



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	0	0	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	0	0	0	0
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
<b>28</b>	Employee benefits not included on lines 25a - 27	0	0	0	0
<b>29</b>	Payroll taxes	0	0	0	0
<b>30</b>	Professional fundraising fees	0	0	0	0
<b>31</b>	Accounting fees	0	0	0	0
<b>32</b>	Legal fees	0	0	0	0
<b>33</b>	Supplies	4295	0	4295	0
<b>34</b>	Telephone	0	0	0	0
<b>35</b>	Postage and shipping	960	0	960	0
<b>36</b>	Occupancy	0	0	0	0
<b>37</b>	Equipment rental and maintenance	0	0	0	0
<b>38</b>	Printing and publications	0	0	0	0
<b>39</b>	Travel	0	0	0	0
<b>40</b>	Conferences, conventions, and meetings	0	0	0	0
<b>41</b>	Interest	0	0	0	0
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	ADMINISTRATIVE EXPENSES	19316	0	19316	0
<b>b</b>	RESCUE EXPENSES	315361	315361	0	0
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	339932	315361	24571	0

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ 0,  
 (iii) the amount allocated to Management and general \$ 0, and (iv) the amount allocated to Fundraising \$ 0

**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.

What is the organization's primary exempt purpose? <b>▶ TO RESCUE ENGLISH SPRINGER SPANIELS IN NEED</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
<b>a</b> ESRA ASSISTED 1279 ENGLISH SPRINGER SPANIELS IN NEED IN 2006 ..... ..... ..... ..... ..... ..... (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	315361
<b>b</b> ..... ..... ..... ..... ..... ..... (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>c</b> ..... ..... ..... ..... ..... ..... (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>d</b> ..... ..... ..... ..... ..... ..... (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	315361

**Part IV Balance Sheets** (See the instructions)

				(A)		(B)	
				Beginning of year		End of year	
Assets	<b>45</b> Cash—non-interest-bearing			11670	<b>45</b>		14664
	<b>46</b> Savings and temporary cash investments			38025	<b>46</b>		76053
	<b>47a</b> Accounts receivable	<b>47a</b>	0				
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	0	0	<b>47c</b>		0
	<b>48a</b> Pledges receivable	<b>48a</b>	0				
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	0	0	<b>48c</b>		0
	<b>49</b> Grants receivable			0	<b>49</b>		0
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	<b>50a</b>		0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			0	<b>50b</b>		0
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	0				
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	0	0	<b>51c</b>		0
	<b>52</b> Inventories for sale or use			0	<b>52</b>		0
	<b>53</b> Prepaid expenses and deferred charges			0	<b>53</b>		0
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			0	<b>54a</b>		0
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			0	<b>54b</b>		0
	<b>55a</b> Investments—land, buildings, and equipment basis	<b>55a</b>	0				
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	0	0	<b>55c</b>		0
	<b>56</b> Investments—other (attach schedule)			0	<b>56</b>		0
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>	0				
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	0	0	<b>57c</b>		0
<b>58</b> Other assets including program-related investments (describe <input type="checkbox"/> ..... )			0	<b>58</b>		0	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58			49695	<b>59</b>		90717	
Liabilities	<b>60</b> Accounts payable and accrued expenses			0	<b>60</b>		0
	<b>61</b> Grants payable			0	<b>61</b>		0
	<b>62</b> Deferred revenue			0	<b>62</b>		0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			0	<b>63</b>		0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			0	<b>64a</b>		0
	<b>b</b> Mortgages and other notes payable (attach schedule)			0	<b>64b</b>		0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> REFUNDABLE DEPOSITS ..... )			125	<b>65</b>		800
	<b>66 Total liabilities.</b> Add lines 60 through 65			125	<b>66</b>		800
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>						
	<b>67</b> Unrestricted			0	<b>67</b>		0
	<b>68</b> Temporarily restricted			0	<b>68</b>		0
	<b>69</b> Permanently restricted			0	<b>69</b>		0
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
	<b>70</b> Capital stock, trust principal, or current funds			4224	<b>70</b>		4224
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			0	<b>71</b>		0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			45346	<b>72</b>		85693
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			49570	<b>73</b>		89917	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73			49695	<b>74</b>		90717	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	381037
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
1	Net unrealized gains on investments	<b>b1</b>	0	
2	Donated services and use of facilities	<b>b2</b>	0	
3	Recoveries of prior year grants	<b>b3</b>	0	
4	Other (specify) _____	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	0	
2	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	381037

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	339932
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
1	Donated services and use of facilities	<b>b1</b>	0	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	0	
3	Losses reported on Part I, line 20	<b>b3</b>	0	
4	Other (specify) _____	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	0	
2	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	339932

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CARYN POLA 19518 NASHVILLE ST., NORTHRIDGE, CA 91326	PRES & CHAIR OF THE BOARD - 40 HRS MIN	0	0	0
MARVIN MILLER 18543 HAYNES ST, RESEDA, CA 91335	DIRECTOR & VP WEST - 40 HRS. MIN	0	0	0
JENNIFER COLE BOX 1109, SANDIA PARK, NM 87047	DIRECTOR - 40 HRS MIN	0	0	0
GEORGE SIEGEL 4265 EMILY DR, NORTH EAST, PA 16428	VP MIDWEST - 40 HRS MIN.	0	0	0
DON OSBORNE 509 S ROSS ST, SANTA ANA, CA 92701	DIRECTOR & PRLMNT. - 40 HRS. MIN.	0	0	0
DEBBIE KERSEY 5110 OAKHAVEN LN, TAMPA, FL 33617	VP SOUTHEAST - 40 HRS MIN	0	0	0
JUDY MANLEY 5394 N PARK AVE EXT, WARREN, OH 44481	VP EMERITIS - 40 HRS MIN	0	0	0
HEATHER YOUNG 175 CRESTWOOD, ALPHARETTA, GA 30004	DIRECTOR - 40 HRS. MIN.	0	0	0
PAM CIVILE 2081 CHARLIE COOPER RD., STALEY, NC 27355	SECRETARY - 40 HRS MIN	0	0	0
SUZANNE BELL 2721 WALKER LEE DR, LOS ALAMITOS, CA 90720	TREASURER - 40 HRS MIN.	0	0	0



Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b 0 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b 85a 85b 85c 0 85d 0 85e 0 85f 0 85g 85h 86a 0 86b 0 87a 0 87b 0 88a 88b 89a 89b 89c 0 89d 0 89e 89f 89g 90a List the states with which a copy of this return is filed CALIFORNIA 90b 0 91a The books are in care of SUZANNE BELL, TREASURER Telephone no ( 562 ) 431-2354 Located at 2721 WALKER LEE DR, LOS ALAMITOS, CA ZIP + 4 90720 91b Yes No

**Part VI Other Information** (continued)

	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? <b>91c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c <b>NOT APPLICABLE</b>					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E))					

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	<b>NOT APPLICABLE</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
<b>NOT APPLICABLE</b>	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

	Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes" complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

	Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

	Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input type="checkbox"/>

**Please Sign Here**

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Suzanne Bell* Date: 1/20/07

Type or print name and title: SUZANNE BELL, TREASURER

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen Inst X): \_\_\_\_\_

Phone no: \_\_\_\_\_



**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

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

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

Name of the organization <b>ENGLISH SPRINGER RESCUE AMERICA, INC</b>	Employer identification number <b>33 : 0872975</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(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				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

**Part III** **Statements About Activities** (See page 2 of the instructions)

	Yes	No
<p><b>1</b> 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)</p> <p>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</p>	1	✓
<p><b>2</b> 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)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	✓
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	✓
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	✓
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	✓
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	✓
<p><b>3a</b> 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)</p>	3a	✓
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	✓
<p><b>c</b> 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</p>	3c	✓
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	✓
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	✓
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b	✓
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor or related person?</p>	4c	✓
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		0
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		0
<p><b>f</b> 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 ► _____</p>		0
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part 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** ▶ .....
- 10  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 **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(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)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

**Part V-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 beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	266240	190195	68650	135114	660199
16 Membership fees received	0	0	0	0	0
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	0	0	0	0	0
18 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	0	295	295	30	620
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	266240	190490	68945	135144	660819
24 Line 23 minus line 17	266240	190490	68945	135144	660819
25 Enter 1% of line 23	2662	1904	689	1351	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 0
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 ▶					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c 0
d Add Amounts from column (e) for lines 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> ▶					26d 0
e Public support (line 26c minus line 26d total) ▶					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 0%
27 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 (2005) <u>0</u> (2004) <u>0</u> (2003) <u>0</u> (2002) <u>0</u>					
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) <u>0</u> (2004) <u>0</u> (2003) <u>0</u> (2002) <u>0</u>					
c Add Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u> ▶					27c 0
d Add Line 27a total <u>0</u> and line 27b total <u>0</u> ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 0%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0%
28 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					

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

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ..... ..... .....		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....	<b>32d</b>	
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... ..... .....	<b>33h</b>	
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b>	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	<b>34b</b>	
<b>35</b>	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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is—</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36.	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(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 on page 13 of the instructions )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the 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	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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

