

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED APR 29 2010 STATUTE CLEARED

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)

Sponsoning organizations, and controlling organizations as defined in section 512(b)(13) must file Form
41 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.

2006

OMB No 1545-1150

**Open to Public** Inspection

_	For the 2006 caler	r the 2006 calendar year, or tax year beginning JANUARY 1 , 2006, and ending DECEM			BER 31	, 20 06	
-	Check if applicable	Please C Name of organization			D Emplo	yer iden	tification number
割		use IRS label or RICO CENTER			20		5827289
닖	Name change Initial return	print or Number and street (or P C	D box, if mail is not delivered	to street address) Ro	om/suite E Teleph	one nur	nber
ر ا	Final return	type. See PO BOX 114			(	)	
	Amended return	Specific City or town, state or cour	ntry, and ZIP + 4		F Group	Evemni	:ion
	Application pending	Instruc- tions. RICO, COLORADO 81	1332		,	er	
	• Section 501(c)(3	B) organizations and 4947(a)(1) non		s must attach	G Accounting met	thod: [	Cash Accrual
		a completed Schedule A (Form			Other (specify)		
. <u>- 71</u>			<u> </u>		H Check ▶ □	-	agnization
•	Website: ► WV	W.RICOCENTER.ORG		ļ	is <b>not</b> required		•
J		(check only one)— <b>7</b> 501(c) ( <b>3</b> )	<b>4</b> (insert no.) ☐ 4947/	a)(1) or			990-EZ, or 990-PF)
		organization is not a section 509(a)(3)					
•		the organization chooses to file a ret			s are normany not	nore tria	11 ψ20,000. A Tetai 11 13
-		nd 7b, to line 9 to determine gross rece			of Form 990-EZ.	▶ \$	47,067.33
_		e, Expenses, and Changes				the ins	tructions.)
		ions, gifts, grants, and similar amo				1	42,466.44
		service revenue including gover				2	0
	_					3	0
		ent income				4	4,600.89
	1	nount from sale of assets other					.,
			-		0		
		st or other basis and sales experience			<del>-</del>	5c	0
ē	c Gain or (	loss) from sale of assets other the vents and activities (attach schedum)				<del>-30</del>	
Revenue	6 Special e	1					
Š	a Gross re						
Œ	reported	_ 0					
	<b>b</b> Less: dire	b Less. direct expenses other trial fundraising expenses					•
	c Net income or (loss) from special events and activities (line 6a less line 6b)						0
	7a Gross sa	, Ortanicu					
				OGDEN	<u>_</u>	- {	
		ofit or (loss) from sales of invent	ory (line 7a less line 7	o)		7c	0
	8 Other re	enue (describe N/A			)	8	0
_		<b>Tenue</b> (and lines 1, 2, 3, 4, 5c, 6				9	47,067.33
	10 Grants a	nd similar amaynts paid (attach	schedule)			10	58,431.00
	175 Bendents 12 Salaries,	balid ဖြစ်ဖြစ်ပြောက်မှုmbers				11	<u>0</u>
es	12 Salaries,	other compensation, and emplo	yee benefits			12	0
enses		pnal fees and other payments to		ors		13	0
Expe	14 Occupan	cy, rent, utilities, and maintenan	ce		l	14	0
Ŵ	15 Printing,					15	0
	16 Other ex	publications, postage, and shipp penses (describe ► INVESTME	ENT FEES, DUES, SO	TWARE COSTS	)	16	1,695.74
		penses (add lines 10 through 16				17	60,126.74
Ŋ	18 Excess o	or (deficit) for the year (line 9 less				18	-13,059.41
Assets	19 Net asse	ets or fund balances at beginning			i		
As	end-of-v	ear figure reported on prior year				19	64,245.12
Net	20 Other ch	anges in net assets or fund bala				20	0
Z	21 Net asse	ts or fund balances at end of ye				21	51,185.71
P		Sheets—If Total assets on lin					
-		(See page 51 of the instri	<del></del>	<u> </u>	(A) Beginning of y		(B) End of year
2	2 Cash savings				64,245.	12 22	51,185.71
2	•				.,	0 23	0
2	4 Other accets /	dings				0 24	0
2	-			•	· · · · · · · · · · · · · · · · · · ·	0 25	0
2		ALIA				0 26	0
2	7 Not seeste ou	fund halances (line 27 of colum	nn (R) must aaraa with	lina 21)	64 245	$\longrightarrow$	51 195 71

91/11/12 24 NE

Pa	rt III Statement of Program Service Accom	plishments (See page 51	of the instruction	ns.)	Ţ	Expen	ses	
Wha	it is the organization's primary exempt purpose? 🗵	o preserve and enrich the	quality of life fo	r Rico resid	(Requ	ured to	r 501(	c)(3)
Des	cribe what was achieved in carrying out the organization the services provided, the number of persons be	ation's exempt purposes. In	n a clear and cond	ise manner,	and	4947(a) nal for	(1) tru	usts;
<u> 28</u> .	To provide grants that preserve and enrich the q	uality of life for Rico resid	lents, visitors		1			
	and employees				1 1			
-				·····			41	.4 00
•	Grants \$ 58,431.00 ) If this amount incl	<del>_</del>			28a		28,4	31.00
<b>29</b> .					) }			
					} }			
•	Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▶ 🛘	29a			
30	711 1110 4110011 1101							
				<u></u>	1			
		udes foreign grants, check			30a			
					04.5			
	Grants \$ ) If this amount incl  Fotal program service expenses (add lines 28a th	udes foreign grants, check			31a 32		51	3,431
	rt IV List of Officers, Directors, Trustees, and Key					e instru		
		(B) Title and average	(C) Compensation	(D) Contribut	ions to	(E)	Expens	se
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred comp			ount ar allowar	
NIC	OLE PIETERSE, RICO, CO 81332	BOARD MEMBER, 1						
		HR	0		0			0
DE	B JONES, RICO, CO 81332	BOARD MEMBER, 1		[				
	DD TUDDIN DIOC OO MAGA	HR	0		0			0
BA	RB TURRIN, RICO, CO 81332	BOARD MEMBER, 1	0	Ì	0			0
BA	RBARA BETTS, RICO, CO 81332	HR ADD MEMBER 4	<u> </u>	<del> </del>	_ <del></del>			_ <u> </u>
		BOARD MEMBER, 1	} o	1	0			0
Pa	rt V Other Information (Note the statemen		al Instruction V.)				Yes	No
33	Did the organization engage in any activity not pr	reviously reported to the IR	S? If "Yes," attac	h a detailed		ŀ		
						33	<u> </u>	<b>✓</b>
34	Were any changes made to the organizing or government	verning documents but not	reported to the IF	RS? If "Yes,	31		ļ	
	.,					34	<del> </del>	<u> </u>
35	If the organization had income from business activities, reported on Form 990-T, attach a statement explaining				t <b>not</b>			
_	Did the organization have unrelated business gros	, ,			and	Ì		
a		· · · · · · · · · · ·		e, reporting	, and	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for					35b		
36	Was there a liquidation, dissolution, termination,	•		f "Yes," atta	ach a	ł	}	١.
						36		/
	Enter amount of political expenditures, direct or inc			a	0	-1		ł
	Did the organization file Form 1120-POL for this					37b		
38a	Did the organization borrow from, or make any loa any such loans made in a prior year and still unp					38a		1
L	If "Yes," attach the schedule specified in the lin-	•	- 1			1		广
ı.	involved		38	b		_		ļ
39	501(c)(7) organizations. Enter:					]		}
	Initiation fees and capital contributions included of					4		
b	Gross receipts, included on line 9, for public use	of club facilities		b		ĺ	ſ	1

Page	3

Par	t V	Other Information (Note the statement requirement in	General Instru	ction V.)	(Contin	ued)			
40a		c)(3) organizations. Enter amount of tax imposed on the organization 4911 ▶ ; section 4912 ▶			er: 	0	•	52	
b		(3) and (4) organizations. Did the organization engage in any section did it become aware of an excess benefit transaction from a pri						Yes	No ✓
	the ye	amount of tax imposed on organization managers or disqualifear under sections 4912, 4955, and 4958		. ▶			_		
d,	Enter	amount of tax on line 40c reimbursed by the organization .		. ▶			<del></del>		}
е		ganizations. At any time during the tax year, was the organizat	non a party to a p				40€		1
41	List th	he states with which a copy of this return is filed.  COLORADO	)						
42a	The b	oooks are in care of ▶ ERIN NEER		Telepi	none no	. <b>►</b> (.)	؛ ر 970	562-39	32
	Locat	ted at ▶ 27696 HIGHWAY 145, DOLORES, COLORADO	·	'Z	IP + 4		81	323	
	If "Yes See the At any If "Yes Section	a financial account in a foreign country (such as a bank account)?  es," enter the name of the foreign country:  the instructions for exceptions and filing requirements for Forming time during the calendar year, did the organization maintain es," enter the name of the foreign country:  on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ interest the amount of tax-exempt interest received or accrued did under penalties of penjury, I declare that I have examined this return, including	TD F 90-22.1. an office outside	e of the U.	S.?		420		✓ ✓
Plea Sign Here		and belief, it is true, correct, and complete Declaration of preparer (other to Signature of officer  Type or print name and title	han officer) is based	on all inform	ate	vhich pri	eparer has a	nny knov	wledge.
Paid Prepa		Preparer's signature	Date	Check if self-employed	J	reparer's	SSN or PTIN	(See Gen	Inst X)
	arer'e i			Terripioyed					
Use (	1	Firm's name (or yours if self-employed).		E		<b>&gt;</b>	1		

Form **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

OMB No 1545-0047

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 Employer identification number **RICO CENTER** 58277289 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances N/A Total number of other employees paid over \$50,000 0 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 N/A Total number of others receiving over \$50,000 for 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 N/A Total number of other contractors receiving over

\$50,000 for other services . . . . . .

Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities     *   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		<b>✓</b>
	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		1
С	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
e	Transfer of any part of its income or assets?	2e		✓
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3а		1
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_		1
đ	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>√</b>
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
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pai	<u>t IV</u>	Reason for Non-Private	Foundation S	status (See pages 4	through 7 of	the instructi	ons.)
cer	tıfy t	hat the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE app	licable box.)	
5		A church, 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 Pa	rt V.)			
7		A hospital or a cooperative hospit	al service organız	ation. Section 170(b)(1)(	<b>A)</b> (iii).		
8		A federal, state, or local government	ent or governmen	tal unit. Section 170(b)(1	)(A)(v).		
9		A medical research organization of and state ▶	· · · · · · · · · · · · · · · · · · ·				
0		An organization operated for the be (Also complete the <b>Support Sched</b>	-	or university owned or op	perated by a go	vernmental unr	t. Section 170(b)(1)(A)(iv
1a	Z	An organization that normally receil 170(b)(1)(A)(vi). (Also complete the			governmental	unit or from the	e general public. Section
1b		A community trust. Section 170(b)	)(1)(A)(vi). (Also co	omplete the Support Scl	hedule in Part	IV-A.)	
2	An organization that normally receives: (1) more than 33%% 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%% 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.)						
3		An organization that is not control requirements of section 509(a)(3).	olled by any disq Check the box th	ualified persons (other that describes the type of	than foundation f supporting or	n managers) a ganization:	nd otherwise meets th
		☐ Type II ☐ Type II	□Туре І	II-Functionally Integrate	ed $\square$	Type III-Othe	r
		Provide the following info	rmation about th	e supported organizati	ions. (See pag	e 7 of the instr	ructions.)
Na	ıme	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz governing d	ipported on listed in porting cation's	(e) Amount of support
					Yes	No	
Tota	al .	<u> </u>	<u> </u>		· · · · ·	▶	
14	П	An organization organized and or	erated to test for	public safety. Section 5	509(a)(4), (See i	page 7 of the i	nstructions.)

	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions						ccounting.
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received. (Do				· , ,		
	not include unusual grants. See line 28).						
16	Membership fees received						
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						
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	1,534.24	0		0	1,534.24
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	43,766.47	41,009.79	0		0	84,776.26
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	43,766.47	42,544.03	0		0	86,310.50
24	Line 23 minus line 17	43,766.47	42,544.03	0		0	86,310.50
25	Enter 1% of line 23	437.66	425.44	0		0	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	ın (e), line 24 ,	▶	26a	1,726.21
b	Prepare a list for your records to show the nar governmental unit or publicly supported organiamount shown in line 26a. <b>Do not file this list w</b>	me of and amoun zation) whose tota	t contributed by al gifts for 2002 th	each person (oth nrough 2005 exce	er than a eded the	26b	0
С	Total support for section 509(a)(1) test. Enter I					26c	86,310.50
d	Add: Amounts from column (e) for lines: 18	1,534.24	10	0			
	22	0	26b	<u> </u>	▶	26d	1,534.24
е	Public support (line 26c minus line 26d total)				▶	26e	84,776.26
f	Public support percentage (line 26e (numero	ator) divided by	line 26c (denom	inator))	<u> ▶ </u>	26f	98 %
27	Organizations described on line 12: a For person," prepare a list for your records to show <b>Do not file this list with your return.</b> Enter the	the name of, and	total amounts red	ceived in each yea	vere receive ar from, eacl	ed fror h "disc	n a "disqualified qualified person."
	(2005) (2004)						
b	For any amount included in line 17 that was rece 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 the larger amoun	re than the larger well as individuals. t described in (1)	of (1) the amount ) Do not file this li or (2), enter the s	on line 25 fo st with your um of these	r the y return differe	ear or (2) \$5,000 After computing ences (the excess
	(2005) (2004)		(2003)		. (2002)		
С	Add: Amounts from column (e) for lines: 15  17 20		16 21		•	27c	
d	Add: Line 27a total	and line 27b tota			▶	27d	
e	Public support (line 27c total minus line 27d to					27e	
f	Total support for section 509(a)(2) test: Enter a Public support percentage (line 27e (numer	amount from line	23, column (e) .	. ▶ 27f	<b></b>	27g	%
y h	Investment income percentage (line 18, col	umn (e) (numera	tor) divided by li	ine 27f (denomir	nator)). ▶	27h	%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005,

Schedule A (Form 990 or 990-EZ) 2006

Par	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)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
	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		
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_		
				į
32	Does the organization maintain the following:	32a		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	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	ļ	
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		

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 . . .

	_			c
ı	۲a	α	е	C

Pa	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					nstructi	ons.	
Che	ck ▶ a ☐ if the organization belongs to an affilia	ited group. Che	ck ▶ b ☐ if	you checked	"a" and "	limited co	ntroi"	provisions apply.
	Limits on Lobbyir (The term "expenditures" mear	-			A	(a) ffiliated gr totals	oup	(b) To be completed for all electing organizations
 36			<del></del>		36			
37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis				37			
38	Total lobbying expenditures (add lines 36 and 3	• •			38			
39	Other exempt purpose expenditures				39			
40	Total exempt purpose experiatures (add lines				40			
41	Lobbying nontaxable amount. Enter the amount	-						
Τ'		obbying nontaxa	-					,
	Not over \$500,000 20% c							,
	Over \$500,000 but not over \$1,000,000 . \$100,0							
	Over \$1,000,000 but not over \$1,500,000 . \$175,0				41		-	
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	-		1				
	Over \$17,000,000 \$1,000	•	·					
42	Grassroots nontaxable amount (enter 25% of li				42			
43	Subtract line 42 from line 36. Enter -0- if line 4.				43			
44	Subtract line 41 from line 38 Enter -0- if line 4				44			
					•			
	Caution: If there is an amount on either line 43	or line 44, you r	nust file Form 47	20.				
	(Some organizations that made a section See the instructions for	or lines 45 throug	do not have to d	complete all s of the inst	of the fiv ructions.)			
	Calendar year (or	(a)	(b)	(c)	<u>1</u>	(d)		(e)
	fiscal year beginning in) ▶	2006	2005	2004	ŀ	2003		Total
<u>45</u>	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures					· · · · ·		
<u>48</u>	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelec	ting Public C	harities					=
	(For reporting only by organiza			Part VI-A)	(See pa	ge 13 (	of th	e instructions.)
Duri	ng the year, did the organization attempt to influ	ence national, st	ate or local legisl	ation inclu	ding any	V	NI-	A
	mpt to influence public opinion on a legislative m				9,	Yes	No	Amount
а	Volunteers		_					
b	Paid staff or management (Include compensation							
С	Media advertisements	•	•					
d	Mailings to members, legislators, or the public							
е	Publications, or published or broadcast statem							
f	Grants to other organizations for lobbying purp							
g	Direct contact with legislators, their staffs, gove							
h	Rallies, demonstrations, seminars, conventions							
i	Total lobbying expenditures (Add lines c through	gh <b>h.</b> )						
	If "Yes" to any of the above, also attach a state					tivities.		

Pa	t VI		n Regarding T ganizations (Se	ransfers To and Transa e page 13 of the instructio	ctions and ns.)	Relationships	With Noncharitable
51		the reporting organ	nization directly or	indirectly engage in any of the 01(c)(3) organizations) or in secti	following with		
а				to a noncharitable exempt orga		10 <b>p</b>	Yes No
_				. •	anization of.		51a(i)
	٠,	Other assets			· · · · ·		a(ii)
b		er transactions:					
_			es of assets with a	noncharitable exempt organiza	tion		b(i)
				ritable exempt organization			b(ii)
				her assets			b(iii)
							b(iv)
							b(v)
				ship or fundraising solicitations			b(vi)
С				sts, other assets, or paid emplo			. с
			•	complete the following schedule	-	uld always show t	he fair market value of the
_	goo	ds, other assets, or	r services given by	y the reporting organization. If to column (d) the value of the good	he organization	received less than	n fair market value in any
	a)	(b)		(c)		(d)	····
Line		Amount involved	Name of none	charitable exempt organization	Description of t	• •	, and sharing arrangements
_							
					<u>†                                      </u>	<del></del>	
					1		
					1		
						·	
	des		01(c) of the Code (	affiliated with, or related to, or other than section 501(c)(3)) or one of the first section in the first section 501(c)(3).		exempt organizat	ions . ▶ ☐ Yes ☐ No
		(a)		(b)		(c)	
		Name of organization	ation	Type of organization		Description of rela	ationship
							· · ·
					<del>                                     </del>		
					<del> </del>	· · · · · · · · · · · · · · · · · · ·	
					<del>                                     </del>		
			<u> </u>		<del> </del>		
	_						
				<u> </u>	†		<del></del>