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.

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

OMB No. 1545-1150 2007

Open to Public Inspection

Ā	For the	2007 calend	dar year	r, or tax year be	eginning		, 2007, an	d end	ing			, 20		
В	Check if a	Reference of the please use IRS label or TXDCDT-TEXAS DIVISION ON CAREER DEVELOPMENT AND TRAI 20							yer ider	ntification number				
									5696957					
Н		return print or type. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep								lephone number				
H	Terminati									915) 494-0596				
H	Amended		Specific	City or town	state or country, ar	nd ZIP + 4				F Group	Fxemr	ation		
/		on pending	Instruc- tions.	El Paso, Tex	as 79936						er .			
	Section	ion 501(c)(3)	organiz			pt charitable trusts	must attac	ch	G Acco	untina me	thod:	✓ Cash		
					ule A (Form 990					(specify)				
									H Check	k >	if the o	rganization		
1	Websi	ite: ▶ <u>www</u>	v.Texas	sDCDT.org						required		•		
J	Organi	zation type (check o	nly one)— 🗸 50	01(c) () ∢ (inse	ert no.) 🔲 4947(a)	(1) or 5	527				, 990-EZ, or 990-PF).		
						, ,			ts are non	mally not	more th	an \$25,000. A return is		
••			-			e sure to file a comple	-	гооогр	10 410 11011	Tidily list		απ φ20,000. 7 (10tam 10		
L						\$100,000 or more, file		instead	of Form	990-EZ .	\$	1750		
	art I					et Assets or Fur			$\overline{}$					
				•				, ,	Joe pag	00 0.	1	250		
	1		_	-	similar amounts						2	0		
	2	_				t fees and contrac	is				3	1500		
	3	Investmen	-	s and assessm	nents			X			4	0		
	4						′			0	7			
	5a				ets other than i	nventory	5b			0	-			
	b				ales expenses						5c	0		
<u>a</u>	С	c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) 6 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ of contributions						30	0					
Revenue	6													
ě	а							0						
ď		reported o		,			6a	$\overline{}$		0	-			
	b				an fundraising e		6b			0				
	С								6c	0				
	7a	Gross sale	es of in	ventory, less 🕏	eturns and allo	wances	7a			0	-			
	b	Less: cost	of goo	ods sold			7 b)		0				
	С	-			of inventory.	Subtract line 7b fro	m line 7a				7c	0		
	8		Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5¢, 6c, 7¢, and 8						8	0				
_	9	Total reve	enue. A	dd lines 1, 2,	3, 4, 5c, 6c, 7c	and 8				<u> ▶ </u>	9	1750		
	10	Grants and	d simila	ar amounts pai	id (attach sched	dule)					10	0		
	11	Benefits pa	aid to d	or for member	s.,						11	0		
es	12	Salaries, o	ther co	ompensation, a	and employee b	enefits					12	0		
Sue	13	Profession	al fees	and other pay	ments to indep	pendent contractor	rs				13	0		
Expenses	14										14	0		
ш	15	Printing, p	ublicati	ions, postage,	and shipping.	ticipation and edu					15	0		
	16										16	422.46		
_	17	Total expe	enses.	Add lines 10 t	through 16 .					<u> ▶ </u>	17	422.46		
ţ	18	Excess or	(deficit) for the year.	Subtract line 1	7 from line 9					18	1327.54		
Assets	19					year (from line 27								
Ä						turn)					19	0		
Net	20					(attach explanation					20	0		
	21					ombine lines 18 th					21	1327.54		
P	art II	Balance	Sheet	s—If Total ass	sets on line 25,	column (B) are \$2	50,000 or	more,	file Forn	n 990 in:	stead c	f Form 990-EZ.		
			(5	See page 60 of	f the instruction	ns.)			(A) Beg	ginning of y		(B) End of year		
2	2 Cas	sh, savings, a	and inv	estments .							0 22			
2	3 Lan	d and buildi	ngs .								0 23			
2											0 24			
2	5 Tota	al assets									0 25	<u> </u>		
2	6 Tota	al liabilities) must agree with)			0 26			
2	7 Net	accete or f	fund ba	alances (line 2	7 of column (B	must agree with	line 21)				0 27	1327 54		

Form	990-EZ (2007)							Р	Page 2
	rt III Statement of Program Service Accom						Expen	ses	
Wha	at is the organization's primary exempt purpose?	ducationpromote succe	ssful school to a	dult trans	sitic (F		ired fo		
Des	cribe what was achieved in carrying out the organization	ation's exempt purposes. Ir	n a clear and cond	ise mann	er, a		4) org 1947(a)		
des	cribe the services provided, the number of persons be	nefited, or other relevant info	ormation for each p	rogram tit	tle. o		nal for o		
28	Provided educational training to special education	on teachers through vario	us state conferer	nces.					
	Distribution of printed materials to special educa	ation teachers.							
-	200 special education teachers reached.								
((Grants \$) If this amount incli	<u> </u>	a			235			
29	Provided educational training to parents through	Texas Parent to Parent (Conference.						
	Distribution of printed materials to parents.								
	250 parents reached								
	(Grants \$) If this amount incl	udes foreign grants, check	here	. •	<u> </u>	a			100
	None								
((Grants \$) If this amount incl	udes foreign grants, check	here	. •	<u> </u>	а			0
31	Other program services (attach schedule)					Т			
((Grants \$) If this amount inclu	udes foreign grants, check	here		31	а			
32	Total program service expenses. Add lines 28a th				▶ 32	2			335
Pa	rt IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve	n if not compensate	d. See pag	ge 61 of	the	instruc	ctions.	.)
		(B) Title and average	(C) Compensation	(D) Contri	butions to)	(E) E	Expens	se
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee be deferred co				ount an allowan	
Jea	anne Patrick)						
332	22 Montgomery, Huntsville, Tx 77340	President-10 hrs	0			0			0
Ca	rol Huntley		XU						
1900 Trevino Dr, Austin, TX 78746 Secretary/Treasurer-2h 0									0
Ka	thy Hutto								
500	0 W. Hutchinson, San Marcos, TX 78666	President-Elect- 1 hr	0			0			0
Ph	illip Thomas Laign, Jr (Current President)		1						
	228 Edgar Degas, El Paso, Texas 79936	2014 President-10 hrs	0			0			0
Pa	rt V Other Information (Note the statemer	nt requirement in Genera	al Instruction V.)					Yes	No
33	Did the organization make a change in its activities	es or methods of conducting	ng activities? If "Y	es." attac	ch a				
-	detailed statement of each change					_	33		✓
34	Were any changes made to the organizing or gov	verning documents but not	reported to the IF	RS? If "Ye	es."				
•	attach a conformed copy of the changes						34		✓
35	If the organization had income from business activities,	such as those reported on line	es 2. 6. and 7 (amon	a others).	but not				
	reported on Form 990-T, attach a statement explaining			- /					
а	Did the organization have unrelated business gros	s income of \$1,000 or mor	e or 6033(e) notice	e. reportir	na. and	ı			
			` '		0,		35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for	or this year?					35b		✓
36	Was there a liquidation, dissolution, termination, of	or substantial contraction o	during the year? If	"Yes," at	ttach a				
							36		✓
37a	statement	direct, as described in the in	structions. > 37	a		0			
	Did the organization file Form 1120-POL for this						37b		✓
	Did the organization borrow from, or make any loa	=							
	any such loans made in a prior year and still unpa						38a		✓
h	If "Yes," attach the schedule specified in the line		- 1		-				
-	involved		00	b					
39	501(c)(7) organizations. Enter:	·							
	Initiation fees and capital contributions included of			а					
b	Gross receipts, included on line 9, for public use	of club facilities	39	b					

	990-12 (2007)		1-6	age 3				
Pai	Other Information (Note the statement requirement in General Instruction V.) (Continued)							
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	-						
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	Yes	No √				
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Enter amount of tax on line 40c reimbursed by the organization ▶0							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	1000	1				
41	List the states with which a copy of this return is filed. ▶ Texas							
42a	The books are in care of ▶ Cindy Fussell Telephone no. ▶ (409)	38	5-722	23				
	Located at ▶ P.O. Box 2203 Silsbee, Texas ZIP + 4 ▶							
b	At 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	42b	Yes	No				
	account)?	720						
		42c	HERE SALES	1				
·	If "Yes," enter the name of the foreign country:	120		_				
43	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	* *	. 1	▶ □				
Plea Sigr	Signature of officer Date	nas any	knowl	ledge ledge.				
Here	Phillip Thomas Laign, Jr., President							
	Type or print name and title.							
Paid Prep	Preparer's signature Preparer's SSN or Femployed ▶ □ Preparer's SSN or Femployed ▶ □	TIN (See	e Gen. I	Inst. X)				
Use								
	Form	n 990	-EZ	(2007)				

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.)

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

Employer identification number Name of the organization TXDCDT-TEXAS DIVISION ON CAREER DEVELOPMENT AND TRANSITION 20 5696957 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 None 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.") (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation None Total number of others receiving over \$50,000 for professional services None 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

Pa	rt III Statements About Activities (See page 2 of the instructions.)	,	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \mathbb{\text{\text{Must equal amounts on line 38,}}}\$ Part VI-A, or line i of Part VI-B.)	1		√
	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?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
С	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
е	Transfer of any part of its income or assets?	2e		✓
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		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓
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		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		✓
b	Did the organization make any taxable distributions under section 4966?	4b		√
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
d	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _			0
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			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0
	·			

Pa	rt IN	/	Reason for Non-Private	Foundation S	status (See pages 4	through 8 of	the instruct	ions.)				
l cer	tify 1	that	the organization is not a privat	te foundation beca	ause it is: (Please check	only ONE app	olicable box.)					
5		A c	hurch, convention of churches	, or association o	f 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		Ас	ommunity trust. Section 170(b)(1)(A)(vi). (Also co	mplete the Support Sci	hedule in Part	IV-A.)					
12	✓	An organization that normally receives: (1) more than 331/3% 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 331/3% 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		req	organization that is not control uirements of section 509(a)(3).	Check the box th	nat describes the type of	f supporting or	rganization:					
		Ш	Type I Type II	∟Nype II	II-Functionally Integrate	e d ∟	Type III-Othe	er				
			Provide the following info	rmation about th	e supported organizati	ions. (See pag	e 8 of the instr	ructions.)				
(a) Name(s) of supported organization(s) identification				(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz governing d	on listed in porting cation's	(e) Amount of support				
						Yes	No					
			<u>O, </u>									
Tota	L.						🕨					
14		An	organization organized and op	erated to test for	public safety. Section 5	i09(a)(4). (See ı	page 8 of the i	nstructions.)				

Par Note	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions	y if you checked s for converting fro	a box on line 10,	11, or 12.) Use o the cash method	cash method of d of accounting.	accounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.) .	0	0	0	0	0
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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	
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	S	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
22	Other income. Attach a schedule. Do not			XO		
	include gain or (loss) from sale of capital assets	0	0	0	0	0
23	Total of lines 15 through 22	0	0	0	0	0
24	Line 23 minus line 17	0	0	0	0	0
25	Enter 1% of line 23	0	0	0	0	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶ 26a	0
b	Prepare a list for your records to show the nar governmental unit or publicly supported organization.					
	amount shown in line 26a. Do not file this list w					0
С	Total support for section 509(a)(1) test: Enter li	ne 24, column (e)	·		▶ 26c	0
d	Add: Amounts from column (e) for lines: 18 22	0	19 26b	_	▶ 26d	0
е	Public support (line 26c minus line 26d total)	()			▶ 26e	0
f	Public support percentage (line 26e (numera	ator) divided by I	ine 26c (denomi	nator))	▶ 26f	0 %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and e sum of such an	total amounts red nounts for each y	ceived in each yea rear:	ar from, each "dis	squalified person."
	(2006) (2005)	0	. (2004)	0	. (2003)	0
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	year, that was mo 5 through 11b, as we the larger amount	re than the larger well as individuals. t described in (1)	of (1) the amount of (1) the amount of (2), enter the si	on line 25 for the st with your return of these diffe	year or (2) \$5,000. rn. After computing rences (the excess
	(2006)	C	(2004)	0	. (2003)	0
С	Add: Amounts from column (e) for lines: 15 17	0	16 21	0	▶ 27c	0
d	Add: Line 27a total	and line 27b tota	l	0	▶ 27d	0
e	Public support (line 27c total minus line 27d to					0
f	Total support for section 509(a)(2) test: Enter a					
g	Public support percentage (line 27e (numera	ator) divided by I	ine 27f (denomi	nator))	▶ 27g	
h	Investment income percentage (line 18, colu	umn (e) (numerat	or) divided by li	ne 27f (denomin	ator)). ▶ 27h	0 %
28	Unusual Grants: For an organization described prepare a list for your records to show, for ear description of the nature of the grant. Do not the grant of th	ch year, the nam	e of the contribu	tor, the date and	I amount of the	grant, and a brief

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
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	100	140
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			
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	31		
	that makes the policy known to all parts of the general community it serves?			
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	024		
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		
d	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.)			
33	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		
е	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		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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		

Sche	dule A (Form 990 or 990-EZ) 2007					Page 6
Pa	rt VI-A Lobbying Expenditures by E (To be completed ONLY by a				e instructions	.)
Che	$ck \triangleright a \square$ if the organization belongs to an affi	iliated group. Cl	neck ▶ b 🗌 if	you checked "a" ar	d "limited control"	provisions apply.
	Limits on Lobby (The term "expenditures" me				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence publ	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	36		0.9424.00
37	Total lobbying expenditures to influence a leg					
38	Total lobbying expenditures (add lines 36 and					
39	Other exempt purpose expenditures	,				
40	Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount. Enter the amount	unt from the follo	wing table—			
			kable amount is-			
	Not over \$500,000 20%					
	Over \$500,000 but not over \$1,000,000 . \$100					
	Over \$1,000,000 but not over \$1,500,000 . \$175 Over \$1,500,000 but not over \$17,000,000 . \$225				_	
	Over \$17,000,000					
42	Grassroots nontaxable amount (enter 25% of					
43	Subtract line 42 from line 36. Enter -0- if line	,				
44	Subtract line 41 from line 38. Enter -0- if line	41 is more than	line 38	44		
	Caution: If there is an amount on either line	43 or line 44, you	must file Form 47	20.		
			od Under Sect		·	
	(Some organizations that made a sect See the instructions					elow.
		Lo	bbying Expendit	ures During 4-Ye	ar Averaging Po	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount	Ó.				
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount	10				
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures		<u> </u>			
Ра	rt VI-B Lobbying Activity by Nonele (For reporting only by organize			Part VI-A) (See	page 14 of th	e instructions.)
	ng the year, did the organization attempt to infunct to influence public opinion on a legislative				ny Yes No	Amount
				use oi.		
b	Volunteers Paid staff or management (Include compensation)			c through h.)		
c	Media advertisements	•	•			
d	Mailings to members, legislators, or the publi				.	
е	Publications, or published or broadcast state					
f	Grants to other organizations for lobbying pu					
g	Direct contact with legislators, their staffs, go		-			
n i	Rallies, demonstrations, seminars, conventior Total lobbying expenditures (Add lines c thro					
•	If "Yes" to any of the above, also attach a sta				activities.	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51			-		-	following with any other orga on 527, relating to political org		d in se	ection		
_		. ,		,,,,,			ariizatioris:	Yes	No		
а				to a noncharitable ex	empt orga	nization of:	51a(i)				
							a(ii)		<u></u>		
h	(ii)	Other assets . er transactions:									
b			oftith -			:	b(i)		1		
		_			_	ion	b(ii)		<u></u>		
				ritable exempt organiza							
	(iii)			her assets			b(iii)				
	(iv)						b(iv)				
							b(v)				
				ship or fundraising sol			b(vi)				
С		-		sts, other assets, or p			<u> </u>				
d	goo	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fa goods, other assets, or services given by the reporting organization. If the organization received less than fair transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:									
	a) e no.	(b) Amount involved	Name of non	(c) charitable exempt organiza	tion	(d) Description of transfers, transacti		angeme	ents		
								9			
						17 1.					
						$\overline{(}$					
	des		01(c) of the Code	other than section 501		e or more tax-exempt organi n section 527?		s /	No		
		(a) Name of organiz	ation	(b) Type of organizat	ion	(c) Description of					
									-		
				I							