### Form **990-EZ**

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form.

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

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

OMB No. 1545-1150 2007

Open to Public Inspection

Α	For the	2007 calend	lar year	, or tax year	beginning		, 200	7, and e	nding	_		, 20
В	Check if a	applicable:	Please	C Name of c	organization					D Emplo	yer ide	ntification number
	Address		use IRS label or	World Flyin	ng Disc Fede	ration				84	1	1279041
	Name ch	·	print or	Number a	nd street (or P	O. box, if mail is	not delivered to stree	et address)	Room/suite	<b>E</b> Telep	hone nu	ımber
<u>/</u>	Initial reto Terminat		type. See	4730 Table	Mesa Drive				J-200	( 303		447-4384
H	Amended		Specific	City or toy		ountry, and ZIP +	4			F Group		
H		on pending	Instruc- tions.	Boulder, CO		, <u>, ,</u>					er .	
=				•		nevemnt char	itable trusts must	attach	G Acco	4		✓ Cash
	0000	1011 301 (0)(0)				rm 990 or 990-		attaon		r (specify)		Cash Accidal
			646						H Chec	k ▶ <b></b>	if the c	organization
		ite: <u>www.</u>								<b>t</b> required		
J	Organi	zation type (d	check or	nly one)— 🗸	501(c) ( 3	) <b>⋖</b> (insert no.)	4947(a)(1) or	<u> </u>	Sche	dule B (Fo	orm 990	, 990-EZ, or 990-PF).
K			-		. , ,		rganization <b>and</b> its o	-	eipts are nor	mally <b>not</b>	more th	an \$25,000. A return is
L							00 or more, file Form		ead of Form	990-EZ .	▶ \$	35,101.38
	art I						ets or Fund Ba					
	1			•			d				1	0.00
	2										2	1,600.00
		•					and contracts .				3	31,951.82
	3	Investment									4	1,549.56
	l _							1 1		0.00		1,017100
	5a						ry	l l		0.00	-	
ē	b										5c	0.00
	C					-	tract line 5b from lin	-			30	0.00
Revenue	6						nount is from gam	ing, che	ck here			
ě	а		,	_			of contributions	10-1		0.00		
œ		reported o		-				6a		0.00	-	
	b					• .	es			0.00		0.00
	С						es. Subtract line 6	1 _ 1	ine 6a .		6c	0.00
	7a	Gross sale	s of inv	ventory, less	s returns ar	nd allowances	3	7a		0.00	-	
	b	Less: cost	of goo	ds sold .				7b		0.00		
	С	Gross prof	fit or (lo	oss) from sa	les of inver	ntory. Subtrac	t line 7b from line	e 7a .			7c	0.00
	8	Other reve								)	8	0.00
_	9	Total reve	nue. A	dd lines 1,	2, 3, 4, 5c,	6c, 7c, and 8	<u> 3</u>			<u>▶</u>	9	35,101.38
	10	Grants and	d simila	ar amounts	paid (attach	n schedule)					10	0.00
	11	Benefits pa	aid to d	or for memb	oers						11	0.00
es	12	Salaries, o	ther co	mpensation	n, and emp	loyee benefits					12	0.00
enses	13	Profession	al fees	and other	payments t	o independen	t contractors .				13	22,812.50
Expe	14	Occupancy	y, rent,	utilities, an	d maintena	ınce					14	0.00
ш	15		-								15	138.68
	16	Other expe	enses (	describe >	Program s	ervices expens	ses, administrative	expenses	S	)	16	17,299.08
	17	Total expe	enses.	Add lines 1	0 through	16				▶	17	40,250.26
S	18	Excess or	(deficit)	) for the yea	ar. Subtract	t line 17 from	line 9				18	(5,148.88)
Assets	19			-			rom line 27, colu					
As											19	80,405.11
Net	20						explanation)				20	0.00
Z	21						e lines 18 through				21	75,256.23
Р	art II						n (B) are \$250,00					
			(S	See page 60	of the ins	tructions.)			(A) Be	ginning of	/ear	(B) End of year
2	<b>2</b> Cas	sh, savings, a	•	. 0		,				80,405	.11 22	75,256.23
2		, ,									.00 23	
2										0	.00 24	0.00
2		,								80,405		
		· -									.00 26	
2	7 Net	assets or f	und he	alances (line	e 27 of colu	ımn (B) <b>must</b>	agree with line 2	1)		80 405	-	

Name and address   If this amount includes foreign grants, check here   Sand 31   Sand 31   Sand 31   Sand 31   Sand 32   Sand 31   Sand 32   Sand 33   Sand 34   Sa	Form	1 990-EZ (2007)						P	age Z
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title, optional describe the services provided, the number of persons benefited, or other relevant information for each program title, optional described in the persons benefited, or other relevant information for each program title, optional described in the persons benefited, or other relevant information for each program title, optional described in the persons benefited, or other persons benefited, or other persons benefited, or other persons benefited in July 2007 held the first Asian-Oceanic Ultimate Championship in Talwan with six countries competing.  Grants S							Expen	ses	
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28 Organizes world championships for various flying disc sports; in July 2007 held World Overall Championship in Ithiaca, IVI for 60 athletes from around the globe and in November 2007 held the first Asian-Oceanic Ultimate Championship in Talwaw with six countries competing (Grants \$ ) If this amount includes foreign grants, check here	Des	cribe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and cond	ise manner,				
thaca, IV for 60 athletes from around the globe and in November 2007 held the first Asian-Oceanic Ultimate Championship in Talwam with six countries competing (Grants \$ ) If this amount includes foreign grants, check here	des	cribe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	nal for	others	.)
Championship in Taiwan with six countries competing (Crants \$ 1) if this amount includes foreign grants, check here 298 Member of the General Association of International Sports Federations (GAISF), International World Games Association (WGA), and signatory to World Anti-Doping Association (WGA), as tended SportAccord in Beijing in April 2007  [Grants \$ ) If this amount includes foreign grants, check here 298 8,707.74  30 Provides a forum for international governance and growth promotion of flying disc sports for its members associations; 31 regular/associate member countries, 3 organizational members, and 41 provisional/informal members; annual Congress was held in July 2007 in Ithaca, NY  (Grants \$ ) If this amount includes foreign grants, check here 298 8,707.74  31 Other program services (attach schedule)  (Grants \$ ) If this minum tincludes foreign grants, check here 299 300 3,844.62  32 Total program service expenses. Add lines 28a through 31a 32  Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)  (A) Name and address (B) This and average (C) Compensation (D) Contributions to devote the position devoted to position (enter 40-3) deferred compensation other allowances (A) Name and address (B) This and average (C) Compensation (D) Contributions to devote (D) Compensation (D) Contributions to (E) Expense (D) Compensation (D) Contributions to (D) Compensation (D) Contributions to (D) Compensation (D) Contributions to (D) Contributions to (D) Compensation (D) Compensation (D) Contributions to (D) Contribution	28	Organizes world championships for various flying disc s	oorts; in July 2007 held World	<b>Overall Champions</b>	hip in				
(Grants \$ ) If this amount includes foreign grants, check here		Ithaca, NY for 60 athletes from around the globe and in	November 2007 held the first	Asian-Oceanic Ulti	mate				
Association (WGA), and signatory to World Anti-Doping Association (WADA): attended SportAccord in Beijing in April 2007  (Grants \$ ) If this amount includes foreign grants, check here		Championship in Taiwan with six countries competing							
Association (WGA), and signatory to World Anti-Doping Association (WADA); attended SportAccord in Beijing in April 2007  (Grants \$ ) If this amount includes foreign grants, check here		(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▶ 🗆	28a		2,17	<i>1</i> 3.94
Association (WGA), and signatory to World Anti-Doping Association (WADA): attended SportAccord in Beljing in April 2007  (Grants \$ ) If this amount includes foreign grants, check here	29	Member of the General Association of International Spo	rts Federations (GAISF), Intern	national World Gam	es				
(Grants \$ 0. If this amount includes foreign grants, check here		Association (IWGA), and signatory to World Anti-Doping	Association (WADA); attended	SportAccord in Be	ijing				
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associations: 31 regular/associate member countries, 3 organizational members, and 41 provisional/informal members; annual Congress was held in July 2007 in Ithaca, INY (Grants \$ ) If this amount includes foreign grants, check here									
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31 Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here				here	. ▶ □	30a		3,84	14.62
Grants \$   If this amount includes foreign grants, check here					<del> –</del>				
Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)  (A) Name and address (B) Title and average hours per week devoted to position devoted to position devoted to position devoted to position devoted. President, 20 hours  Juha Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  John Jalovaara Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  John Jalovaara Vanhan-Mankaan kuja 1 A		. • ,	udes foreign grants, check	here	. ▶ □	31a			
Part IV   List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)    (A) Name and address   (B) Title and average hours per week devoted to position (If not paid, enter -0)   (D) Contributions to employee benefit plans & decount and other allowances									
(A) Name and address  (B) Title and average house a week devoted to position  (C) Compensation (Iff not paids a deferred compensation (Iff not paids and the railowances  Juha Jalovaara  Vanham-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  Melle Clark  6249 Rue Briand, Montreal, QC, H4E 3K8, CANADA  Kate Bergeron  18257 Cumbres Road, Los Gatos, CA 95033 USA  Treasurer, 15 hours  Other Information (Note the statement requirement in General Instruction V.)  Part V Other Information (Note the statement requirement in General Instruction V.)  Yes No  3 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year?  35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  36 ✓  37 Enter amount of political expenditures, direct or indirect, as described in the instructions.   37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.   37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.   37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.   37 b Interest the political expenditures are also and the railowances and enter allowances.   38 b Interest the political expenditures are also and the railowances.   39 b Interest the political expenditures are also and the							instru	ctions.	)
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Juha Jalovaara       Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND       President, 20 hours       -0-<		(A) Name and address							
Vanhan-Mankkaan kuja 1 A 1, 02180 Espoo, FINLAND  President, 20 hours  -00- Melle Clark  6249 Rue Briand, Montreal, 0C, H4E 3K8, CANADA  Secretary, 10 hours  -00-  Kate Bergeron  18257 Cumbres Road, Los Gatos, CA 95033 USA  Treasurer, 15 hours  -00-  Treasurer, 15 hours  -00-  Treasurer, 15 hours  -00-  Yes No  33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year?  35b	Jul	na Jalovaara	·	,					
Melle Clark 6249 Rue Briand, Montreal, QC, H4E 3K8, CANADA Secretary, 10 hours -00- Kate Bergeron 18257 Cumbres Road, Los Gatos, CA 95033 USA Treasurer, 15 hours -000-  18257 Cumbres Road, Los Gatos, CA 95033 USA Treasurer, 15 hours -0000000000			President, 20 hours	-0-		-0-			-0-
Rate Bergeron   18257 Cumbres Road, Los Gatos, CA 95033 USA   Treasurer, 15 hours   -0-   -0-   -0-   (for other directors, see attached)		<u> </u>							
Treasurer, 15 hours  Other Information (Note the statement requirement in General Instruction V.)  Identify the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  Treasurer, 15 hours  Jesu No  Yes No  33  ✓  34  ✓  35  4  ✓  35  4  ✓  36  ✓  37  Enter amount of political expenditures, direct or indirect, as described in the instructions.   In the organization file Form 1120-POL for this year?  37b  ✓  37b			Secretary, 10 hours	-0-		-0-			-0-
Treasurer, 15 hours   Continue									
Part V Other Information (Note the statement requirement in General Instruction V.)  33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  36 If "Yes," has it filed a tax return on Form 990-T for this year?  37 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00  37b ✓			Treasurer, 15 hours	-0-		-0-			-0-
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b Did the organization file Form 1120-POL for this year?	270	Statement	livest as described in the in	atmustians > 37	 a ∣	0.00			
b bla the organization me form free for the year.							_		1
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			=				070		Ť
	38a						382		1
any outer round made in a prior your and our anjoined at the start of the period devoted by			· · · · · · · · · · · · · · · · · · ·	- 1	return? .		Joa		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	b			00	h				
involved	00				~				
(7(7) 9	39		un line 0	30	a				
<ul> <li>a Initiation fees and capital contributions included on line 9</li></ul>					-				

Form 990-EZ (2007)

year of did it become aware of all excess benefit transaction from a prior year: if Tes, attach an explanation	Yes No
section 4911 ▶	<del></del>
year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	<del></del>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	
d Enter amount of tax on line 40c reimbursed by the organization ▶	
transaction:	0e <b>√</b>
41 List the states with which a copy of this return is filed. ► Colorado	
42a The books are in care of ▶ Robert L. Rauch Telephone no. ▶ (.914.)	238-5023
Located at ► 15 Kerry Lane, Chappaqua, NY ZIP + 4 ► 105	14-1606
If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►   43	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has sign  Here    Note	
Paid Preparer's Preparer's Preparer's Preparer's Preparer's SSN or PTI Self- employed  □ Preparer's SSN or PTI	N (See Gen. Inst. X)
Use Only   Firm's name (or yours   Firm's name (or you	
address, and ZIP + 4  Phone no. ► ( )	

Form **990-EZ** (2007)

# **World Flying Disc Federation** EIN: 84-1279041

Addendum to Part IV, Form 990-EZ, 2007

Names and Information on Additional Members of the Board of Directors

(A) Director Name/Address	(B) Title/ Hours	(C) Compensation	(D) Contribution	(E) Exp Acct
Ruediger Veitl Hansastr. 109, 81373 Muenchen, GERMANY	Director, 15 hours Team Events Chair	-0-	-0-	-0-
Harvey Brandt 1717 E. Tuckey Lane, Phoenix, AAZ, 85016, USA	Director, 10 hours Individual. Events Ch	-0- nair	-0-	-0-
Todd Demetriades 390 N. Orange Avenue, Ste 1500, Orlando, FL, 32801, USA	Director, 5 hours	-0-	-0-	-0-
Rebecca Forth, (UK) 10 Hafer Road, London, UK	Director, 5 hours	-0-	-0-	-0-
Jesus Loreto (Venezuela) Caracas, Venezuela	Director, 5 hours	-0-	-0-	-0-
Fumio Morooka (Japan) 5-15-21 Fukasawa, Setagaya-Ku, Tokyo 158-0081, JAPAN	Director, 5 hours	-0-	-0-	-0-
Jonathan Potts (Australia) 202 Chapel Hill Road, Chapel Hill, Qld., 4069, AUSTRALIA	Director, 5 hours	-0-	-0-	-0-
Robert L. "Nob" Rauch (USA) 15 Kerry Lane, Chappaqua, NY 10514-1606, USA	Director, 5 hours	-0-	-0-	-0-
Stef Stevens (Mozambique) Francisco Barreto 78-124, Sommershield, Maputo, MOZAMBIQ	Director, 5 hours UE	-0-	-0-	-0-

#### **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.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation of the Five High (See page 1 of the instructions.				ind Trustees
(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
Total number of other employees paid over \$50,000 .	•			
Part II-A Compensation of the Five High (See page 2 of the instructions. Lie				
(a) Name and address of each independent contract	or paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>			
Part II-B Compensation of the Five High (List each contractor who performs. If there are none, enter "No	med services other than p	orofessional serv		lividuals or
(a) Name and address of each independent contract	or paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services	-			

Pai	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.)		
	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.		
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.)		
а	Sale, exchange, or leasing of property?		
b	Lending of money or other extension of credit?		
С	Furnishing of goods, services, or facilities?		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		
е	Transfer of any part of its income or assets?		
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		
b	Did the organization have a section 403(b) annuity plan for its employees?		
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		
b	Did the organization make any taxable distributions under section 4966?		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Pa	rt IV	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	tions.)
I ce	rtify that	the organization is not a privat	te foundation bec	ause it is: (Please check	only <b>ONE</b> ap	plicable box.)	
5	☐ A (	church, convention of churches	, or association of	of churches. Section 170	(b)(1)(A)(i).		
6	☐ A s	school. Section 170(b)(1)(A)(ii). (	Also complete Pa	art V.)			
7	A h	nospital or a cooperative hospit	tal service organiz	zation. Section 170(b)(1)(	(A)(iii).		
8	☐ A f	ederal, state, or local governme	ent or governmer	ntal unit. Section 170(b)(	1)(A)(v).		
9		nedical research organization o d state ▶					
10		organization operated for the best complete the <b>Support Sche</b> d		or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv
11a	_	organization that normally recei 0(b)(1)(A)(vi). (Also complete the			a governmenta	l unit or from th	e general public. Sectio
11b	☐ A 0	community trust. Section 170(b)	)(1)(A)(vi). (Also co	omplete the Support Sc	<b>hedule</b> in Part	IV-A.)	
12	fro fro	organization that normally receim activities related to its charitam gross investment income anganization after June 30, 1975.	able, etc., function nd unrelated busin	ns—subject to certain ex ness taxable income (les	cceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3% of its suppor sinesses acquired by th
13		organization that is not control quirements of section 509(a)(3).	Check the box the	nat describes the type o	f supporting o	rganization:	
		Type I ☐ Type II	∐Type I	III-Functionally Integrate	ed L	JType III-Othe	er
		Provide the following infor	rmation about th	e supported organizat	ions. (See pag	ge 8 of the inst	ructions.)
Na	ame(s) c	(a) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support
					Yes	No	
Tota	al					•	
							ı
14	☐ An	organization organized and op	erated to test for	public safety. Section 5	609(a)(4). (See	page 8 of the	instructions.)

	t IV-A Support Schedule (Complete onl : You may use the worksheet in the instructions					
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do	(,,	(4)		(1)	(4)
	not include unusual grants. See line 28.) .					
16	Membership fees received					
17	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					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, 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					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24	▶ 2	6a
b	Prepare a list for your records to show the nar governmental unit or publicly supported organiamount shown in line 26a. <b>Do not file this list w</b>	zation) whose tota	al gifts for 2003 th	hrough 2006 exce	eded the	6b
С	Total support for section 509(a)(1) test: Enter li				▶ 2	6c
d	Add: Amounts from column (e) for lines: 18 22				▶ 2	6d
e f	Public support (line 26c minus line 26d total) <b>Public support percentage (line 26e (numera</b>					6e %
27	Organizations described on line 12: a For person," prepare a list for your records to show <b>Do not file this list with your return.</b> Enter the	the name of, and	total amounts red	ceived in each yea		
	(2006) (2005)		. (2004)		. (2003)	
b	For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	year, that was mo 5 through 11b, as the larger amoun	re than the larger well as individuals. t described in (1)	of (1) the amount ) <b>Do not file this li</b> or (2), enter the s	on line 25 for the st with your re um of these di	ne year or <b>(2)</b> \$5,000. <b>turn.</b> After computing fferences (the excess
	(2006) (2005)		. (2004)		. (2003)	
С	Add: Amounts from column (e) for lines: 15  17 20				▶ 2	7c
d		and line 27b tota				7d
е	Public support (line 27c total minus line 27d to				▶ 2	7e
f	Total support for section 509(a)(2) test: Enter a					-
g	Public support percentage (line 27e (numera Investment income percentage (line 18, colu					7g %
h				•		7h %
28	<b>Unusual Grants:</b> For an organization described prepare a list for your records to show, for ear description of the nature of the grant. <b>Do not</b>	ch year, the nam	e of the contribu	itor, the date and	I amount of th	ne grant, and a brief

## Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(10 be completed one) by concold that oneofice the box on line o in 1 are 14)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
c	basis?	32c 32d		
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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	1	

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by ar					nstructi	ons.)	
Chec	k ▶ a ☐ if the organization belongs to an affilia					limited co	ntrol"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea				А	(a) ffiliated gre totals	oup	(b) To be completed for all electing organizations
26	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			36			0.9020.010
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis		,	· · ·	37			
38	Total lobbying expenditures (add lines 36 and	• •	,		38			
39	Other exempt purpose expenditures	,			39			
40	Total exempt purpose expenditures (add lines				10			
41	Lobbying nontaxable amount. Enter the amour							
	, ,	obbying nontaxa	•					
	Not over \$500,000 20%	of the amount on	line 40	)				
	Over \$500,000 but not over \$1,000,000 . \$100,	000 plus 15% of th	ne excess over \$5	500,000				
	Over \$1,000,000 but not over \$1,500,000 . \$175,000	000 plus 10% of the	e excess over \$1,0	000,000 } 🚅	11			
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of the	e excess over \$1,5	500,000				
		0,000						
42	Grassroots nontaxable amount (enter 25% of I			· · · ⊢	12 13			
43	Subtract line 42 from line 36. Enter -0- if line 4			–	14 14			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38	· · · F	***			
	Caution: If there is an amount on either line 43	3 or line 44, you n	must file Form 47	'20.				
	4-Year Av	eraging Perio	d Under Secti	ion 501(h)				
	(Some organizations that made a section See the instructions f	on 501(h) election	do not have to	complete all of		e colum	ns be	elow.
		Lob	bying Expenditu	ıres During 4	-Year	Averagin	g Pe	riod
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2007	<b>(b)</b> 2006	(c) 2005		<b>(d)</b> 2004		<b>(e)</b> 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							
Pa	t VI-B Lobbying Activity by Nonelection (For reporting only by organization)			Part VI-A) (S	see pa	ge 14 d	of the	e instructions.)
Durii	ng the year, did the organization attempt to influ	uence national, st	ate or local legis	lation, includir	ng any	Yes	No	Amount
	npt to influence public opinion on a legislative n		_					
а	Volunteers							
b	Paid staff or management (Include compensati							
С	Media advertisements							
-								
d	Mailings to members, legislators, or the public							
е	Mailings to members, legislators, or the public Publications, or published or broadcast statem	ients						
e f	Mailings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purp	ents						
e f g	Mailings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gov	nents	or a legislative b	oody	 			
e f	Mailings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purp	nents	or a legislative tres, or any other	oody	 			

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51					following with any other organization descr on 527, relating to political organizations?	bed in s	section		
_						Yes	No		
а				to a noncharitable exempt orga	51a				
(i) Cash					a(i	``			
b		(i) Sales or exchanges of assets with a noncharitable exempt organization							
		_		itable exempt organization		_			
				ner assets					
	(iii)								
	(iv)								
					h/s				
_				ship or fundraising solicitations					
C		_		sts, other assets, or paid employ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-f +b		
d	goo	ds, other assets, o	r services given by	the reporting organization. If the	Column (b) should always show the fair marked organization received less than fair markeds, other assets, or services received:	t value	in any		
			Trangement, snow ii						
	a)	<b>(b)</b> Amount involved	Name of none	(c) charitable exempt organization	(d)  Description of transfers, transactions, and sharing	arrangon	onte		
LITTE	no.	Amount involved	Name of florid	chantable exempt organization	Description of transfers, transactions, and snaming	arrangen	ients		
	des	cribed in section 50 (es," complete the	01(c) of the Code (	other than section 501(c)(3)) or i		ſes [	No		
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship				