# 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. end of the year may use this form.

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

OMB No. 1545-1150

**Open to Public** Inspection

Α	For the	2007 calendar year, or tax year beginning Hori 1 , 2007, and end	<u>ng ۱۲۱ مر</u>	الأبل	, 20 <b>08</b>				
B	Check if applicable:  Address change  Please use IRS label or Tevas Association to Constitutional Research  Please Use IRS label or Tevas Association to Constitutional Research  47.0847753								
Ħ	Name ch								
7		Number and street (or P.O. box, it mail is not delivered to street address) Ho	oom/suite E	Telephone nu					
	Terminati	See Specific Ch. TX Gmanusty College Consortium PD Box 310800		(450) 31	6-9175				
	Amended Application	Specific Instruc- tions.  Specific City or town, state or country, and ZIP + 4  City or town, state or country, and ZIP + 4  City or town, state or country, and ZIP + 4	F	Group Exemp	otion . ►				
	• Secti	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	<b>G</b> Accounti	ing method:	Cash Accrual				
_		a completed Schedule A (Form 990 or 990-EZ).	Other (sp						
		· · · · · · · · · · · · · · · · · · ·		if the c					
ı	websi	te: > www.texas-air.org		quired to attac					
<u>J</u>	Organia	zation type (check only one)— 2 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	Schedule	B (Form 990	, 990-EZ, or 990-PF).				
		If the organization is not a section 509(a)(3) supporting organization and its gross receipt uired, but if the organization chooses to file a return, be sure to file a complete return.	s are normal	ly <b>not</b> more th	an \$25,000. A return is				
		s 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead							
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (S	ee page 5	55 of the in	structions.)				
	1	Contributions, gifts, grants, and similar amounts received		. 1					
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3	980.00				
	4	Investment income		4	343.56				
	5a	Gross amount from sale of assets other than inventory		V					
		EL		275.3					
	b	Less. Cost of other basis and sales expenses		5c					
ē	C	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach							
en	6	Special events and activities (attach schedule). If any amount is from gaming, check	nere -						
Revenue	а	Gross revenue (not including \$ of contributions	660.	\- \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
α			853.4						
	þ	• • • • • • • • • • • • • • • • • • • •			100.70				
	С	Net income or (loss) from special events and activities. Subtract line 6b from line	6a	6c	006. F1				
	7a	Gross sales of inventory, less returns and allowances							
	b	Less: cost of goods sold		<b>5</b> 237					
	С	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a		7c					
	8	Other revenue (describe >		8	0.10				
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. • 9	8,130.33				
	10	Grants and similar amounts paid (attach schedule)		. 10					
	11	Benefits paid to or for members		11					
ès	12	Salaries, other compensation, and employee benefits		. 12					
Expenses	13	Professional fees and other payments to independent contractors		. 13	734.95				
Ř	14	Occupancy, rent, utilities, and maintenance		. 14					
ш	15	Printing, publications, postage, and shipping		15	- A - 8-				
	16	Other expenses (describe > Bank charge), office supplies aucids		) 16	2,132.80				
	17	Total expenses. Add lines 10 through 16			3/800.00				
şţs	18	Excess or (deficit) for the year. Subtract line 17 from line 9		. 18	(937,44)				
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mi			000				
Α,		end-of-year figure reported on prior year's return)			39,755.91				
Net Assets	20	Other changes in net assets or fund balances (attach explanation)			00.010.00				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			39,018.47				
£	art II	Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more,							
		(See page 60 of the instructions.)	(A) Beginni		(B) End of year				
22		n, savings, and investments	39,75	5.91 22	39,018.49				
23		and buildings	L	23					
24		r assets (describe >)	00 0 =	24	BANDUC				
25		l assets	39,75	5.91 25	39,018.47				
26	Tota	l liabilities (describe ►	00 0-	26 591 27	29 01840				
27	ine(	assets or rund balances (time 27 or column (b) must agree with line 21)	<u> </u>	5.91 27	37,011(7)				

Pa	rt III Statement of Progra	m Service Accom	plishments (See page 6	0 of the instructi	ions.)		1	Exper	nses
Wh	at is the organization's primary		<u> </u>			A			or 501(c)(3)
Des	scribe what was achieved in carr	ying out the organiz	ation's exempt purposes. I	n a clear and con	cise ma	nner,	and	4947(a	janizations )(1) trusts;
des	cribe the services provided, the n				program	title.	opti	onal for	otners.)
28	TAIR Annual Conte	rence - Plotes	simul developme	no and net	يكلاوند				
	function serving out	r ou man	bers over sams	······································					
	(Grants \$	) If this amount incl	udes foreign grants, check	hara		Γ'n	28a	50	178.92
	<u> </u>		11311	1 .	11-		200	221	10.10
29	being Member up.		(	Lebelissue	_			,	
	Service 60 member		See 13. Comment of the Comment of th	destrate 127 mic	<b>,</b> 1				
	(Grants \$ 3		udes foreign grants, check	here	. •		29a	1.	W45
30									
•									
			***************************************						
	(Grants \$	) If this amount incli	udes foreign grants, check	here	. •		30a		
31	Other program services (attach	schedule)							
			udes foreign grants, check	here	▶		31a		
	Total program service expens			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	32	53,8	53.48
Ŀε	rt IV List of Officers, Director	s, Trustees, and Key	Employees (List each one eve		<del></del>				
	(A) Name and addre	ess	<ul><li>(B) Title and average hours per week</li></ul>	(C) Compensation (If not paid,	employee		plans &		Expense ount and
		1	devoted to position	enter -0)	deferred	comper	sation	other a	allowances
	See Attached	}							
	see 1411 acrie	X			<del> </del> -				
					<del> </del>				
							1		
					<del> </del>				
					1				
Pa	rt V Other Information (	Note the statemen	t requirement in Genera	I Instruction V.)	.L			T	Yes No
33	Did the organization make a c	hange in its activitie	s or methods of conducting	ng activities? If "Y	es," atta	ach a			V
	detailed statement of each cha	ange						33	X_
34	Were any changes made to th		erning documents but not	reported to the IF	RS? If "Y	Yes,"			l v
	attach a conformed copy of th	3						34	<u> </u>
35	If the organization had income from	m business activities, s	such as those reported on line	s 2, 6, and 7 (amor	ng others,	), but <b>r</b>	ot		
	reported on Form 990-T, attach a								
а	Did the organization have unre	lated business gross	s income of \$1,000 or mor	e or 6033(e) notic	e, report	ting, a	and	05-	Ι Υ
_	proxy tax requirements?							35a	<b>\</b>
	If "Yes," has it filed a tax retur							35b	
36	Was there a liquidation, dissolution				"Yes,"	attach	ı a	36	X
270	statement. Enter amount of political expen	ditures direct or ind	iroot oo doooribad in the in			<b>.</b> .	•	2000	
	Did the organization file <b>Form</b>							37b	Ý
								552	
Jod	Did the organization borrow from any such loans made in a prior						ere	38a	Υ
h	If "Yes," attach the schedule						•	AV.	F 2 2 2
IJ					ь (Т	<b>)</b>			
39	501(c)(7) organizations. Enter:					`			100
	Initiation fees and capital contr	ributions included or	n line 9			<del>)</del>			
b	Gross receipts, included on lin	e 9, for public use o	of club facilities	391		<del>-</del>			<b>新作</b> 证
							Foi	rm <b>990</b> -	- <b>EZ</b> (2007)
							FO	III 930	(2007)

Da 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶									
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b	No							
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		1. 1.							
d Enter amount of tax on line 40c reimbursed by the organization ▶	A TANK THE TANK								
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	X							
41 List the states with which a copy of this return is filed. ▶									
42a The books are in care of ▶									
,									
account)?  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: ►  3 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 be and belief its true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer I Please Sign  Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be and belief its true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer I Please Signature of officer  Date  Type or print name and title.	st of my knov	vledge.							
Paid Preparer's ssn or signature Date Check if Self- employed ►	PTIN (See Gen.	Inst. X)							
Firm's name (or yours									
Use Only If self-employed), address, and ZIP + 4 Phone no. ► ( )									
	n 990-EZ	(2007)							

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## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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

or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2007

Employer identification number

Compensation of the Five High (See page 1 of the instructions. L				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	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
		- 10.		
Table with a set of the complete on original over \$50,000				
Total number of other employees paid over \$50,000 .		1		
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List				
(a) Name and address of each independent contractor	paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
None				
140112				
				·
,				
Total number of others receiving over \$50,000 for professional services			int design of	
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "None of the Five Higher Part II-B (List each contractor who perform firms) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are none, enter "None of the Five Higher Part II-B (List each contractor who performs) are not not the five Higher Part II-B (List each contractor who performs) are not not the five Higher Part II-B (List each contractor who performs) are not	ed services other than p	professional serv	Other Services ices, whether inc	lividuals or
(a) Name and address of each independent contractor	paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
Mone				
		******************************		
Total number of other contractors receiving over \$50,000 for other services				***

Pa	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.)	4344 Y	X
	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?		X
b	Lending of money or other extension of credit?		X_
С	Furnishing of goods, services, or facilities?	-	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		Y
3а	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.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		χ_
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		Χ
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		χ_
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?		<u></u>
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		
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

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Pε	rt .	V	Reason for Non-Private	e Foundation :	Status (See pages 4	through 8 c	of the instructi	ons.) 	
	rtify		the organization is not a priva		,	•	plicable box.)		
5	L	Ασ	church, convention of churches	s, or association (	of churches. Section 17	U(b)(1)(A)(i).			
6		Α:	school. Section 170(b)(1)(A)(ii).	(Also complete Pa	art V.)				
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9	☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶								
0	O An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A.)								
1a			organization that normally rece 0(b)(1)(A)(vi). (Also complete the			a governmenta	l unit or from the	general public. Sectio	
1b		Αc	community trust. Section 170(b	)(1)(A)(vi). (Also co	omplete the Support So	hedule in Part	: IV-A.)		
2	X	froi froi	organization that normally recei m activities related to its charita m gross investment income an panization after June 30, 1975. S	able, etc., function and unrelated busi	ns—subject to certain ex ness taxable income (le	kceptions, and ss section 511	(2) no more that tax) from busin	in 33¼% of its suppo nesses acquired by th	
3		req	organization that is not control puirements of section 509(a)(3).	Check the box the	nat describes the type of	of supporting o	rganization:	d otherwise meets th	
		IJ	Type I Type II	∐Type I	III-Functionally Integrat	ed _	]Type III-Other		
			Provide the following info	mation about th	e supported organizat	ions. (See pag	e 8 of the instru	ctions.)	
(a) Name(s) 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 se organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support	
						Yes	No		
ota	١	<u></u> :		<u> </u>	· · · · · · · · · · · · · · · · · · ·		. , . •		
4		An	organization organized and op-	erated to test for	public safety. Section 5	09(a)(4). (See p	page 8 of the ins	structions.)	

	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions			· ·			accounting.
Cal	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	3	(e) Total
15	Gifts, grants, and contributions received. (Do					****	
	not include unusual grants. See line 28.).						
16	Membership fees received	1,190,00	1,090,0	270.00	1.04C	co	20.00 CF
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		•				135,215,25
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	mounts received from payments on securities ans (section 512(a)(5)), rents, royalties, come from similar sources, and unrelated isiness taxable income (less section 511 xes) from businesses acquired by the				5	1375.42
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	42.342.91	39,740,43	28,622,13	28,675.	15	139,380,67
24	Line 23 minus line 17	1,580.21	1.518.43	591,63	473.	12	
25	Enter 1% of line 23	433.43	397.40	286. 24	286.	15	Transfer to
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶	26a	
b	Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. <b>Do not file this list wi</b>	ation) whose tota	al gifts for 2003 th	rough 2006 exce	eded the	26b	
С	Total support for section 509(a)(1) test: Enter lin	ne 24, column (e)				26c	
đ			26b		▶	26d	
е	Public support (line 26c minus line 26d total)				▶	26e	
f	Public support percentage (line 26e (numera					26f	%
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the	the name of, and	total amounts rec	eived in each yea	rere received ir from, each	d fron "disc	m a "disqualified qualified person."
	(2006) (2005)	7	(2004)		(2003)	J	
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year:	vear, that was more through 11b, as we the larger amount	vell as individuals.) described in (1)	of (1) the amount of Do not file this list or (2), enter the su	on line 25 for st with your r um of these o	the ye eturn differe	ear or <b>(2)</b> \$5,000.  After computing
	(2006) $\bullet$ (2005) $\bullet$	· ·	(2004)	,	(2003)	<del>)</del>	
С	Add: Amounts from column (e) for lines: 15 _ 17 20 _		16 21	<del></del>	<b>▶</b>  :	27c	
d						27d	
e	Public support (line 27c total minus line 27d tot					27e	
f	Total support for section 509(a)(2) test: Enter ar				12.		
g	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomin	ator))		27g	%
h	Investment income percentage (line 18, colui	mn (e) (numerat	or) divided by lin	e 27f (denomina	ator)). 🕨 🔯	27h	%
28	<b>Unusual Grants:</b> For an organization described prepare a list for your records to show, for each description of the nature of the grant. <b>Do not fi</b>	h year, the name	of the contribut	or, the date and	amount of t	the gi	rant, and a brief

Pa	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)	N/A
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?	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:	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c
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.)	
<b>3</b> 3	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
e	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
		990 or 990-EZ) 2007

Pē	rt VI-A Lobbying Expenditures by EI (To be completed ONLY by ar	eligible organ	ization that file	ed Form 5768)		10 JA
Che	ck ▶ a ☐ if the organization belongs to an affilia	ated group. Che	ck ▶ b ☐ if	you checked "a" a	nd "limited control"	
	Limits on Lobbyi	_			(a) Affiliated group	(b) To be completed for all electing
	(The term "expenditures" mea	ns amounts paid	or incurred.)		totals	organizations
36	Total lobbying expenditures to influence public		,	36_	-	
37	Total lobbying expenditures to influence a legis	· ·	· -			
38	Total lobbying expenditures (add lines 36 and					
39	Other exempt purpose expenditures			١ . ـ		
40	Total exempt purpose expenditures (add lines	*		40	I O A ME CHI CANA	AND THE RESIDENCE
41	Lobbying nontaxable amount. Enter the amoun		•			
		obbying nontaxa		100 TO 100 T	ALTERNA	
	• • •	of the amount on		1,200,026	Killia ka 2	
	• •	000 plus 15% of th			7.5 PM 9.8 WAS 2019 1 17 205 15	REMARKS TAKESTELL FOR CON
		000 plus 10% of the	•	300,000		A 2 4
		000 plus 5% of the 0,000   .   .   .		10 to 2 1825		
42	Grassroots nontaxable amount (enter 25% of li				_	
43	Subtract line 42 from line 36. Enter -0- if line 4	•				
44	Subtract line 41 from line 38. Enter -0- if line 4			44		
	Caution: If there is an amount on either line 43			20		
				135: 635. 6	And a second second	1993 and Label College College College
	(Some organizations that made a section See the instructions for		do not have to d	complete all of the		elow.
		Lob	bying Expenditu	res During 4-Ye	ar Averaging Pe	eriod
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2006	(c) 2005	<b>(d)</b> 2004	(e) Total
45	Lobbying nontaxable amount					
					44 7 64 6	
46	Lobbying ceiling amount (150% of line 45(e))	C 42 4 4 5		13 3 14 4 5 <b>17</b>	Action 1222 to	
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))			By A Laste		
50	Grassroots lobbying expenditures					
Pa	t VI-B Lobbying Activity by Nonelec (For reporting only by organiza	ting Public Ch tions that did r	arities not complete F	Part VI-A) (See	page 14 of the	e instructions.)
	ng the year, did the organization attempt to influ	•	<b>J</b>	. ,	ny Yes No	Amount
atter -	npt to influence public opinion on a legislative m		_	use of.		
a	Volunteers				•	
b	Media advertisements.	•	'	3 ,	.	gr. et. 2020 (1982 - 1983) (1983) (19
c C	Mailings to members, legislators, or the public					
d e	Publications, or published or broadcast statement					
f	Grants to other organizations for lobbying purp				+ 1 1	
g	Direct contact with legislators, their staffs, gove					
9 h	Rallies, demonstrations, seminars, conventions,		_	•	1 1 1	· · · · · · · · · · · · · · · · · · ·
i 	Total lobbying expenditures (Add lines c throug If "Yes" to any of the above, also attach a state	h <b>h.</b> )				

Pa	rt V			<b>Transfers To and Trans</b> ee page 14 of the instructi		Relationships W	ith Nond	charitable
51				r indirectly engage in any of th 01(c)(3) organizations) or in sec				d in section
а	Tra	nsfers from the rep	orting organization	n to a noncharitable exempt or	ganization of:			Yes No
	(i)	Cash					51a(i)	X
	(ii)	Other assets .					a(ii)	Y
b	Oth	er transactions:						
	(i)	Sales or exchang	es of assets with	a noncharitable exempt organiz	ation ,		b(i)	X
	(ii)			ritable exempt organization			b(ii)	V
	(iii)			ther assets			b(iii)	3
	(iv)						b(iv)	Y
	(v)						b(v)	\$
				rship or fundraising solicitations			b(vi)	X
С				ists, other assets, or paid empl			С	X
d				" complete the following schedul	,	ould always show the		value of the
u	goo	ds, other assets, o	ir services given b	y the reporting organization. If n column (d) the value of the goo	the organization	received less than fa	ir market v	value in any
	a)	(b)		(c)		(d)		
Line	no.	Amount involved	Name of non	charitable exempt organization	Description of	transfers, transactions, an	d sharing arra	angements
-								
	desc	ne organization directions of the section of the se	1(c) of the Code (	affiliated with, or related to, o other than section 501(c)(3)) or	ne or more tax- in section 527?	exempt organizations	CT-TO	☐ No
		(a)		(b)		(c)		
		Name of organiza	ation ————————————————————————————————————	Type of organization		Description of relation	snip	
						· · · · · · · · · · · · · · · · · · ·		
		***						
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