	qqn_T	Ex	empt Organization Busi	ness	s Incom	ne Tai	x Retur	'n ├─	OMB No. 1545-0	687
Form	330 I		(and proxy tax under		2006	i				
	tment of the Treasury		or calendar year 2006 or other tax year ending , 20 .	begin	ning	,	2006, and		en to Public Ins	
Check box if				▶ See separate instructions. for 501(c)(3) Organizations Of the changed and see instructions. □ changed and see instructions. □ Employer identification numbers.						
ΑL	address changed		Name of organization (Check box if hame	Chang	eu anu see ms	structions.)	(Employee	es' trust, see instruction		
B Ex	empt under section	Print	Number, street, and room or suite no. If a P.C) box s	see page 9 of	instruction	ns.	on page 9	l.) ¦	
501()() or					see page e e.			E Unrelat	ed business activ	vity codes
H	408(e) 220(e) Type City and All 2010 and All								ructions for Block E	
H	408A	**	, , , , , , , , , , , , , , , , , , , ,						1	
	ok value of all assets	F Gr	oup exemption number (See instruct	ions fo	or Block F	on page	9.) ▶			
at	end of year		eck organization type ► ☐ 501(c)			501(c)		401(a) tru	ust Oth	er trust
H	Describe the orga		n's primary unrelated business activit			(-)		(-)		
			e corporation a subsidiary in an affiliated		or a parent-s	subsidiary	controlled	group? .	▶ ☐ Yes	□ No
			d identifying number of the parent corpor				`	3 1		
J	The books are in	care of	>			Teleph	one numbe	er► ()	
Pa	rt I Unrelate	ed Tra	de or Business Income		(A) Inc	ome	(B) Exp	enses	(C) Ne	t
1a	Gross receipts	or sales								
b	Less returns and	allowand	cesc Balance ▶	1c						
2	Cost of goods s	sold (Sc	chedule A, line 7)	2						
3	Gross profit. Su	btract I	ine 2 from line 1c	3						
4a	Capital gain net	incom	e (attach Schedule D)	4a						
b	Net gain (loss) (F	orm 47	'97, Part II, line 17) (attach Form 4797)	4b					-	
С	Capital loss dec			4c					_	
5			hips and S corporations (attach statement)	5						
6	Rent income (So			<u>6</u> 7						
7			d income (Schedule E)	· — —						
8	Interest, annuit organizations (S		yalties, and rents from controlled e F)	8						
9			f a section 501(c)(7), (9), or (17)							
	organization (S		•	9						
10			ity income (Schedule I)	10						
11	Advertising inco	`	,	11						
12 13			11 of the instructions; attach schedule.) through 12	12						+
			ot Taken Elsewhere (See page 12		instructio	ns for li	_ imitations <i>(</i>	on deduc	rtions)	
ı u			tributions, deductions must be dire							
14	· · · · · · · · · · · · · · · · · · ·		ers, directors, and trustees (Schedule						,	$\overline{}$
15										
16										
17										
18			le)							
19										
20			s (See page 14 of the instructions fo							
21	Depreciation (at	tach Fo	orm 4562)		21					
22	Less depreciation	on clain	ned on Schedule A and elsewhere or	n retur	n 22	а		22b		
23	Depletion							. 23		
24	Contributions to	deferr	ed compensation plans							
25			rams							
26			ses (Schedule I)							
27			ts (Schedule J)							
28			ch schedule)							
29			l lines 14 through 28							
30			able income before net operating loss					I		
31			uction (limited to the amount on line							_
32			able income before specific deduction							+
33			nerally \$1,000, but see line 33 instru							+
34			exable income. Subtract line 33 from f zero or line 32							

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Par	t III	Tax Computation									
35		zations Taxable as Cor									
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:										
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ (3) \$ (4) \$ (5) \$ (5) \$ (6) \$										
L		` ,									
D		Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)									
С											
36		ncome tax on									
		ount on line 34 from:						36			
37		tax. See page 16 of the ins	structions					37			
38											
39 Par	t IV	Add lines 37 and 38 to line Tax and Payments	s 350 or 36, whicheve	er applies	·			39			
			och Form 1119: truete	attach Ec	rm 1116)	40a					
40a b	_	tax credit (corporations atta credits (see page 17 of the			''''' · ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	40b		_			
		business credit. Check he	•								
Ū		n 3800 Form(s) (specify				40c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)										
е	Total c	redits. Add lines 40a throu	ugh 40d					40e			
41								41			
42		es. Check if from: Form 425			☐ Form 8866 ☐	Other (at	tach schedule) .	42			
43		ax. Add lines 41 and 42 .				44a		43			
44a		nts: A 2005 overpayment				44b					
b c		stimated tax payments . posited with Form 8868 .				44c					
d		organizations: Tax paid or				44d					
е	_	withholding (see instruction	-			44e					
f	Credit	for federal telephone excis	e tax paid (attach Fo	rm 8913)		44f					
g		redits and payments:									
		m 4136				44g		45			
45 46	-	payments. Add lines 44a th						45 46			
46 47		ted tax penalty (see page 4 e. If line 45 is less than the					ea , ▶ ⊔ ▶	47			
48		syment. If line 45 is larger						48			
49		e amount of line 48 you want:					Refunded ►	49			
Par	t V	Statements Regarding	Certain Activities	s and O	ther Informa	ation (s	see instruction	s on p	age 18)		
1		time during the 2006 calend							autilionity	/es	No
		financial account (bank, se									
•		D F 90-22.1. If YES, enter		_	=						
2		he tax year, did the organizati see page 5 of the instruct						roreigi	1 trust? .		
3		ne amount of tax-exempt in									
Sch	edule A	\—Cost of Goods Sold	. Enter method of	inventor	y valuation 🕨	•					
1	Invento	ry at beginning of year	1	6	Inventory at e	nd of y	ear	6			
2		ses	2	7	Cost of good	ls sold.	Subtract line				
3		labor	3		6 from line 5			7			
4a		nal section 263A costs	4a		Part I, line 2 Do the rules			7	noot to	/es	No
b		schedule)	4b		property prod		,			163	140
5		Add lines 1 through 4b	5		to the organiz						
_	Unde	r penalties of perjury, I declare that I ha		ding accomp	anying schedules an	d stateme	nts, and to the best			lief, it is	true,
Sig	11	ct, and complete. Declaration of prepa	rer (otner tnan taxpayer) is ba	sea on all info	orrnation of which pi	reparer has	s any knowledge.	May the	IRS discuss this	return	with
Her					T:::				arer shown below	w (see	
		ature of officer	Date		Title Date	Т	L		arer's SSN or I		,
Paid		Preparer's signature			Date		Check if self-employed] riep	aidi ə ooin Uf I	IIIN	
	arer's	Firm's name (or	Seil					-1			
Use	Unly	yours if self-employed),		Phone no. ()							

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Schedule C—Rent Income (see instructions on page	-	al Prop	erty	and Perso	nal Prope	erty L	eased With Real	l Pr	operty)	
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent receiv	ed or accr	ued							
(a) From personal property (if the for personal property is more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				eeds	Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total		Total								
Total income. Add totals of co		2(b). Ente	r •				Total deductions. here and on page 1, line 6, column (B)		t I,	
Schedule E—Unrelated	Debt-Finance	ed Inco	me (see instruction	ons on pag	e 20)				
1 Description of de	ebt-financed propert	ту		2 Gross inco			Deductions directly con debt-finance		roperty	
			anocabi		property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)										
(2)										
(3)										
(4)	E Average adi	inted book						\vdash		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjuste or allocable debt-financed debt-financed (attach schedule)		able to ed property	le to property		6 Column 4 divided by column 5		ross income reportable blumn 2 × column 6)	8 Allocable deductions (column 6 × total of column 3(a) and 3(b))		
(1)					%					
(2)					%					
(3)					%					
(4)					%					
Totals							here and on page 1, l, line 7, column (A).		ter here and on page 1, rt I, line 7, column (B).	
Total dividends-received ded	uctions included	in colum	18.							
Schedule F—Interest, A	nnuities, Roya	alties, a	nd R	ents From	Controlle	d Or	ganizations (see i	nstr	ructions on page 21)	
-				t Controlled			`			
1 Name of Controlled Organization	Name of Controlled Organization		related income e instructions) 4 Total of sp payments r			5 Part of column 4 that is included in the controlling organization's gross income		g connected with income		
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	nizations									
7 Taxable Income	8 Net unrelated income		9 Total of specified payments made			10 Part of column 9 that included in the controll organization's gross inc	11 Deductions directly connected with income in column 10			
(1)										
(2)										
(3)										
(4)										
							Add columns 5 and 10 Enter here and on page Part I, line 8, column (A	e 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals										

Schedule G—Investment In (see instructions on page 22)	ncome of a Sec	tion 50)1(c)(7),	(9), or (17) Or	ganization				
1 Description of income	2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-aside		5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)			(411	4011 001104410)				p.u	
(2)									
(3)									
(4)									
	Enter here and on Part I, line 9, colun							re and on page 1, ne 9, column (B).	
Totals ▶									
Schedule I—Exploited Exer (see instructions on page 22)	mpt Activity Inc	ome,	Other T	han Advertisir	ng Income				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir conne produ unr	penses rectly cted with action of elated as income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	attrib	xpenses utable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, I, col. (B).					Enter here and on page 1, Part II, line 26.	
Schedule J—Advertising In	come (see instru	ctions (on nage	33)					
Part I Income From Pe					is				
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5)) .	•								
Part II Income From Pocolumns 2 through	eriodicals Repo			parate Basis	(For each per	riodical	listed i	n Part II, fill in	
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Totals Part II (lines 1.5)	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) Schedule K—Compensatio		irecto	re and	Trustees (see	inetructions on	nago O	3)		
Scriedule N—Compensatio	ii oi oilicers, D	iii ecto	is, and	Trustees (See	3 Percent o	f	•		
1 Name				2 Title	time devoted business	time devoted to business		Compensation attributable to unrelated business	
						%			
						%			
						%			
						%			
Total Enter here and an nego 1 D	ove II luca 1/					→ 1			