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 Tressury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state rej

Open to Public

	Α :	ror the 2007	calendar	year, or tax year i	æginnin	2 12	-01	2007	and en	-in-		arements.		pection
	8 0	heck if applicable:	Please	C Name of propolars					and au	aing		-30	, 20 08	
		ddress change	use IRS label or	Murfreesh	und 1	Boysa G.	Je C		1-		D En	ployer ident	Moatton n	wmber
		iame change	print or type.	Same and the property	(OF P.U. D)	OX if mail is not do	divorant to	ccer	<i>45</i> 5		<u>58</u>	11410	388	
	☐ In	itial return	500	4.0. Box 14	15		HISES GOT IN I	weet acco	ress) F	oom/suite	ETe	ephone num	ber	**************************************
	□ Te	ermination	Specific instruc-	City or town, state	or country	and ZIP + 4						}		
		mended return	tions.	Murtreesbo	~ h ~ 1	T 24/23	1415				F Acc	ounting method:	KT Cash	Accrus
		plication pending	• Sec	tion 501/el/3) granni		<u> </u>	7774					Other (speci	ful 🌦	-
			trus	tion 501(c)(3) organi; ts must attach a con	cations a pieted Sc	no 4947(a)(1) no shedula A Æorm	mexempt	charitebl	e Ha	nd I are no	t applic	able to section	n 527 oras	anizations.
	G W	ebsite: >					OUT OF BUIL	reej.	LION CONTRACT	1 18 mis 8 (aronb se	turn for attilla	tes?	Yes X No
				- • • • • • • • • • • • • • • • • • • •			***	····			enter ni	mber of affilia		
	<i>9</i> 07	yanızanın type	(check or	nly one) 🕨 🔀 501(c)	(3) ×	(insert no.) [] 4	947(a)(1) o	. ☐ 52°	7 FT(G)	Are all aff	Mades H	tcluded? list. See instr	C	Yes 🗌 No
ł		M24.71 [REM18] P	n add th	Manisolina in u.s						ls this a co	moroża e	nar. See gist sturn filed by a	uctions.}	
	rec to t	Repts are normal	iy not mor	e then \$25,000. A return.	n is not re	quired, but if the	organizatio	sa grooss Sacricia	.	organizatio	riperato ;;	d by a group r	m edina? [™]	Yes T No
-			IOIO IO INS	a complete return.			-			Group Ex	emntion	Number ▶	A1191 T"	[] 110
Ł	. Gr	oss receipts: A	Add lines	6b, 8b, 9b, and 10t	. A. 11				M	Check >	. [7]	If the organi	rotton to .	
ı	part	Reven	ue. Eyr	ances and Ch.) to line	154/3	17.85			to attach	Sch. B	(Form 990,	690-EZ. o	r 890-PF). rot reguired
_		1 Contribu	Hono of	enses, and Che	uiñas i	n Net Asset	s or Fu	nd Bal	ances	(See the	e insti	uctions.)		
			······· , y,	TO MENICAL BIND B	miiar ar	nounts receive	ed:	,					***************************************	
	.	b Direct pu	duis to	donor advised fu	nds .			a						
			mic sub	port (not included	d on line	:1a) , , ,	1	b						
		c indirect p	MONG SU	ipport (not include	ed on lir	ne ta) . , .	. , <u>[_1</u>	<u>c </u>						
	1	d Governm	ent cont	tributions (grants)	(not Inc	luded on line	1a) 1	d						
	١,	A 10189 (SOC	ımes 10	a through 1d) (cast	? \$.		annach d			1	1e			
	2	r Ltodiani s	service r	evenue includina a	overnme	int fees and co	ontracts (rom Pa	rt VII. II	ne 93)	2		······································	
	3	************	inh ance	s and assessinen	S					00,	3	13903	30 211	
	4	Interest o	n saving	is and temporary	cash in	/estments		• •	• •		4	1-10	20, 37	·
	5	. Dividende	end int	erest from securit	ies .			• •	• •		5	20	99.71	7
	6						6	<u>.</u>	• •		-		77. /	
		b Less: rent	al expe	nses			6t			······································	1	<u></u>		
	I	c Net rental	income	or (loss). Subtrac	t line 61	from line 6a					6c			
4	7	Outer mye	siment	income (describe	.		. ,	• •	• •	· · ;	7	<u></u>	# * 4	
Revenue	8.	a Gross am	ount fro	m sales of assets	other _	(A) Securities	3	(E) Other	······································	 			<u></u>
æ		than inven			[- 8e				1			
	1 "	D Less: cost o	or other b	asis and sales expe	enses. 📖	·	Bb				1			
	1	Gain or (io	ss) (atta	ch schedule)	٠. ـ ـ	····	8c							
	I .	d Netgain or	(loss). (Combine line 8c, co	olumns (A) and (B)					8d			
	9	Special ever	nts and a	ctivities (attach sche	dule). If a	iny amount is fr	om gami	a. chec	k here	▶ □				
	ļe	A CHOSSIEVE	mue (no	r includina S			~f	0,	,]			
	١.	contributio	ns repo	rted on line 1b).			. 9a	1						
		Less: Cirec	x expen	ses other than fu	ndrajalne	1 AVAGAGGG	gh							
	40-	Net income	or (los:	s) from special ev	ents. St	ibtract line 9b	from lin	e 9a			9c			
		Chross sense	S OF HIME	intory, less return:	s and al	lowances .	. 10a	126						
	b		of good	s sold.			. 10b	8-	100.5	5	1			
	4.4	Gross profit	or (loss) f	rom sales of invento	ny (ettaci	h schedule). Su	btract line	10b fro	m line 1	Oa	10c	<u>429</u>	7.20	
-	11 12	- · · · · · · · · · · · · · · · · · · ·	TOTAL STREET	ICE COMPANIE VIII. BIFING 231.	41					.	11		<u>/ 44 C</u>	
-		. real teagl	ns. 400	lines 1e, 2, 3, 4, 5	, 6c, 7, i	8d, 9c, 10c, ar	nd 11 .	<u> </u>			12	141. 2	- 17.30	}
,	13	Program se	rvices (f	rom line 44, colur	nn (B))						13	133 4	41 -	
!	14	Manageme	nt and g	enerel (from line	14, colu	mn (C))			٠.	· • }	14	I	11.30	h
	15	Fundralsing	(from II)	пе 44. column (D)	ì			• • •	٠.	· · †	15			4
	16	Payments to	o affillate	es (attach schodu	lal					• • -	16			
4	17	Total exper	nses. Ac	dd lines 16 and 4	4, colum	ın (A)				•	17	192.1.	160	
ı	16	Excess or (d	deficit) fo	or the year. Subtra	act line	17 from line 1	9	11121112			18	13344		
	19	Net assets (or tund l	balances at healn	nina of	vanr Homm tim	- 701	emn (A)		• • •	19	164 8 8	3.40	***************************************
	20	Out of Griding	tao ni ik	n assem of mon	SAIBNAU	e (attack avel	funitary		"· ·		20	175 49		
-	21	1401 000010 0	FUND D	alances at end of y	ear. Co	nbine lines 18	, 19, and	20			21	100 3	******	
r f	rivac	ev Act and Pa	Mannes	Deducation 4								1883	(3.Of	

(cash \$ If this amount inc. 22b Other grants a (cash \$ If this amount inc. 23 Specific assis schedule) . 24 Benefits paid schedule) . 25a Compensation key employees b Compensation lineluded above defined under sidescribed in second included above defined under sidescribed in second inc. 25a Compensation lineluded above defined under sidescribed in second inc. 25a Salarles and was on lines 25a, b, and 25a - 27 Pension plan of lines 25a, b, and 25a - 27 Payroli taxes Professional fur Accounting fees Legal fees Supplies Telephone Postage and shoccupancy Equipment rental Printing and put Travel Conferences, collinerest Depreciation, de Other expenses	t include amounts reported on line b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(6) Program services	(C) Management and general	(D) Fundreis
If this amount inc Other grants a (cash \$ If this amount inci Specific assis schedule) Benefits paid schedule) Compensation key employees Compensation lucluded above defined under s described in se Salarles and wa on lines 25a, b, Pension pian of lines 25a, b, and Employee ben 25a - 27 Payroli taxes Professional fur Accounting fees Legal fees Supplies Telephone Postage and sh Occupancy Equipment renta Printing and put Travel Conferences, co Interest Depreciation, de Other expenses Officiation Membersh	ald from donor advised funds (attach schedule)			······	**************************************	
other grants a (cash \$ / (noncash \$j		}			
(cash \$ If this amount incl Specific assis schedule) Benefits paid schedule) Compensation key employees Compensation line and the schedule	ount includes foreign grants, check here 🕨 🗓] <u> 22</u>	a			
If this amount inci Specific assis schedule) Benefits paid schedule) Compensation key employees Compensation line and a schedule Counting fees Counting fees Counting fees Counting fees Counting and put Conferences, counting fees Conferences, counting and put Conferences, counting and	rants and aliocations (attach schedule)		į			
Specific assis schedule) Benefits paid schedule) Compensation key employees Compensation line and a schedule above defined under a described in se Salarles and wa on lines 25a, b, and line	noncash \$,				
schedule) Benefits paid schedule) Compensation key employees Compensation key employees Compensation included above defined under sidescribed in se Salarles and was on lines 25a, b, and 25a - 27 Pension plan or lines 25a, b, and 25a - 27 Payroli taxes Professional fur Accounting fees Legal fees Supplies Telephone Postage and sh Occupancy Equipment rents Printing and put Travel Conferences, countries Conferences	ount includes foreign grants, check here 🕨 🗀] 221	<u> </u>			
schedule) Schedule) Compensation key employees Compensation level employees Compensation level employees Compensation level employees Compensation level employees Schedule employees Salarles and ware on lines 25a, b, and lines 25a, b, and lines 25a, b, and lines 25a, b, and lines 25a, c, and lines 25a, c, and lines 25a, b, and lines 25a, b, and lines 25a, b, and lines 25a, b, and lines 25a, c, and lines 25a, b, and lines 25a, b, and lines 25a, b, and lines 25a, b, and lines 25a, c, and lines 25a, b, and	assistance to individuals (attach	23				
key employees b Compensation key employees c Compensation included above defined under s described in se 6 Salaries and wa on lines 25a, b, 7 Pension plan o lines 25a, b, and 8 Employee ben 25a - 27 Payroli taxes Professional fur Accounting fees Legal fees Supplies Telephone Postage and sh Occupancy Equipment rente Printing and put Travel Conferences, co interest Depreciation, de Other expenses a Officialing Computer SA Co	paid to or for members (attach	24			***	
key employees c Compensation Included above defined under s described in se de	sation of current officers, directors, bloyees, etc. listed in Part V-A	25a				
Included above defined under a described in se described in se	sation of former officers, directors, loyees, etc. listed in Part V-B	25b				
Included above defined under a described in se described in se Salarles and wa on lines 25a, b, pension plan or lines 25a, b, and Employee ben 25a - 27 Payroli taxes Professional fur Accounting fees Legal fees Supplies Telephone Postage and sh Occupancy Equipment rents Printing and put Travel Conferences, collinerest Depreciation, de Other expenses Official in the Conferences of Interest Depreciation, de Other expenses Official in the Conferences of Interest Depreciation, de Other expenses Official in the Conferences of Interest Depreciation, de Other expenses Official in the Conferences of Interest Depreciation, de Other expenses Official in the Conferences of Interest Depreciation, de Other expenses of Interest Depreciation, de Conferences of Interest Depreciation, de Conferences of Interest Depreciation, de Conferences of Interest Depreciation de Conferences of Interest	sation and other distributions, not					***************************************
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on lines 25a, b, Pension plan of lines 25a, b, and Employee ben 25a - 27 Payroli taxes Professional fur Accounting fees Legal fees Supplies Telephone Postage and sh Occupancy Equipment rente Printing and put Travel Conferences, con Interest Depreciation, de Other expenses Afficiation Compacts Compac	and wages of employees not included		<u> </u>			***************************************
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## Employee ben 25a - 27 ## Payroll taxes ## Professional fur ## Accounting fees ## Legal fees ## Telephone ## Postage and sh ## Occupancy ## Equipment rente ## Printing and put ## Travel ## Conferences, co ## Interest ## Depreciation, de ## Other expenses ## Accounting fees ## Depreciation, de ## Other expenses ## Accounting fees ## Depreciation, de ## Other expenses ## Accounting fees ## Depreciation ## Other expenses ## Accounting fees	plan contributions not included on , b, and c	27				<u></u>
25a - 27 Payroli taxes Professional fur Accounting fees Legal fees Supplies Telephone Postage and sh Occupancy Equipment rente Printing and put Travel Conferences, collinerest Depreciation, de Other expenses Afficiation Members Supplies Refundat Ref	e benefits not included on lines					
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Professional fur Accounting fees Legal fees Supplies Telephone Postage and sh Occupancy Equipment rente Printing and put Travel Conferences, collinterest Depreciation, de Other expenses Afficiation Membersh	exes	29				
Accounting fees Legal fees Supplies Telephone Postage and sh Cocupancy Equipment renta Printing and put Travel Conferences, collinterest Depreciation, de Other expenses Afficiation Membersh Company Equipment renta Conferences, collinterest Conferences,	onal fundraising fees	30				***************************************
Supplies Telephone Postage and sh Cocupancy Tequipment rents Printing and put Travel Conferences, co Interest Depreciation, de Other expenses Officialine Membersh Complies t Refunds TRef	ng fees	31				
Telephone Postage and sh Coccupancy Equipment rents Printing and put Travel Conferences, co Interest Depreciation, de Other expenses Afficiating Membersh Complies t Refunds TRe	8	32	··········			
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6 Occupancy 7 Equipment rente 8 Printing and put 9 Travel 9 Conferences, co 1 Interest 1 Depreciation, de 9 Other expenses 1 Afficiation 1 Members 1 Supplies t 1 Refunds 7 Ref	e	34				
Printing and put Travel Conferences, co Interest Depreciation, de Other expenses Officiating Membersh Gupplies t Refunds TRe	and shipping	35				
Printing and put Travel Conferences, co Interest Depreciation, de Other expenses Afficiation Membersh Gupplies t Refunds TRe		36			<u> </u>	······································
Travel Conferences, collinterest Depreciation, de Other expenses Afficiation Uniforms Membersh Gupplies t Refunds TRe	nt rental and maintenance	37		<u> </u>		***************************************
Conferences, confe	and publicationa	38				
Interest Depreciation, de Other expenses Afficiation Uniforms Membersh Gupplies t Refunds TRef		39				
Depreciation, de Other expenses Afficiation Uniforms Members Me	ces, conventions, and meetings	40				····
other expenses officiation buniful ms c Membersh d Supplies t e Retundat Ret		41				
e Officiations b Uniforms c Membersh d Supplies + e Refunder Re	ion, depletion, etc. (attach schedule) penses not covered above (itemize):	42	·			
b Uniforms c Membersh d Supplies t e Refundat Ref	. 1.	43a	34665,72	34665.72	İ	
c Membersh d Supplies + e Retundar Re t	, J	43b	48454,50	4845450	······································	·····
d Supplies + e Refundat Re t	rms Ership Fees	43c	7520.00	79.75.7.50 7520.00		······································
f 9	ins + Other Evorage	43d	3932628	39326.28		
f 9	ies + Other Expenses 167 Return exs	43e	3475.00	3475,00		······································
8		431	G4 /310+	37/3/0		·
•		43g	**************************************			
through 43g. columns (B)-(D),	ctional expenses. Add lines 22a 43g. (Organizations completing (B)-(D), carry these tofals to lines		133441-50	133441.50		
Int Coete Chack	neck ► ☐ if you are following SOP		<u> </u>	(33441,32)	<u>ll</u>	,

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.

٧	/hat is the organization's primary exempt purpose? ▶	Program Service
	Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number f clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and eligentics to others.	Expenses (Required for 501(c)(3) as
1	Provide Soccer Experience for approximately 2000 Children	
		أكاله مد
		133441.50
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	#
ł	***************************************	

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ []	
C	7 is this direction receiping grains, check note > []	
	######################################	
	(Grants and allocations \$) if this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants check have \$	
e	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	,
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	133441.50

Form 990 (2007)

P	art IV	Balance Sheets (See the instructions.)			
	lote:	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
	45	Cash-non-interest-bearing	118548.26	45	15562.88
	46	Savings and temporary cash investments	56944.95	46	<i>3</i> 7625,53
	470	Accounts receivable			
		Less: allowance for doubtful accounts . 47b		47c	
				1	
		Pledges receivable			
		Less: allowance for doubtful accounts . 48b	######################################	48c	
	49	Grants receivable		49	
	SOM	key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		1001	
	_	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
Assets		schedule)			
SS		Less: allowance for doubtful accounts . 51b		51c	
	52	Inventories for sale or use		52 53	
	53 54a	Prapaid expenses and deferred charges		54a	
İ		Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV ☐ Cost ☐ Cost ☐ FMV ☐ Cost ☐ Cost ☐ Cost ☐ FMV ☐ Cost ☐ Co		54b	
		Investments—land, buildings, and		1 1	
		equipment: basis			
		Less: accumulated depreciation (attach schedule)		55c	
	56	investments—other (attach schedule)		66	
		Land, buildings, and equipment: basis . 578			
I		Less: accumulated depreciation (attach			
1		schedule)		57c	
		Other assets, including program-related investments		20	
Ì	59	(describe ►	175493.21	58	53 188.41
7		Accounts payable and accrued expenses		60	
- 1		Grants payable		61	
		Deferred revenue		62	
9	63	Loans from officers, directors, trustees, and key employees (attach		_	
abilities		schedule)		63	
3		Tax-exempt bond liabilities (attach schedule)	······································	54a 64b	
- 1		Mortgages and other notes peyable (attach schedule)	***************************************	65	······································
		Action (maintain factorisms &			,
	66	Total lisbilities. Add lines 60 through 65		66	
l	Orga	nizations that follow SFAS 117, check here ▶ □ and complete lines			
g		67 through 69 and lines 73 and 74.	incides of		53188.4/
		Unrestricted	175493,21	67 68	33/44-7/
		Temporarily restricted	,	69	
		Permanently restricted			
Het Assets of Fund Balances		complete lines 70 through 74.			
5		Capital stock, trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	70	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
9		Pald-in or capital surplus, or land, building, and equipment fund		71	
3		Retained earnings, endowment, accumulated income, or other funds		72	
¥ .		Total net assets or fund balances. Add lines 67 through 89 or lines			
2		70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73	
		Total liabilities and net essets/fund balances. Add lines 66 and 73	175493.21	74	53188.41

F/E	rt IV-A	Reconciliation of Revenue per a instructions.)	Audited Financial State	ments With Re	venue p	er Re	turn	(See the
а	Total rev	enue, gains, and other support per a	udited financial statemen			a		146 327.30
b	Amounts	Included on line a but not on Part I,	line 12:				T	
1		alized gains on investments		b1				
2	Donated	services and use of facilities		b2			l	
3	Recoveri	es of prior year grants		b3		7	ļ	
4	Other (sp	pecify):	- · · · · · · · · · · · · · · · · · · ·			~	1	
		• • • • • • • • • • • • • • • • • • • •		b4		j		
	Add lines	b1 through b4				b	<u> </u>	- ガー
C	Subtract					C		146327.30
d		Included on Part I, line 12, but not o						
1		nt expenses not included on Part I, I		d1		_	l	
2	Other (sp	ecify):				l	1	
				d2	····	_[
_	Add lines	d1 and d2				d	 	-0-
e	TOTAL TEV	enue (Part I, Ilne 12). Add Ilnes c and	1 d		<u></u> ►	e		46327.30
l'G!	rt IV-B	Reconcilietion of Expenses per		ements With Ex	penses	per F	letu	
æ		enses and losses per audited financi				a	ļ	133441.50
b		included on line a but not on Part I.					1	
1		services and use of facilities		<u>b1</u>		-		
2		adjustments reported on Part I, line		b2		-	l	
3		ported on Part I, line 20		b3	·····	4		
4	Other (sp	ecify):				l	ĺ	
				b 4		╡.		-0-
		b1 through b4				b	ļ	
C						C	ļ	133441.50
ď		included on Part I, line 17, but not of		العاسا			1	
		nt expenses not included on Part I, li		d1		1		
2	Other (sp	eclfy):		-10			1	
				d2		١.,	ļ	- 70 -
		d1 and d2	nd d			d	 	33441,50
Dar	· · · · · · · · · · · · · · · · · · ·	Current Officers, Directors, Truste		 				
	_	or key employee at any time during the	year even if they were not	compensated.) (S	es the in:	structi	ons.)	, onector, trustee,
			(A)	(C) Compensation	(D) Contribut	ions to ex	nnlovae	(E) Expense account
		(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)		ns & dele Sation pla		and other allowances
70	ou Rok	ornson						
E12	Gari	fan: a	President	-0-	- 0	,		-0-
M	Waree.	denia s buro, TN						
		•	1					***************************************
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4	20 For	rest Pointe DR	TREASUYER	-0-	- O	,		- 9-
Mi	utvers	buro . Tid 37/30						
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			Secretary	-0-	-0			- O ~
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			1					

F	art V-A Current Officers, Directors, Trustee	s, and Key Employ	ees (continued)			Tve	s No
7:	Sa Enter the total number of officers, directors, and t meetings			on business at board			3
	b Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hi contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that id	ghest compensated II-B, related to eac lentifies the individuals	professional and h other through and explains the	other independent family or business relationship(s)	751	b	×
	c Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, th the definition of "related organization." If "Yes," attach a statement that includes the infed Does the organization have a written conflict of it	Part I, or highest of Part II-A or II-B, rea at an eleted to the commation described in	ompensated proceive compensatorganization? See	fessional and other ion from any other the instructions for	750		X
12	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I	Received Comper	accribed baland during	- 45	lf any	Elma din
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & defensed compensation plans	BCCO	Expe	d other
	<i>M</i> /A						
**							
							······································

							·····
	***************************************					**************************************	
		- W. A. A.					······
· • • •			#	***************************************			
	t VI Other Information (See the Instructions					Yes	No
76	Did the organization make a change in its activitie detailed statement of each change	, , , .			78		X
77	Were any changes made in the organizing or gove if "Yes," attach a conformed copy of the changes.		•		77		
	Did the organization have unrelated business grosthis return?	,			78a		X
0 19	If "Yes," has it filed a tax return on Form 990-T to Was there a liquidation, dissolution, termination, or				78b		<u> </u>
lOa	a statement				79		<u>X</u>
	common membership, governing bodies, trustee organization?	es, officers, etc., to	any other exem	pt or nonexempt	60a		<u> </u>
b	if "Yes," enter the name of the organization ▶	nd abade what is to				ľ	
18	Enter direct and Indirect political expenditures, (Se	e line 81 instructions.	exempt or				_/

Form 990 (2007)

	art VI Other Information (continued)		Ye	8 No
82	Did the organization receive donated services or the use of materials, equipment, or fecilities at no charge or at substantially less than fair rental value?	92a		
İ	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.)			
83	a Did the organization comply with the public inspection requirements for returns and exemption applications?	┪"	L/	- [
;	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83a 83b	سرسيكية	+
84	Did the organization solicit any contributions or gifts that were not tex deductible?	84a	//	1
1	b if "Yes," did the organization include with every solicitation en express statement that such contributions or		1	1
	Aura mate upt tax dedrictible.	846	LΔ	//A
858	501(c)(4), (5), or (6). Were substentially all dues nondeductible by members?	85a	N/	A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	<u> </u>	$\bot X$
	If "Yes" was enswered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			ľ
•	Pitto appropriate and electric annual frame.		j	1
	Social Section 162(e) lobbying end political expenditures	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	1	Ì	l
f	Taxeble amount of lobbying and politicel expenditures (line 85d less 85e) 85f]		
g	Does the organization elect to pey the section 6033(e) tax on the amount on line 85f?	85g	<u> </u>	<u> </u>
ħ	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 yeer?	85h		X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		•	
87	Gross receipts, included on line 12, for public use of club facilities			1
	501(c)(12) orgs. Enter: a Gross Income from members or shareholders			}
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	At any time during the year, did the organization own e 50% or greater interest in e taxable corporation or partnership, or an entity disregarded as separate from the organization under Reguletions sections 301.7701-2 end 301.7701-37 if "Yes," complete Part iX.	68a		X
	At eny time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tex imposed on the organization during the year under: section 4911 ▶; section 4955 ▶			
đ	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 eware of en excess benefit transaction from a prior year? If "Yes," attach a statement expleining each transaction	89b		Χ
C	Enter: Amount of tax imposed on the organization managers or disqualified			
.3	persons during the year under sections 4912, 4955, and 4958	#		
	Enter: Amount of tax on line 89c, above, reimbursed by the organization .	l		
t	All organizations. At any time during the tax year, was the organization e party to e prohibited tax shelter trensaction?	89e	ļ	Y
f		89f		Ÿ.
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at eny time during the year?	89g		<u>X</u>
	Number of employees employed in the pay period that includes March 12, 2007 (See			
	instructions.)	7 -		
₹1a	instructions.) The bonks are in care of ▶ Doxis Knox Located at ▶ 420. Forcest Points De. Murfcresburg. 70 Telephone no. ▶ (6/5) ≥ ZIP + 4 ▶ 37/30	396-	5/	77.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		······································	
	over a financiel account in e foreign country (such es a bank eccount, securities eccount, or other financial		Yes ,	No
	account)?	91b		Δ
	Ses the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		WHO THE PARTY OF T	

Par	Other Information (continued)					Yes No
C	At any time during the calendar year, did	the organization	maintein an office	outside of the	Inited States	
92	If "Yes," enter the name of the foreign con Section 4947(a)(1) nonexempt charitable to and enter the amount of tax-exempt inter	untry >	990 in lieu of Form	1 1041—Checl	c horo	
Par	VII Analysis of Income-Producing	Activities (See	the instructions.	.)		
Note	: Enter gross amounts unless otherwise	Ī	d business income		tion 512, 513, or 514	(E)
indica 93	ated. Progrem service revenue;	(A) Business co	de Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
a						
b	41-44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-					ļ
¢					****	
					^	
f	Medicare/Medicaid payments					<u> </u>
g	Fees and contrects from government agen	clee				
94	Membership dues and assessments			1		139030 3
95	Interest on savings and temporary cash investm	ents		14	2999.76	1 2 7 4 3 4 3
96	Dividends and interest from securities .					<u> </u>
97	Net rental income or (loss) from real estat					
8	debt-financed property	•		1		<u> </u>
b	not debt-financed property	•		<u> </u>		
98	Net rental income or (loss) from personal prope	· •				
99 100	Other Investment Income					<u> </u>
101	Gain or (loss) from sales of assets other than inven Net income or (loss) from special events	rory				
102	Gross profit or (loss) from sales of invento	·	····	 		4297,20
103	Other revenue: e					1-11000
b						
C						
đ						
0	***************************************			<u> </u>		
04	Subtotal (add columns (B), (D), and (E))	<u>.</u> . [<u> </u>	<u> </u>		146327.3c
	Total (add line 104, columns (B), (D), and (Line 105 plus line 1e, Part I, should equal t	he amount on line			<u> </u>	<u>146327,30</u>
Part Line						
Line:	No. Explain how each activity for which inco of the organization's exempt purposes	one is reported in ((other than by provi	column (E) of Part V Iding funds for such	ii contributed in burboses).	nportantly to the	accomplishment
94	Maller III	ren with ad	(*		a Socoec	broaram
<i>10</i> 2	Concessions sold provide for		uable chviron	, ,		the transce
						-
Part	Information Regarding Taxable St	ubsidiaries and D	Disregarded Entit	i es (See the in	structions.)	
	Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of ac	tivities	(D) Total income	(E) End-of-year assets
	0//1	<u>%</u>		····		
·····		% oz	· · · · · · · · · · · · · · · · · · ·			
	F	<u>%</u>	***************************************			
Dart	X Information Reparding Transfers As		ronal Ronafit Car	though Can the	. Innémention i	

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .

Yes
No

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

b Did tt 512(b	(A) ame, address, of each controlled entity Totals	make any transfers to a control the schedule below for each cor (B) Employer Identification Number eccive any transfers from a con " complete the schedule below (B) Employer Identification	parciled entity. (C) Description of transfer parciled entity as defined in a for each controlled entity. (C)	Amount of tra	
a b C Did to 512(b Nat	Totals Totals Totals (A) Totals Totals (A) Totals (A) Totals (A) Totals (A)	Employer Identification Number eceive any transfers from a con complete the schedule below (B) Employer Identification	(C) Description of transfer strolled entity as defined in s for each controlled entity. (C)	Amount of tri	
07 Did 11 512(b	ne reporting organization n)(13) of the Code? If "Yes, (A) ne, address, of each	" complete the schedule below (B) Employer Identification	for each controlled entity. (C)	ection	s N
Did ti 512(b Nai	ne reporting organization n)(13) of the Code? If "Yes, (A) ne, address, of each	" complete the schedule below (B) Employer Identification	for each controlled entity. (C)	ection	s N
07 Did ti 512(b Nat	ne reporting organization n)(13) of the Code? If "Yes, (A) ne, address, of each	" complete the schedule below (B) Employer Identification	for each controlled entity. (C)	ection	s N
Nat	ne reporting organization n)(13) of the Code? If "Yes, (A) ne, address, of each	" complete the schedule below (B) Employer Identification	for each controlled entity. (C)	ection	s N
Nat	(A) (A) ne, address, of each	" complete the schedule below (B) Employer Identification	for each controlled entity. (C)	ection	s N
a	ne, address, of each	Employer Identification		1	
ь		Number	Description of transfer	(D) Amount of trai	efer
		-			*************************************
		-	The state of the s		
`			- Additional Control of the Control		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Totels		**************************************		
8 Dld th rents,	e organization have a bind royalties, and annuities de	ing written contract in effect on scribed in question 107 above?	August 17, 2006, covering t	he interest,	No
Under	penalties of perjury. I declare that	I have examined this return, including accets. Declaration of preparer (other than o	companying schedules and statemen flicer) is based on all Information of	ts, and to the best of my kn which preparer has any kn	wledgi V

Type or print name and title

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Paid Preparer's Use Only Preparer's 8SN or PTIN (See Gen, inst. X)

Check if selfemployed ▶ □

E!N ▶ Phone no. ▶ (

Date

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

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

Mux freechant P.	11.0 1		Employer identifica	ition number
Part 1 Compensation of the Five His	Gir/s Soccer He	550c.	58 14103	188
(See page 1 of the instructions	Inest Paid Employees O List each one. If there ar	ther Than Offic re none, enter "I	ers, Directors, None.")	and 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	(t) Contributions to employee benefit plans & deferred compensation	
NONE			STATION STREET, STREET	aliowances
	-			
		VIII WALLE		· · · · · · · · · · · · · · · · · · ·
	-	······································		
Total number of other employees paid over \$50,000 .				
Part II-A Compensation of the Five High (See page 2 of the instructions. Lie	st each one (whether individ	ontractors for I	Professional Se	rvices
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type o		(o) Compensation
NONE	7*****			(e) Compansation
	*			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

**				
Total number of others receiving over \$50,000 for professional services	-0-			· _
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	180 services other than no	nfaceinnal canid	ther Services ces, whether indi	viduals or
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type of	service	(c) Compensation
NONE				
*******************************	*			**************************************
	- ***-*-			······································
			<u> </u>	
Total number of other contractors receiving over \$50,000 for other services	-0-		· : :	1113/1114-1144-1144-1144-1144-1144-1144-
	- Cur	<u> </u>	julija e di di di di di di di di di di di di di	

Schedule A	Form	990 or	990-EZ1	2007
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Рада	- 22

Pa	rt 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.)	4.5		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.		***************************************	
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.)		144 - HAWANISTAN	
a	Sale, exchange, or leasing of property?	2a		χ_
b	Lending of money or other extension of credit? , , ,	2b		<u>X</u>
c	Furnishing of gooda, services, or facilities?	2c		Χ_
đ	Payment of compensation (or payment or reimbursement of axpenses if more than \$1,000)?	2d	_	X _
8	Transfer of any part of its income or assets?	2e		<u>X</u>
За	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.)	3а		X
b	Did the organization have a section 403(b) annulty plan for its employees?	3b	_	<u>X</u>
C	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		Χ_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? ,	34		<u>X_</u>
	₹	4a		&
þ	Did the organization make any taxable distributions under section 4966? , , ,	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		χ_
d	Enter the total number of donor advised funds owned at the end of the tax year		<u>0</u> -	
0	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<u>~</u>	+
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 , , . , . , . , ,	~~ <u>~</u>	<u>0-</u>	
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	·-··	<u> </u>	

Schedule	A	(Form	990	٥r	990-EZ	2007
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Page 3

Pa	irt 1	Neason for Non-Priva	te Foundation	Status (See pages	4 through 8	of the instruc	tions.)			
1 ce	rtify	that the organization is not a priv								
5		A church, convention of church	es, or association	of churches. Section 17	70(b)(1)(A)(i).	, p				
6		A school, Section 170(b)(1)(A)(ii).	. (Also complete I	Part V.)						
7	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).										
g		A medical research organization end state >	operated in conju	nction with a hospital. S	ection 170(b)(1)(A)(III). Enter ti	ne hospital's name, city			
10		An organization operated for the I (Also complete the Support Sche	benefit of a college edute in Part IV-A.)	or university owned or c	pperated by a g	overnmental ur	iit. Section 170(b)(1)(A)(iv			
11a	Ø	An organization that normally reci 170(b)(1)(A)(vi). (Also complete th	elves a substantla le Support Sched	I part of its support from fule in Part IV-A.)	a governments	i unit or from th	e general public. Section			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also c	omplete the Support Sc	chedule in Parl	t IV-A.)				
12		An organization that normally rece from activities related to its charif from gross investment income a organization after June 30, 1975.	iable, etc., tunction nd unrelated busi	nssubject to certain e ness taxable income (le	xceptions, and as section 511	(2) no more the	an 33%% of its support			
13		An organization that is not controquirements of section 509(a)(3).	olied by any disc	walified persons (other	than foundatio	n mananami a				
		☐ Type II		III-Functionally Integrat		Type III-Othe	r			
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the Instr	uctions.)			
Nai	me(s	(e) s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	T	i) ipported on listed in porting ation's	(e) Amount of support			
		N/A			Yes	No				
		1								
ota!	• •		<u> </u>	<u> </u>	*	<u> ▶ </u>				
4		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4), (See p	age 8 of the in	structions.)			

	art IV-A Support Schodule (Communication)			·	58-1	410	ジと Page ・
***************************************	te: You may use the worksheet in the instruction	lly it you checked S for convertina to	a box on line 10 the account), 11, or 12.) Use to the cesh meth	cash me	thod o	f accounting.
***************************************	Your (or inscal year Degittining in)	(a) 2006	(b) 2005	(c) 2004	(d) 2		
15	and a a contract of the contra			1111111	1 14/ 2	000	(e) Total
	not include unusual grants. See line 28.).		•				
16	Membership fees received	149055.69	144421.25	12/060.30	1/27	19 00	5 200
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charifable, etc., purpose	26721.05					
16	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		- 40 J	21953.2s	25 7	<u> </u>	114579.1
19	*1-4 -	1751,94	5233.20	3266.81	5099.	25	21351.1
	activities not included in line 18.	-0-	73		_		
20			-0-	- O-	.0-		
··· -	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	.0-	O-	- O-	-0-		
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.	- () -	- 0	- (*)	-0-		And the second s
22	Other income. Attach a schedule. Do not		^-				***************************************
!3	Include gain or (loss) from sale of capital assets	0-	-0	-0"	-0-		
4	Total of lines 15 through 22	183528.68	18977495	146,28036	143610.	59	66519452
5	Line 23 minus line 17	/57, 207.63	149 654 45	124327.11	117 828	.24	548 417 43
		1835.28	1462,80	1436,11	1262	·	
6	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in column	1 (e), line 24 , ,	>	26a	10972.34
ь	Prepare a list for your records to show the name	e of and amount	contributed by a	ach names (atho	r than a		
	Acceptance in the of broadly supported organization	afion) whose total	alte for 2003 the	much 2006 Avan	adaat tina		
c	amount shown in line 26a. Do not file this list will	h your return. Enl	ter the total of all t	these excess amo	ounts 🟲	26b	
ď	Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18	6 24, column (e)			▶	26c	548 617.43
u			19 <u>- C ·</u>			i . I	_
e	Public support (line 26c minus line 26d total) .	<u>0-</u> 2	26b		, ,▶	26d	21351-17
f	Public support percentage (line 26e (numerat	ort ethical to the			▶	26e	527266,21
,	Organizations described on line 12: a For person," prepare a list for your records to show the Do not file this list with your return. Enter the	amounts include ne name of, and to	d in lines 15, 16 otal amounts rece	i, and 17 that we lived in each year	from, each	h "disq	ualified person."
	(2006) MA (2005)		/nnn.x\		mac		
-	For any amount included in line 17 that was received show the name of, and amount received for each ye (Include in the list organizations described in lines 5 the difference between the amount received and the amounts) for each year: (2006) N.P. (2005)	ear, that was more through 11b, as we te larger amount of	on (omer than "dis than th e large r of II as Individuals.) E lescribed In (f) or	qualified persons [*] (1) the amount or o not file this list (2), enter the sur), prepare : I line 25 for with your n of these	a list for the year teturn. differer	or your records to ear or (2) \$5,000. After computing onces (the excess
	Add: Amounts from column (e) for lines: 15	1	6				•••••••••••••••••••••••••••••••••••••••
	17 20	2	:1		▶ [27c	
	Add: Line 27a total ar	nd line 27b total			.	27d	
) i	Public support (line 27c total minus line 27d total	D			•	27e	
	TOTAL SUPPLY TO SECTION 202(SVS) FEST: FULSI, SILL	ount from line 23.	, column (e)	▶ 271 	1		
) 1	Public support percentage (line 27e (numerato	or) divided by line	27f (denontina	tor))		27g	%
	Investment income percentage (line 18, colum					27h	<u>%</u>
	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not file	Vear the name o	of the contributor	r the data and a	mount of	the are	through 2006, ant, and a brief

Page 5

	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))/A	~~~	Page							
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	N							
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.										
31	season and authorities in the season and sea										
٠.	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.)										
	4 4	***************************************									
				l							
32	Does the organization maintain the following:										
ŧ		32a									
k	Hecords documenting that scholarships and other financial assistance are awarded on a racially populariminatory	VALO									
	The state of the s	32b		:							
•	Copies of all catalogues, brochures, announcements, and other written communications to the public deallog with student admissions, programs, and scholarships?	32c	1								
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d									
				······							
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)										
	Poor the appropriate the property of the prope		ſ								
33	Does the organization discriminate by race in any way with respect to:		l								
a	Students' rights or privileges?	33a									
		334									
b	Admissions policies?	33b									
¢	Employment of faculty or administrative staff?	33c									
_		330									
đ	Scholarships or other financial assistance?	33c									
е	Educational policies?	220									
		33e	-	··············							
1	Use of facilities?	33f									
g	Athletic programs?	33g									
			_								
ħ	Other extracurricular activities?	33h									
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	Ì									
	and the second s										
			. [
4a	Does the organization receive any financial aid or assistance from a governmental agency?	34a									
IJ	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b									
	1].									
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	İ	İ								
······	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35									

	Lobbying Expenditures by (To be completed ONLY by	an unulue ora	anization that t	HOOF MARKET	2720\	. 1 J A	
Chec	k ▶ a ☐ if the organization belongs to an aff	liated group. C	heck ▶ b 🔲	if you checke	d "a" a	///r nd "limited control"	' provisions anniv
	Limits on Lobb (The term "expenditures" me	ying Expendit	ures		 	(a) Affiliated group	(b) To be complete for all electing
36						totals	organizations
37	Total lobbying expenditures to influence pub.	lic opinion (grass	roots lobbying)		36		
38	Total lobbying expenditures to influence a leg	gisiative body (di	rect lobbying).		37		
39	Total lobbying expenditures (add lines 36 and Other exempt purpose expenditures	<i>u 37)</i>	· · · · · ·		38		
40	Total exempt purpose expenditures (add lines				39		
11	Lobbying nontaxable amount. Enter the amou	ent from the follo	· · · · · · · · · · · · · · · · · · ·		40		
	If the amount on line 40 is-	lobbying nonta	way table Kable amount is	_	.		
	Not over \$500,000	of the amount of	n line 40		.		
1	Over \$500,000 but not over \$1,000,000 . \$100	1.000 plus 15% of	the excess over \$	SOO OOO			
	Over \$1,000,000 out not over \$1,500,000 . \$175	.000 plus 10% of t	he aveces over \$1	ODD DOD	41		
,	Uver \$1,500,000 but not over \$17,000,000. \$225	.000 plus 5% of the	ne excess over \$1	500.000			
•	CARL 211/000/000	00.000				·	
~	Grassroots nontaxable amount (enter 25% of	line 41).			42		
	Subtract line 42 from line 36. Enter -0- if line .	42 is more than I	ine 38		43		
•	Subtract line 41 from line 38. Enter -0- if line	41 is more than I	ine 38		44		
		Loi	obying Expandit				
	Calendar veer for	<u> </u>	T	Т	4-Yea	r Averaging Per	iod
	Calendar year (or iscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	4-Yea	r Averaging Per (d) 2004	iod (e) Total
fi		(a)	(b)	(c)	4-Yea	(d)	(e)
fi i L	iscal year beginning in) ▶	(a)	(b)	(c)	4-Yea	(d)	(e)
fi 5 L	iscal year beginning in) ▶ obbying nontaxable amount	(a)	(b) 2006	(c)	4-Yea	(d)	(e)
fi i L	obbying nontaxable amount	(a)	(b) 2006	(c)	4-Yea	(d)	(e)
fi i L	obbying nontaxable amount	(a)	(b) 2006	(c)	4-Yea	(d)	(e)
fi i L Tr i G	obbying nontaxable amount	(a) 2007	(b) 2006	(c)	4-Yea	(d) 2004	(e)
fi L To G	obbying nontaxable amount	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
fi L Tr G G G G G G G G G G G G G	iscal year beginning in) ▶ obbying nontaxable amount	(a) 2007 ting Public Cl	(b) 2006 2006 narities	(c) 2005	See pa	(d) 2004	(e) Total
fifth L. Tring G. G. G. G. G. G. G. G. G. G. G. G. G.	iscal year beginning in) ▶ obbying nontaxable amount	ting Public Cl	2006 2006 narities not complete F	(c) 2005	See pa	(d) 2004	(e) Total
file L. Trong G. G. G. G. G. G. G. G. G. G. G. G. G.	iscal year beginning in) ▶ cobbying nontexable amount cobbying ceiling amount (150% of line 45(e)) cotal lobbying expenditures circurate amount circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 48(e)) circurate amount (150% of line 45(e)) circurate amount (150% of line 48(e))	ting Public Clations that did intercent attentions, stratter or reference	narities not complete Fate or local legislam, through the talk	Part VI-A) (sation, Including of:	See pring any	(d) 2004	(e) Total
file L. To G. G. G. G. G. G. G. G. G. G. G. G. G.	iscal year beginning in) obbying nontaxable amount obbying ceiling amount (150% of line 45(e)) otal lobbying expenditures irassroots nontaxable amount rassroots ceiling amount (150% of line 48(e)) rassroots lobbying expenditures VI-B Lobbying Activity by Nonelec (For reporting only by organizate the year, did the organization attempt to influence public opinion on a legislative molunteers aid staff or management (include compensation	ting Public Clations that did intercent attentions, stratter or reference	narities not complete Fate or local legislam, through the talk	Part VI-A) (sation, Including of:	See pring any	(d) 2004	(e) Total
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h Railles, demonstrations, seminars, conventions, speeches, lectures, or any other means

Total lobbying expenditures (Add lines c through h.)
 If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Pa	ırt V		Information Exempt C	on Regarding Organizations (S	Transfers See page 14	To and of the ins	rans:	octions	and	Relati	onship	s With	Non	chari	table
51		, /~\sqr	reporting org f the Code (o	anization directly ther than section	or indirectly e 501(c)(3) orga	ngage in an nizations) or	y of the	e following	reiatino	any oth	er organ	ization d	escribe	ed in s	ectio
ä	Tra	insfer	s from the re	porting organization	on to a nonch	aritable exer	not ora	anization	of:	10 pon.	,, ea. 0. 9.	41 FI&ALESS,71 74	,,	Yes	No
	(1)	Cas	sh						U 11				51a(i)	1	V
			er assets .							• •		•	a(ii)	1	A)
þ			insactions:						• • •	٠.		•		1	/>
	(1)	Sale	es or exchan	ges of assets with	a noncharitat	ole exempt o	rganize	atlon .					b(i)		X
	(0)	Mur	chases of as	sets from a nonch	aritable exemp	pt organizati	on .			• •		•	b(II)	1	\checkmark
	(III)	Ren	ital of facilitie	s, equipment, or o	ther assets			• • •				•	b(iii)	ļ	∜
	(iv)	Rein	nbursement	arrangements .					• • •			•	b(iv)	-	$\sqrt{}$
	(v)		ns or loan gu						• • •			• 1	b(v)	İ	%
	(vi)	Perf	ormance of s	services or membe	ership or fundi	ralsing solici	ations			• •		.	b(vi)		Ý.
C	Sha	ering o	of facilities, e	quipment, mailing	lists, other as	sets, or paid	emnic	yees .				•			7
d	If the	le ans ds. o	wer to any of ther assets. (the above is "Yes or services given I arrangement, show	," complete the	e following s	chedule	. Column					narket arket v	value i	of the n any
	a) no.		(b) ount involved		(c)			<u> </u>			(d)	**************************************			······································
Suff Fi	, 110.	7011	OURE ENGOINME	Name of no	ncharitable exem	pt organization		Descrip	tion of ti	anslers, t	ransaction	rs, and she	ring arre	ngeme	nts
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	desc	ribed	in section 50	ectly or indirectly 11(c) of the Code (following schedule	other than sec	, or related ction 501(c)(to, one 3)) or in	e or more section :	tax-e. 527?	xempt o	organiza		Yes		No
···········		N	(a) lame of organiz	ation	Туре о	(b) f organization				Descrip	(c) tion of rel	ationahlp			
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