocations	C C) If this amount includes foreign as	ranta abaak bara	1.1

) If this amount includes foreign grants, check here

106,284. Form 990 (2006)

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

(Grants and allocations

Note		ere required, attached schedules and amounts v uld be for end-of-year amounts only.	vithin the description column	(A) Beginning of year		(B) End of year
	45 46	Cash · non-interest-bearing			45 46	33,868.
		Accounts receivable		_		
	b	Less: allowance for doubtful accounts	476		47c	
	48 a	Pledges receivable	48a	_	_ `	
	ь	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, key employees			50a	
	b	Receivables from other disqualified persons (a	as defined under section			
ŝ		4958(f)(1)) and persons described in section 4	958(c)(3)(B)		50b	
Assets	51 a	Other notes and loans receivable	51a			
Ř	ь	Less; allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			_53	
	54 a	Investments - publicly-traded securities	Cost FMV		54a	
	ь	Investments - other securities	Cost FMV		54b	
	55 a	Investments - land, buildings, and				
		equipment: basis	. 55a	-		
	ь	Less: accumulated depreciation		ļ	55c	
	56	Investments - other	1 1		56	
		Land, buildings, and equipment: basis				
	b	Less: accumulated depreciation	57b	<u> </u>	57c	
	58	Other assets, including program-related investment	S			
		(describe >		20 700	58	32 060
	59	Total assets (must equal line 74). Add lines 4		i		33,868. 586.
	60	Accounts payable and accrued expenses			60	300.
	61	Grants payable		0 400	61	
ဟ	62	Deferred revenue			62	<u> </u>
bilities	63	Loans from officers, directors, trustees, and k			64a	
abil		a Tax-exempt bond liabilities			64b	
Lia	1	Mortgages and other notes payable	•	, 	65	
	65	Other liabilities (describe	,) 	03	
	66	Total liabilities. Add lines 60 through 65		8,400.	66_	586.
	Orga	anizations that follow SFAS 117, check here	and complete lines			
S		67 through 69 and lines 73 and 74.		22 300	67	33,282.
JC e	67	Unrestricted				33,404.
ala	68	Temporarily restricted			68	
ф	69	Permanently restricted	t to and		09	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, chec	Kildle 🚩 🔛 dilu		-	
0	70	complete lines 70 through 74. Capital stock, trust principal, or current funds	•		70	
ets	70	Paid-in or capital surplus, or land, building, ar		1	71	
155	1	Retained earnings, endowment, accumulated			72	
et A	72	Total net assets or fund balances. Add lines 67 th			-	
Ž	73	(Column (A) must equal line 19 and column (B) mu		22,390.	73	33,282.
	74	Total liabilities and net assets/fund balance		30,790.		~
	1 7	Total habilities and not assets fand balane				Form 990 (2006)

	m 990 (2006) VSA ARTS OF TENNESSEE			05-0	<u>5286'</u>	72 Page 5
Pa	art IV-A Reconciliation of Revenue per Audited Final	ncial Statements Wi	th Revenue pe	er Reti	urn (Se	e the
	instructions.)					
а	Total revenue, gains, and other support per audited financial statement	nts			<u>a </u>	N/A
b	Amounts included on line a but not on Part I, line 12:		1			
1	Net unrealized gains on investments				}	
2	Donated services and use of facilities	<u>b</u>	2		Ì	
3	Recoveries of prior year grants	<u>b</u>	3			
4	Other (specify):	<u></u>	4]			
	Add lines b1 through b4		**********	1)	
C	Subtract line b from line a			🖳		
ď	Amounts included on Part I, line 12, but not on line a:			,	ŀ	
1	Investment expenses not included on Part I, line 6b	<u>_</u>	1			
2	Other (specify):		2		İ	
	Add lines d1 and d2	***********		L	d L	
e	Total revenue (Part I, line 12). Add lines c and d				e	
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements W	ith Expenses	per R	eturn	
a	Total expenses and losses per audited financial statements			L	a	N/A
b	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities	<u>b</u>	1			
2	Prior year adjustments reported on Part I, line 20		2			
3	Losses reported on Part I, line 20		3			
4	Other (specify):	١.	4			
	Add lines b1 through b4				ь	
С	Subtract line b from line a				С	
đ	Amounts included on Part I, line 17, but not on line a:	•••••••••••••	• • • • • • • • • • • • • • • • • • • •	·····		
1	Investment expenses not included on Part I, line 6b	ĺď	₁ 1	1	l	
2		[7]	2		1	
-	Add lines d1 and d2				d	
	Total expenses (Part I, line 17). Add lines c and d				e	<u> </u>
P:	art V-A Current Officers, Directors, Trustees, and Ke	ev Employees (List ear	h nerson who wa	s an offi		ctor trustee
	or key employee at any time during the year even if they we	ere not compensated.) (See	the instructions.)	ı		
	(4) None and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Cont	ributions to	(E) Expense
	(A) Name and address	per week devoted to position	(If not paid, enter	plans &	deferred	account and other allowances
SE	E LIST ATTACHED	-		1		
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Form 990 (2006)

	n 990 (2006) VSA ARTS OF TENNESSEE			05-0528			ge 6	
	rt V-A Current Officers, Directors, Trustees, and Key				{	Yes	No	
75 a	Enter the total number of officers, directors, and trustees permitted to	-	iness at board	1.0		1 1		
	meetings		>	<u>16</u>				
þ	Are any officers, directors, trustees, or key employees listed in Form 9	_						
	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							
	At a facilities of analysis At a set Atacability	msnipsrii res, attacii			75b		Х	
С	Do any officers, directors, trustees, or key employees listed in Form 99 listed in Schedule A, Part I, or highest compensated professional and							
	Part II-A or II-B, receive compensation from any other organizations, w							
	organization? See the instructions for the definition of "related organization"	rotion "		1	75c		X	
	If "Yes," attach a statement that includes the information described in	the instructions.						
	Does the organization have a written conflict of interest policy?				75d	لـــــا	<u>X</u>	
Pa	rt V-B Former Officers, Directors, Trustees, and Key							
	Benefits (If any former officer, director, trustee, or key empthe the year, list that person below and enter the amount of com							
	the year, list that person below and enter the amount of com	pensation of other benef	(C) Compensation			E) Expe		
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans & deferred	t à	ccount	and	
	None		enter -0-)	compensation pla	ns oth	er allow	ances	
- -					l			
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Pa	rt VI Other Information (See the instructions.)					Yes	No	
76	Did the organization make a change in its activities or methods of con	ducting activities? If "Yes	s," attach a detaile	ed				
	statement of each change	•••••			76		X	
77	Were any changes made in the organizing or governing documents but	ut not reported to the IRS	3?		77	<u> </u>	X	
	If "Yes," attach a conformed copy of the changes.	٠,						
	Did the organization have unrelated business gross income of \$1,000	or more during the year	covered by this re		78a	—	X	
					78b	 		
79	Was there a liquidation, dissolution, termination, or substantial contra				79	-	X	
80 a	Is the organization related (other than by association with a statewide	=	· -					
	membership, governing bodies, trustees, officers, etc., to any other ex	kempt or nonexempt orga	anization?	••••••	80a	+	X	
b	•	and check whether it is	exempt or	nonexempt		1		
81 a			81a	. 0				
o i a	·	·/			81b		x	
						n 990		

2 a 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? 5 if 'Yes,' you may indicate the value of these items here. On not include this amount as revenue in Part I or as an expense in Part II. 5 ces instructions in Part III) 5 Did the organization comply with the public inspection requirements for returns and exemption applications? 7 N/A 5 Did the organization comply with the disclosure requirements relating to quif pro que contributions? 8 N/A 8 Did the organization comply with the disclosure requirements relating to quif pro que contributions or gifts were not tax deductible? 8 N/A 8 Did the organization comply with the disclosure requirements relating to quif pro que contributions or gifts were not tax deductible? 8 N/A 8 Did the organization organization and the organization are express statement that such contributions or gifts were not tax deductible? 8 Did the organization and only inhouse licibitying expenditures of \$2,000 or less? 8 N/A 8 Did the organization make only inhouse licibitying expenditures of \$2,000 or less? 8 N/A 8 Did the organization make only inhouse licibitying expenditures of \$2,000 or less? 8 N/A 8 Did the organization make only inhouse licibitying expenditures of \$2,000 or less? 8 N/A 8 Did the organization make only inhouse licibitying expenditures of \$2,000 or less? 8 N/A 8 Social N/A 8 Social N/A 8 Social N/A 9 Dess the organization expenditures from members 8 Social N/A 9 Dess the organization expenditures in the side less 859 9 Dess the organization elect to pay the section 6033(e)(1)/A) dues notices 9 Social N/A 10 Dess the organization elect to pay the section 6033(e) tax on the amount on line 85f to its reasonable estimate of the section 8033(e) tax on the amount on line 85f to its reasonable estimate of these allocable to nondeductible blothing and political expenditures for the following tax year? 9 Did Cores included on line 12, for pu	Form		528672		ge 7
less than fair rental value?	Par	t VI Other Information (continued)		Yes	No
Bit Piess, 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 III. Goe instructions in Part III. 33	82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substanti	ally		
amount as revenue in Part II or as an expense in Part II. (See instructions in Part III.) 3 Did the organization comply with the gubbic inspection requirements for returns and exemption applications? 4 Did the organization comply with the disclosure requirements retaining to quick pro quo contributions? 5 Did the organization comply with the disclosure requirements retaining to quick pro quo contributions? 8 May N.A. 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Did the organization make only in house lobbying expenditures of \$2,000 or less? 8 Did the organization make only in house lobbying expenditures of \$2,000 or less? 8 Prive' was answered to either \$50 or \$50, do not complete \$50 chough \$50 heldw unless the organization received a waiver for proxy tax owed for the prior year. 9 Dess the organization and political expenditures into \$50 km \$50 km		less than fair rental value?	82a		X_
(See instructions in Part III) 3 Did the organization comply with the public inspection requirements for returns and exemption applications? 4 Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A 5 Did the organization solicit any contributions or gifts that were not tax deductible? N/A 5 Dif the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 5 Dif the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 5 Dif the organization make only in-house tobbying expenditures of \$2,000 or less? N/A 5 Dif the organization make only in-house tobbying expenditures of \$2,000 or less? N/A 5 Dif the organization make only in-house tobbying expenditures of \$2,000 or less? N/A 5 Dif the organization extended the prior year. Despois an answered to either \$5a or \$5b, do not complete \$5c through 85h below unless the organization received a waker for proxy tax owed for the prior year. Despois an answer of the prior year. Despois an answer of the prior year. Despois an answer of the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a proxy tax weed for the prior year. Despois a prior year of the prior year. Despois a prior year of the prior year. Despois a prior year of the prior year. Despois a prior year of the prior year. Despois a prior year of the prior year. Despois a prior year of the prior year. Despois a prior year. Despois a prior year. Despois a prior year. Despois a prior	b	If "Yes," you may indicate the value of these items here. Do not include this	1		
3 a Did the organization comply with the public inspection requirements for tertums and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? A Did the organization comply with the disclosure requirements relating to quid pro quo contributions or gifts were not tax deductible? B Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N / A S		amount as revenue in Part I or as an expense in Part II.			1
3 Did the organization comply with the glublic inspection requirements for returns and exemption applications? 33 IN 34 Did the organization comply with the disclosure requirements retaining to glub rough contributions? 35 Did the organization solicit any contributions or glits that were not tax deductible? 36 Did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 36 Solic(R) (5), or (6) organizations. A Were substantially all dues nondeductible by members? 37 N/A 38 Did the organization make only inhouse tobbying expenditures of \$2,000 or less? 38 N/A 38 Did the organization make only inhouse tobbying expenditures of \$2,000 or less? 37 N/A 38 Section 16(2) lobbying and political expenditures (ine 85d toss 85s) 38 Did the organization extended to share similar amounts from membors 4 Section 16(2) lobbying and political expenditures (ine 85d toss 85s) 38 Did to see a season of the section of the section 16(2) lobbying and political expenditures (ine 85d toss 85s) 39 Does the organization extended to pay the section 80(3)(s) tax on the amount on line 85f to the reasonable estimate of dues allocable to nondeductible inbohying and political expenditures (ine 85d toss 85s) 39 If section 50(3)(1)(A) dues notices were sent, does the organization expenditures for the following tax year? 30 Does the organizations. Enter a Initiation fees and capital contributions included on line 12. for public use of club facilities 30 Solic(R)(7) organizations. Enter: a Gross income from members or shareholders. 31 Did Solic(R)(12) organizations. Enter: a Gross income from members or shareholders. 32 Did (8) Organizations. Enter: a Gross income from members or shareholders. 33 Solic(R)(13) and 501c(R)(4) organization organization organization during the year under section 512(D)(13)? If Yes, complete Part XI. 34 At any time during the year, did the organization organization during the year under sections 4912, 4955, and 4938 35 Solic(R		(See instructions in Part III.) 82b N/A			ļ
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A 885 44 Did the organization solicit any contributions or glifts that were not tax deductible? N/A 845 X X 845 X X 845 X X 845	83 a		83a	X	
43 bil the organization solicit any contributions or gifts that were not tax deductible? 34 bil "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 845 N/A 855 N/A	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		<u></u>
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5 5016(16/4), (5), or (6) organizations, a Were substantially all dues nondeductible by members? N/A 85 If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. C Dues, assessments, and similar amounts from members 85 or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. C Dues, assessments, and similar amounts from members 85c N/A 85b N/A 85c N/A 17 axable amount of lobbying and political expenditures (line 85d loss 85e) 85c N/A 17 axable amount of lobbying and political expenditures (line 85d loss 85e) 85c N/A 185c			1		<u> </u>
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At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No	91 a				<u> </u>
D At any time during the calendar year, did the organization have all interest in or a signature of other authority over		Cocatoo di / 2020 21412 11202 1 1110 1	4 > <u>3 / 0</u>		s No
in the state of th	þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1		
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			91	9	A
If "Yes," enter the name of the foreign country					1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank					
and Financial Accounts. Form 990 (2006)		and Financial Accounts.	Fn	rm 990	0 (2006)

Form 990 (2006) VSA ARTS OF Part VI Other Information (continued)	F TENNES	SEE		05-0)528672 Page 8
		-A-i	Ab . 11-	**************************************	Yes No
c At any time during the calendar year, did the or			the Uni	ited States?	91c X
If "Yes," enter the name of the foreign country			haali ha		
92 Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest red	_			, ,	N/A
Part VII Analysis of Income-Producing				32	N/A
<u> </u>		ted business income	Exclude	ed by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A)	(B)	(C)	(D)	(E)
93 Program service revenue:	Business code	Amount	Exclu- sion	Amount	Related or exempt function income
5			code		
ab	-		1 1		
			1		
d	-				
e	-				
f Medicare/Medicaid payments	_				
g Fees and contracts from government agencies			1		
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		160.			
96 Dividends and interest from securities			1		
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal proper					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:	-				
a	_				
b	_				
c					
d					
e	_				
104 Subtotal (add columns (B), (D), and (E))		160.		0.	0.
105 Total (add line 104, columns (B), (D), and (E))				>	160.
Note: Line 105 plus line 1e, Part I, should equal the a					
Part VIII Relationship of Activities to t	he Accomp	lishment of Exemp	ot Pur	poses (See the instruct	ions.)
Line No. Explain how each activity for which income is			d importa	antly to the accomplishment	of the organization's
exempt purposes (other than by providing fun	ds for such purpo	oses)			
			<u>.</u>		
Doubly Information Department Tours	la Cubaidia	rion and Diagram	od F-	tition many in the contract of	
Part IX Information Regarding Taxab (A) (B)	ie Subsidiai	(C)	ed En	(D)	(E)
Name, address, and EIN of corporation, Percentage	of	Nature of activities		Total income	End-of-year
partnership, or disregarded entity ownership in	i		\rightarrow		assets
N7 / 2	% %				
N/A					
	%				
Part X Information Regarding Transf		ated with Personal	Bene	fit Contracts (See th	ne instructions)
(a) Did the organization, during the year, receive any fund(b) Did the organization, during the year, pay premiums,	directly or indirec	ctly, on a personal benefit c			Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720	(see instruction	ns).			Form 990 (2006)

		Yes N
ed entity as defined in section s	512(b)(13) of the Code? If "Ye	
(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
ntrolled entity as defined in sec	ction 512(b)(13) of the Code?	If "Yes,"
(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
g accompanying schedules and statemen	nts, and to the best of my knowledge a	
rated of which prepare has any knowle	Date	
I Date:	Chack if	CON DTIVE
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Self- employed Preparer's	SSN or PTIN (See Gen. In
	(B) Employer Identification Number Introlled entity as defined in sector of the	Employer Identification Number Description of transfer Description of transfer Description of transfer Description of transfer (C) Description of transfer Description of transfer August 17, 2006, covering the interest, rents, royalties, and a accompanying schedules and statements, and to the best of my knowledge and a statements of the best of my knowledge and a statements of the best of my knowledge and the best of my knowledge and the best of

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	VSA ARTS OF TENNESSEE			05 05286	72_
Part I	Compensation of the Five Highest Paid Em		Officers, Direc	ctors, and T	rustees
	(See page 2 of the instructions. List each one. If there are none, e	nter "None.")		Tran Coopin ation of	
	(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 othe allowances
None		<u>.</u>			
		-		-	
					<u> </u>
		-			
		<u> </u>			
over \$50,000		0			
Part II-A	Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individual			ional Servic	es
	(a) Name and address of each independent contractor paid more the	nan \$50,000	(b) Type of	service	(c) Compensation
None			- -		
	·				
					_
	of others receiving over professional services	0			
Part II-B	Compensation of the Five Highest Paid Ind (List each contractor who performed services other than professi firms. If there are none, enter "None." See page 2 of the instruction	ional services, whether individ		ervices	
	(a) Name and address of each independent contractor paid more the	han \$50,000	(b) Type of	service	(c) Compensation
None					
Total number \$50,000 for o	of other contractors receiving over ther services	0			

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
		1162	140
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 \(\) \(\	Of		
line i of Part VI-B.)	1	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations	\		1
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?			X
c Furnishing of goods, services, or facilities?			X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			Х
יודי יודי יודי יודי יודי יודי יודי יודי			

\			

3	chedule A (Form 990 or 990-EZ) 2006 VSA ARTS OF TENNESSEE 05	-052867	2 P	age 2
ŀ	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 line; of Part VI-B.)	VI-A, or		x
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations	'	+	+**
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			ļ
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.)	1		
	a Sale, exchange, or leasing of property?		Ч_	X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?		<u>:</u>	<u> </u>
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20		<u> </u>
	e Transfer of any part of its income or assets?	26	<u>: </u>	<u> </u>
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	İ		
	the organization determines that recipients qualify to receive payments.)	3 8	1	X
	b Dd the organization have a section 403(b) annuity plan for its employees?	31	<u>. _ </u>	X
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			1
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	30		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	30	d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	1	- 1	ļ
	and 4g	4	a	X
	b Did the organization make any taxable distributions under section 4966?		b	X
	c Did the organization make a distribution to a donor, donor advisor, or related person?		С	<u> </u>
	d Enter the total number of donor advised funds owned at the end of the tax year	►		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	>		0
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	>		0
	a. Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	>		0

ON COL	10777	OTHER DESCRIPTION OF T	ENNESSEE			05-052	8672 Page 3
Part	IV]	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 7 of the instruction	ıs.)		
ertify t	that th	e organization is not a private foundation because it is: (I	Please check only ONE a	pplicable box.)			
5 [A church, convention of churches, or association of ch	•				
s [A school. Section 170(b)(1)(A)(ii). (Also complete Part	V.)				
, [A hospital or a cooperative hospital service organization	n. Section 1 <mark>70(b)(1)(</mark> A)(iii).			
3 [A federal, state, or local government or governmental u	nit. Section 170(b)(1)(A)(v).			
9 [A medical research organization operated in conjunction	n with a hospital. Sectio	n 170(b)(1)(A)(iii). Enter t	he hospital's	name, city,	
		and state -			3.6.	470/53/43/43/	
0 L		An organization operated for the benefit of a college or	university owned or ope	rated by a governmental t	ınıt. Section	170(0)(1)(A)(IV)	
۱. [(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part.	ert of its support from a	novernmental unit or from	the negeral	nuhlic	
ta L		Section 170(b)(1)(A)(vi). (Also complete the Support		governmentar unit or ironi	tile general	puone.	
1b [\neg	A community trust. Section 170(b)(1)(A)(vi). (Also com		dule in Part IV-A \			
_	$\overline{\mathbf{x}}$	An organization that normally receives: (1) more than 3			rshin fees a	nd oross	
		receipts from activities related to its charitable, etc., fur					
		its support from gross investment income and unrelate				sses acquired	
		by the organization after June 30, 1975. See section 5	09(a)(2). (Also complet	e the Support Schedule in	Part IV-A.)		
з [An organization that is not controlled by any disqualifie	d persons (other than fo	oundation managers) and	otherwise me	eets the requirer	nents of section
		509(a)(3). Check the box that describes the type of sur	porting organization:				
		Type I Type II	Type III-Fi	inctionally Integrated		Type III-0	ther
		Provide the following information at	out the supported orga	nizations. (See page 7 of	the instruction	ons.)	
		(a)	(b)	(c)	(d)	(e)
		Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines		upported on listed in	Amount of
			number (EIN)	5 through 12 above		porting	support
			, ,	or IRC section)	organi	zation's	
					governing	documents?	
						No	
				 	Yes	No	
			= .				
					<u> </u>		
		···					
				1	_		
						. 1	

33.100 B.5 77 ((Form 990 or 990-EZ) 2006 VSA ARTS OF T	ENNESSEE **	<u> </u>	je.	05-052	8672 Page 3
Part IV	Reason for Non-Private Foundation S	Status (See pages 4 ti	rough 7 of the instruction	s.) ÷		- a
certify that t	he organization is not a private foundation because it is: (Please check only ONE a	pplicable box.)			
5 🔲	A church, convention of churches, or association of ch	urches. Section 170(b)(I)(A)(i).			•
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part	V.)				
7 🔲	A hospital or a cooperative hospital service organizatio	n. Section 170(b)(1)(A)(iii).			
8	A federal, state, or local government or governmental u	nit. Section 170(b)(1)(A)(v).			
9	A medical research organization operated in conjunction and state	n with a hospital. Sectio	n 170(b)(1)(A)(iii). Enter t	he hospital':	s name, city,	
10	An organization operated for the benefit of a college or (Also complete the Support Schedule in Part IV-A.)	university owned or ope	rated by a governmental i	unit. Section	170(b)(1)(A)(iv	·').
11a 🔲	An organization that normally receives a substantial pa	ert of its support from a	novernmental unit or from	the general	nublic	
'''	Section 170(b)(1)(A)(vi). (Also complete the Support		jovernmentar unit or muni	ine general	public.	
11b 🔲	A community trust. Section 170(b)(1)(A)(vi). (Also con		dute in Part IV-A)			
12 🗓	An organization that normally receives: (1) more than :		•	ershio fees la	nd oross	
,,,	receipts from activities related to its charitable, etc., fur	• •	•		•	
	its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5	d business taxable inco	ne (less section 511 tax)	from busine:		
	An organization that is not controlled by any disqualific	d naroana (athar than fa	undation managers) and	othonuico m	note the coouice	monto of postion
13	An organization that is not controlled by any disqualifie	•	unuation managers) anu	omerwise m	eers me require	ments of section
	509(a)(3). Check the box that describes the type of sur		netionally integrated		Type III-	Other
	L Type II	L Type III-ru	nctionally Integrated		туре па-	unei
	Provide the following information at	out the supported orga	nizations. (See page 7 of	the instruction	ons.)	
	(a)	(b)	(c)	(d)	(e)
	Name(s) of supported organization(s)	Employer	Type of organization		upported	Amount of
		identification number (EIN)	(described in lines 5 through 12 above		on listed in porting	support
		number (cm)	or IRC section)		zation's	
				governing	documents?	
	<u></u>		_	Yes	No	
		-				
				-		
		-				
otal						

1.4	Support Schedule (C Note: You may use th	complete only if you che worksheet in the inst	ecked a box on line 10 ructions for co nvention	from the accrual to the		
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	53,263.	51,829.	3,375.	17,552	
-10	Membership fees received	2,555.	3,165.	3,373.	1,04	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of	2,333.	3,103.	202•	1,04.	7,140.
	facilities in any activity that is related to the organization's charitable, etc., purpose	3,277.	19,845.	22,370.	15,96	7. 61,459.
18	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					
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 it or expended on its behalf			_		
21	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					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	59,095.	74,839.	26,130.	34,56	0. 194,624.
24	Line 23 minus line 17	55,818.	54,994.	3,760.	18,59	3. 133,165.
25	Enter 1% of line 23	591.	748.	261.	34	.6.
26	Organizations described on lines 1	0 or 11: a Enter 2% of	amount in column (e), lir	ie 24	▶ 2	26a N/A
b	•			•		
	unit or publicly supported organizati	•	-			(-
	Do not file this list with your return				_	26b N/A
	Total support for section 509(a)(1) t				▶ 2	26c N/A
d	Add: Amounts from column (e) for I	· · · · · · · · · · · · · · · · · · ·			— J.	27/3
		22	26b			26d N/A 26e N/A
e	Public support (line 26c minus line 2 Public support percentage (line 26				·····	
-1	Organizations described on line 12					
27	records to show the name of, and to					
	such amounts for each year:	na amounts roccivou m c	2011 9 021 11 0111, 02011 0104	damed porden. De net i	ne una not man your	1000111, 2.1101 010 0311 01
	(2005) 0	• (2004)	0. (2	.003)	0 • (2002)	0.
b	For any amount included in line 17 th					
	and amount received for each year,	that was more than the la	rger of (1) the amount o	n line 25 for the year or (2) \$5,000. (Include i	in the list organizations
	described in lines 5 through 11b, as	well as individuals.) Do n	ot file this list with your	return. After computing t	he difference betwee	n the amount received and
	the larger amount described in (1) o					
	(2005) 0	(2004)	0. (2	003)	0 . (2002)) 0.
C	Add: Amounts from column (e) for I	ines: 15 _	126,019.	167_	146.	1 404 604
	17 Add: Line 27a total	<u>61,459.</u> 20_			<u> </u>	27c 194,624.
d	Add: Line 27a total		nd line 27b total		<u> </u>	27d 0. 27e 194,624.
e	Public support (line 27c total minus	line 27d total)		N 034	104 624	27e 194,624.
f -	Total support for section 509(a)(2) to Public support percentage (lin					27g 100.0000%
9						$\frac{279}{27h}$ $\frac{100.0000\%}{0000\%}$
28 1	Investment income percentage Unusual Grants: For an organization	n described in line 10, 11	or 12 that received any	inusual grants during 20	02 through 2005, pre	epare a list for your records to
5	show, for each year, the name of the c	ontributor, the date and a	mount of the grant, and a	brief description of the r	nature of the grant. D	o not file this list with your
	return. Do not include these grants in	iine 15. N	ione		s	Schedule A (Form 990 or 990-EZ) 2006

Private School Questionnaile Se (To be completed ONLY by schools that checks quie box so questions and the schools that checks quie box so questions are selected.

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		105	NO 3
	instrument, or in a resolution of its governing body?	29		<u> </u>
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues.	1		1
	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	1	1	
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	+	╅
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		1	
		— <u> </u>		1
		-	1	ļ
		-		
32	Does the organization maintain the following:	-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			+
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	021	+	+-
·	admissions, programs, and scholarships?	320	.	
d		320		<u> </u>
ŭ	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<u>**</u>	+	_
	The first and the treath of the decree, produce explains (it you need in our explains a departure outletter)			
		_		
33	Does the organization discriminate by race in any way with respect to:	_		
a	Students' rights or privileges?	338		
b	Admissions policies?			
C	Employment of faculty or administrative staff?		:	
d	Scholarships or other financial assistance?		<u> </u>	
е	Educational policies?			
f	Use of facilities?			_
g	Athletic programs?	33	Ц	
ħ	Other extracurricular activities?	331	<u> </u>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		i		İ
34 a				-
b		341	<u> </u>	-
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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		

Part VI-A Lobbying	Expenditures by Electing Public Charities (Seepa	42.7			
(10 De completi	ed ONLY by an eligible organization that filed Form 5768)	~ <u>-</u>	ked "a" and "limited com	(apolV.
	mits on Lobbying Expenditures		(a) Affiliated group	To be o	(b) completed for all
(The terr	n "expenditures" means amounts paid or incurred.)		totals	electir	ng organizations
00 Total labbulas ausses die e	influence public opinion to the late.		N/A		
	o influence public opinion (grassroots lobbying)	36			
	o influence a legislative body (direct lobbying)	37			
	add lines 36 and 37)				
	fitures (odd lines 29 and 20)	1 2			
	itures (add lines 38 and 39) Enter the amount from the following table -	40			
If the amount on line 40 is -	The lobbying nontaxable amount is -	1			
	20% of the amount on line 40	1			
	.000 \$100,000 plus 15% of the excess over \$500,000				
	0,000 \$175,000 plus 10% of the excess over \$1,000,000	41			
	100,000 \$225,000 plus 5% of the excess over \$1,500,000		<u> </u>		
	\$1,000,000				
	at (enter 25% of line 41)	42			
	Enter -0- if line 42 is more than line 36				
	Enter -0- if line 41 is more than line 38				
Caution: If there is an amo	unt on either line 43 or line 44, you must file Form 4720.				
· · · · · · · · · · · · · · · · · · ·	Some organizations that made a section 501(h) election do not have below. See the instructions for lines 45 through 50 on page	13 of the	e instructions.)		
	below. See the instructions for lines 45 through 50 on page Lobbying Expenditures Duri	13 of the	e instructions.)		N/A
Calendar year (or fiscal year beginning in)	below. See the instructions for lines 45 through 50 on page	13 of the	e instructions.)		N/A (e) Total
Calendar year (or fiscal year beginning in) > 45 Lobbying nontaxable	below. See the instructions for lines 45 through 50 on page Lobbying Expenditures Duri (a) (b) (c)	13 of the	e instructions.) ar Averaging Period (d)		(e) Total
Calendar year (or fiscal year beginning in) >>> 45 Lobbying nontaxable amount	below. See the instructions for lines 45 through 50 on page Lobbying Expenditures Duri (a) (b) (c)	13 of the	e instructions.) ar Averaging Period (d)		(e) Total
Calendar year (or liscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount	below. See the instructions for lines 45 through 50 on page Lobbying Expenditures Duri (a) (b) (c)	13 of the	e instructions.) ar Averaging Period (d)		(e) Total
Calendar year (or fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e))	below. See the instructions for lines 45 through 50 on page Lobbying Expenditures Duri (a) (b) (c)	13 of the	e instructions.) ar Averaging Period (d)		(e) Total
Calendar year (or fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying	below. See the instructions for lines 45 through 50 on page Lobbying Expenditures Duri (a) (b) (c)	13 of the	e instructions.) ar Averaging Period (d)		(e) Total C
Calendar year (or fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures	below. See the instructions for lines 45 through 50 on page Lobbying Expenditures Duri (a) (b) (c)	13 of the	e instructions.) ar Averaging Period (d)		(e) Total C
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Part VII Information Regarding Transfers To and Transactions and Relationships With Nonchantable Exempt Organizations (See page 13 of the instructions) 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 51a(i) (ii) Other assets a(ii) b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) (ii) Purchases of assets from a noncharitable exempt organization b(ii) (iii) Rental of facilities, equipment, or other assets b(iii) (iv) Reimbursement arrangements b(iv) (v) Loans or loan guarantees b(v) (vi) Performance of services or membership or fundraising solicitations b(vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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: N/A (b) Amount involved (a) (d) Line no. Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements 52 a 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? X No b If "Yes," complete the following schedule: N/A (b) Name of organization Type of organization Description of relationship

Schedule A (Form 990 or 990-EZ) 2006

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