Form **990-EZ**

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)

2006

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

SCANNEL APR 02 2007

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

Open to Public Inspection

В			Teridai	C Name of organization		, 2000, and	Cilding	l D	Empl	over identif	fication number
<u>_</u>		ıf applicable	Please	•	~			ا	•	-	
\vdash		ss change change	use IRS label or	WASHINGTON COUNSELING Number and street (or P O box, if mail i		od oddroon) I	Room/suit			-23451	
Ħ	Initial	-	print or type.	Number and street (or F O box, it mail)	s not delivered to stre	·		ة إ <u>ح</u>		hone numb	
	Final r		See Specific	411 CLEVELAND ST.			182		(72	27) 44	16-6848
	Amen	ded return	Instruc-	City or town, state or country, and ZIP +	4			F	Grou	p Exem	otion
	Applic	ation pending		CLEARWATER		FL	33755		Num		<u> </u>
		• Section n	501(c)(3 nust atta	organizations and 4947(a)(1) non ch a completed Schedule A (Form	exempt charitab 990 or 990-EZ).	le trusts		Accounting me Other (specify		X Ca	ash Accrual
							1	Check ► X			zation is not
ı	Web	site: ► <u>N</u>	I/A				- 1	required to att	tach S	chedule	B (Form 990,
<u>J</u>	Organ	ization type	 			(a)(1) or 52	<u>′ </u>	990-EZ, or 99 			
к —	Check Lightheorganization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.										
L	ınste	ad of Form	1 990-E	o, to line 9 to determine gross rece	<u> </u>					> \$	56,000.
Pa	rt I	Reve	nue, E	(penses, and Changes in N	et Assets or	Fund Balar	ices (See the ins	truct	ions.)	
	1		. •	s, grants, and similar amounts rec						1	56,000.
	2	Program	service	evenue including government fees	and contracts					2	
	3	Members	hip due:	and assessments						3	
	4	Investme	nt incon	e						4	
	5 a	Gross am	nount fro	m sale of assets other than invento	ry	5	a				
	b	Less cos	t or oth	r basis and sales expenses		5	b				
REV	C	Gain or (los	s) from sa	e of assets other than inventory (line 5a less	line 5b) (attach sch	edule)				5 c	
Į F	6	Special e	vents a	d activities (attach schedule) If an	y amount is fron	n gaming, che	ck here	►□			
E N	a	Gross rev	/enue (r	ot including \$	of contributi	ons					
Ĕ		reported	on line)		6	а				
	b	Less: dire	ect expe	nses other than fundraising expens	es	6	b				
	C	Net incon	ne or (lo	ss) from special events and activiti	es (line 6a less l	ine 6b)				6 c	
	7 a	Gross sal	les of in	entory, less returns and allowance	S	7.	a				
	b	Less cos	t of goo	ls sold		7	b				
	C	Gross pro	ofit or (le	ss) from sales of inventory (line 7a	less line 7b)					7 c	
	8	Other reven	ue (descr	pe ►				,)	8	
	9	Total rev	enue (a	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				▶	9	56,000.
	10	Grants ar	nd simila	r amounts paid (attach schedule)		050		- O	1	0	41,900.
_	11	Benefits	paid to	r for members		REC			T	1	3,343.
X	12	Salaries,	other co	mpensation, and employee benefit	s			SC	1	2	
E	13	Professio	nal fees	and other payments to independer	t contractors	MAR]	1 4 21	007 0	T	3	6,036.
S E	14	Occupano	cy, rent,	utilities, and maintenance	A.	0	. ~	· .	□ 1	4	
E S	15	Printing,	publicat	ons, postage, and shipping		600		<u> </u>	1	5	
	16	Other expen	ises (desc	be ► See Other Expenses Statem	ent L	OGD	<u>∟N,</u>	<u>UT [)</u>	_ 1	6	6,620.
	17	Total exp	enses (add lines 10 through 16)					▶ 1	7	57,899.
	18	Excess o	r (defici	for the year (line 9 less line 17)					1	8	-1,899.
N S	19	Net asset	s or fun	balances at beginning of year (fro	m line 27, colun	nn (A)) (must	agree w	ith end-of-vea	ar 「		
N S E E T		figure rep	orted o	prior year's return)		(), (. 3			9	1,943.
' <u>T</u>	20		_	net assets or fund balances (attacl						:0	
_	21			I balances at end of year (combine					▶ 2		44.
Pa	rt II	Balar	ice Sh	ets – If Total assets on line 25, o	olumn (B) are \$	250,000 or mo				Form 99	90-EZ
				(See Instructions)			(A) Beginning of	f year	(E	B) End of year
22		sh, savings		vestments				1,9		22	44.
23		nd and buil	_							23	0.
24		ner assets	(describ	e -)			_	_	24	0.
25		tal assets					<u> </u>	1,9		25	44.
26		tal liabilitie)		<u> </u>	 	$\overline{}$	26	0.
_27				lances (line 27 of column (B) mus				1,9	43.	27	44.
BA	A Fo	r Privacy <i>F</i>	Act and	aperwork Reduction Act Notice, s	ee the separate	instructions.	т	EEA0812 01/19/	/07	F	orm 990-EZ (2006)

Part III Statement of Program Service Accomplishments (See the instructions.) Expenses		Form 990-EZ (2006) WASHINGTON COUNSELING CENTER 52-2345143									
Describe what was achieved in carrying out the organizations exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefield, or other relevant introvation for each 497(9)(1) ruists, opional describe the services provided, the number of persons benefield, or other relevant introvation for each 497(9)(1) ruists, opional describe the services provided, the number of persons benefield, or other relevant introvation for each 497(9)(1) ruists, opional 497(9)(1) rui	Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ns.)		Expense	es				
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(A) Name and address (B) Title and average hours per week devoted to position of paid, enter -0) and other allowances of the paid of				. •	32		41,9	00.			
CARPINATER, FL 33755 SECRETARY Other Information (Note the statement requirement in the instructions) Side and activity Other Information (Note the statement requirement in the instructions) All the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and provided in the organization file Form 1120-POL for this year? Side the organization bars and sill unpaid at the start of the period covered by this return? Side N/A	Part IV List of Officers, Directors	Trustees, and Key Emp	loyees (List each one	even if not comp	ensate	d. See Instr	uction	ns)			
### Action	(A) Name and address (B) Title and average hours (C) Compensation (If (D) Contributions to per week devoted not paid, enter -0) employee benefit plans and and o										
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39 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 . 39a N/A	b If 'Yes,' attach the sch specified in the l		-			N/A					
	39 501(c)(7) organizations Enter										
b Gross receipts, included on line 9, for public use of club facilities 39b N/A	a Initiation fees and capital contributions	included on line 9		39 a		N/A					
	b Gross receipts, included on line 9, for p	ublic use of club facilities		39 b		N/A		<u> </u>			

	Form 990-EZ (2	2006)	WASHINGTON	COUNSELING	CENTER
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52-2345143 Page **3**

Part V	Other Info	rmation	(Note the sta	atement req	uirement in the	instructions	s) (Coi	ntınued)				
40 à 501(c)(3) organıza	<i>tions</i> Enter	amount of tax	mposed on the	organization durii	ng the year und	der					
sectio	on 4911 ►		; secti	on 4912 ►		_; section 495	5 -					
b 501(c)	c)(3) and (4) or or did it becoi	organization ne aware o	s Did the orgar f an excess ben	ıızatıon engage efit transactıon	e in any section 49 i from a prior year?	58 excess bene ? If 'Yes,'	efit trans	action durii	ng the		Yes	No
attach	n an explanat	ion								40 ь		<u> X</u>
	amount of ta under section			managers or d	isqualified persons	during the	▶_		<u>—</u>			ı
d Enter	amount of ta	x on line 40	c reimbursed by	y the organizat	ion		►_			. [1	1
	<i>ganızatıons. i</i> er transactıon		during the tax y	ear, was the o	rganization a party	to a prohibited	d tax			40 e		<u>x</u>
			is return is filed 🕨	DC								
42 a The boo	oks are in care o	► <u>JAM</u> E	S_JACKSON_				Te	lephone no 🕒	(727)	446	<u>-684</u>	8
Located	d at ► <u>ABOV</u>	E						_ ZIP + 4 ►	33755	,	,	
bAt any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes 42b										Yes	No	
If 'Yes	s,' enter the r	name of the	foreign country	-						* * * * * * * * * * * * * * * * * * * *		
See tl	he instruction	s for excep	tions and filing i	requirements for	or Form TD F 90-22	2.1.				\$. T	Ž.,	
	-		-	-	aintain an office o	utside of the U	S?			42 c		
	•		foreign country								_	
		-		_	190-EZ in lieu of F o		eck here	. 1	1			
and e					rued during the tax			<u> </u>	43			N/A
	true, correct, an	of perjury, 1 de d complete De	clare that I have exa claration of preparer	mined this return, ii (other than officer)	ncluding accompanying s is based on all informat	schedules and states ion of which prepare	ments, and er has any	I to the best of knowledge	my knowledg	e and be	lief, it is	
Please		1.					1	Ν.	\ c	<u> </u>	- 3	_
Piease Sign	Signature o	officer	111		<u> </u>		Date	10/00	ch o,	<u> </u>	0	7
Here).eT :-	Tach	m 1	thes is		Date					
	Type or prin	t name and tit	* 7 ÚC 10	- 10 h	11/62 0	<u>w /-</u>						
						Date	Ic	heck if	Preparer General	s SSN o	r PŢIN (See
Paid Pre-	Preparer's signature	>						elf- mployed ►	General	instructio	n X)	
parer's	Firm's name (or Self-Prepared							*				
Use	employed),					E	iN_	>				
Only	address, and ZIP + 4						P	Phone no ►				
BAA				TI	EEA0812 01/19/07				Fo	rm 990	-EZ (2006)

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.)

2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number					
WASHINGTON COUNSELING CENTER			52-2345143			
			, Directors, and	d 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 and deferred compensation	(e) Expense account and other allowances		
NONE						
Total number of other employees paid	None		<u> </u>			
Compensation of the Five Highest Paid Employees (See Instructions. List each one. If there are none, of than \$50,000 NONE Cotal number of other employees paid wer \$50,000 Part II — A Compensation of the Five Highest Paid Independe (See Instructions. List each one (whether individuals) (a) Name and address of each independent contractor paid more than \$50,000 NONE Cotal number of others receiving over \$50,000 for professional services Part II — B Compensation of the Five Highest Paid Independe (List each contractor who performed services other firms. If there are none, enter 'None.' See instruction (a) Name and address of each independent contractor paid more than \$50,000 NONE Cotal number of others receiving over \$50,000 for professional services Part II — B Compensation of the Five Highest Paid Independe (List each contractor who performed services other firms. If there are none, enter 'None.' See instruction (a) Name and address of each independent contractor paid more than \$50,000 NONE		ntractors for Pr	ofessional Ser	vices None.')		
	(b) Type		(c) Compensation			
NONE						
			-			
						
Total number of others receiving over		`		<u>L</u> .		
	None Ihest Paid Independent Co		her Services			
(List each contractor who perfe	ormed services other than i			individuals or		
(a) Name and address of each independent contri	actor paid more than \$50,000	(b) Type (of service	(c) Compensation		
NONE						
Total number of other contractors receiving pover \$50,000 for other services	None		-	<u> </u>		

Sched	dule A (Form 990 or 990-EZ) 2006 WASHINGTON COUNSELING CENTER 52-234514	3	F	Page 2
Part			Yes	
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities \$			
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		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			
	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?	2a		x
b	Lending of money or other extension of credit?	2b		х
С	Furnishing of goods, services, or facilities?	2c		Х
d	See Part IV, Form 990-EZ Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
e	Transfer of any part of its income or assets?	2 e		X
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.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
	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		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g	4a		Х
b	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?

e 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

d Enter the total number of donor advised funds owned at the end of the tax year

Total

14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

BAA

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A , Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2005 beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 39,500. 39,500. 16 Membership fees received 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 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 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 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 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 39,500. 39,500. 39,500. 24 Line 23 minus line 17 39,500. 25 Enter 1% of line 23 395. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a 790. **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test Enter line 24, column (e) 39,500. 26 c d Add. Amounts from column (e) for lines 26 d e Public support (line 26c minus line 26d total) 26 e 39,500. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 100.00 % Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: _____(2004) _____(2003) _____(2002) ____ **b**For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return**. After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year. (2005) _ _ _ _ (2004) _ _ _ _ (2003) _ _ _ c Add. Amounts from column (e) for lines 15 20 27 c d Add Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Par	t V . Private School Questionnaire (See Instructions.)			
•	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
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		
	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)			
22	Day the second to a section the Citizens	-		
32	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	20 -		
		32 a		
ı	necords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	·	32.0		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
(Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement)			
]		
		1		
33	Does the organization discriminate by race in any way with respect to			
33	boes the organization discriminate by race in any way with respect to			
á	a Students' rights or privileges?	33 a		
ŧ	Admissions policies?	33 ь		
•	Employment of faculty or administrative staff?	33 c		
		•		
(Scholarships or other financial assistance?	33 d		
	Educational policies?			
•	E Ludicational policies:	33 e		
f	Use of facilities?	33 f		
-		33.		
ç	g Athletic programs?	33 g		
ŀ	Other extracurricular activities?	33 h		
	Market and Week to account the above release and the second secon			
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		ı
	and the distance of the second	<i></i> a		
t	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
~-	Describe account of a south that the country of south the south that the south th			
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		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A. Lobbying Expenditures by Electing Public Charities (See Instructions) (To be completed ONLY by an eligible organization that filed Form 5768)

Chec	k ► a	If the organization belongs	to an affiliated group.	Check ► b	ıf	you ch	eckec	l 'a' and 'limited conti	rol' provisions apply
			bbbying Expenditur					(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lo	bbying expenditures to influen	ce public opinion (grassr	oots lobbying)		3	6		0.
37	Total lo	bbying expenditures to influen	ce a legislative body (dir	ect lobbying)		3	7		
38	Total Id	bbying expenditures (add lines	36 and 37)			3	8		0.
39	Other e	exempt purpose expenditures				3	9		
40	Total exempt purpose expenditures (add lines 38 and 39)							-	0.
41 42 43	If the a Not over Over \$50 Over \$1,5 Over \$ Grassro	ng nontaxable amount Enter the mount on line 40 is — er \$500,000 0,000 but not over \$1,000,000 000,000 but not over \$1,500,000 17,000,000 00ts nontaxable amount (enter ct line 42 from line 36 Enter -0	The lobbying nont 20% of the amount \$100,000 plus 15% of th \$175,000 plus 10% of the \$225,000 plus 5% of the \$1,000,000 25% of line 41)	taxable amount is t on line 40 he excess over \$500,0 he excess over \$1,000,0 e excess over \$1,500,0	 000 ,000	4	11 12 13		0. 0.
44							4		0.
	Cautio	n: If there is an amount on eith	er line 43 or line 44, you	u must file Form	4720		* , .	, **** \	<u> </u>
			4 -Year Averaging I				01(1)	

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50.)

		Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total				
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
50	Grassroots lobbying expenditures									

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only b	y organizations that did not	complete Part VI-A)	(See instructions)
-----------------------	------------------------------	---------------------	--------------------

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

a Volunteers

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

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

Yes	No	Amount
L		 -

N/A

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

		· · · · · · · · · · · · · · · · · · ·					
51 Did th of the	e reporting organization o Code (other than section	directly or in 501(c)(3) o	directly engage in any of the followi rganizations) or in section 527, rela	ng with any other organization described ing to political organizations?	d in section	501(c)
a Transf	fers from the reporting or	ganization to	o a noncharitable exempt organizati	on of		Yes	No
(i) Ca	ash				51 a (i)		Х
(ii)O	ther assets				a (ii)		Х
b Other	transactions						
(i)Sa	ales or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)		X
(ii)P	urchases of assets from a	a noncharita	ble exempt organization		b (ii)		Х
(iii)Re	ental of facilities, equipmi	ent, or other	assets		b (iii)		<u>X</u>
(iv)R	eimbursement arrangeme	ents		b_(iv)		X	
(v)Lo	oans or loan guarantees			b (v)		X	
(vi)Pe	erformance of services or	membershi	p or fundraising solicitations		b (vi)		X
c Sharır	ng of facilities, equipment	, mailing lis	ts, other assets, or paid employees		С		<u>X</u>
d If the	answer to any of the abou	ve is 'Yes,' (complete the following schedule. Co	umn (b) should always show the fair man	arket value	of	
any tr	ansaction or sharing arra	ngement, sh	now in column (d) the value of the g	umn (b) should always show the fair morganization received less than fair mar oods, other assets, or services received	ket value II	<u> </u>	
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arrar	ngement	S
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	-					-	
-							
-			······································				
-							
		_					
	 						
52 a Is the	organization directly or in	ndirectly affi	liated with, or related to, one or mor	e tax-exempt organizations	. □		
	• • •	•	her than section 501(c)(3)) or in sec	tion 52//	► ∐ Ye	s X	No
b if Yes	s,' complete the following	scheanle.	4.				
	(a) Name of organization		(b) Type of organization	(c) Description of relation	nshin		
			· ypo ov ovgevillation	Description of relation			
	 -			<u> </u>			
	<u> </u>						
	- · · ·						
	<u> </u>						