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BAA For Privacy Act and Paperwork Reduction Act Nollec, see the separate instructions.

Return of Organization Exempt From Income Tax Form 990

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code

CMB No. 1545-0047

P		ł		Tud netterit anzi or besse					laspeci	rubiic ios
Inter	utment of the Treasury (a) Revenue Service		organization may have to use		salisty	state reporting	requiren	nents.	<u> </u>	
Ā	For the 2006 cale	ndar year,	or tax year beginning Jul	1 ,2006,	, and e	nding Jun			. 2007	
	Check if applicable:		C Name of organization				D Emph	syer idea	ntification Number	r
_	Address dunge	Please use IRS label	TRAINING OFFICERS	CONFERENCE, INC	C		52	- <u>175</u>	6128	
	F- "	or print	Number and street for P.O. box	mail is not delivered to street ad	dar) Ro	confsuitc	E Telap	hone m	mber	
	Name dunge	Son	2025 M STREET NW			00	120	)21	326-4110	
	Indust roturn	specific instruc-	City, lower or country	Stal	<u>le</u> 201P i		F Acco			Aconal
	Final relam	Gons.	· ·		_	036			accióv) ►	J. 4
	Amended return	L	WASHINGTON	DC		Hondiane not appli		_		
	Application pendip	s - Secti	on 501(c)(3) organizations a table trusts must attach a co	nd 4947(a)(1) nonexempt		Homorianen⊲ appu H(B) ≒ bh≟a gnou				X No
		(For	12:00: 17:15:15 must 21(2)(1) & C1 13:990 or 990-EZ).	impletto actiennie x		H(b) li'Yez'ente			_	451 700
_	184 4	V	550 5. 550			• •			7	
<u> </u>	Web site: - N/A	<u> </u>			$-\neg$	H (C) Are all aitike خلاد 'رطلا الا)				
J	Organization typ	e .		G [	1 l					
	(check only one)		X 501(a 3 € (mser			H (d) is this a sep	rowened by	neo uy a omun	unius; Like	X No
K	Check here	if the organ	nization is not a 509(a)(3) su	pporting organizationand	ITS					45 ( 100
	gross receipts an	e normally sees to file	not more than \$25,000. A rel a return, be sure to file a co	um 15 not requirea, out 11 molete reburg.		I Group Ex M Check ●		_	ration is not requ	
									10, 990-EZ, or 990-	
L	Gross receipts: A	dd lines 6t	o. 8b, 9b, and 10b to line 12°	267,620.	لبت		_ •			
P	i社] 是 Reven	ue, Expe	nses, and Changes in l	Net Assets or Fund	Raiar	ices (See mi	2 เกรเก	CUON.	S.)	
			rants, and similar amounts re			1				
			advised funds				<u>,.                                    </u>			
	b Direct publi	c support (	(not included on line 1a)		. <u> </u>	<u> </u>				
	e Indirect out	lic support	t (not included on line 1a)		. 1c					
	d Governmen	t contributi	t (not included on line 1a) ions (grants) (not included or	RECEIVED	. 1d					
	e Total (add line)			INTERNAL KEVENUE SEK	VIUE			3 e		
	le through ich	(CEC) 4	nue including government fee	SBSE C NAA INT	/. ·	line 031		2		
	2 Program so	rvice rever	tue including government les	s and chine acts (liveline				3	226	, 225.
	3 Membershij	o dues and	l assessments Id temporary cash investmen	·····0ct·1· <b>2</b> ·2010			• • • • • • • •	4		., 395.
	4 Interest on	savings an	nd temporary cash investmen	is	•••••	,		<del> 1</del>		., 393.
			l from securities				· · · · · · · · · · · · · · · · · · ·	5 4 (23)		
	b Less: renta	expenses			. <u> _6b</u>	<u> </u>		- 1		
	c Net rental :	ncome or (	loss). Subtract line 6b from l	ine 5a	<b>-</b> -			6c		
R	7 Other inves	lment inco	me (describe 🟲					7		
E	Pa Cross Toron	rat trans co	iles of assets other	(A) Securities		(B) Othe	3r	r pin mil		
REVENU			iles of assets only		Ba					
ũ			sis and sales exponses		85	,				
_	ľ		ule)		Вс			副型		
	, .	•	mbine line 8c, columns (A) a					Bd		
			tivilies (attach schedule). If				٦	UNIT US		
	a Cross rave		cluding \$	of contributions				30		
			v		. 9a	ı				
	h loss direct	, יינים וטיי. פצחהחפפר	other than fundraising exper	1525						
			from special events. Subtract					9c		
	The Green release	or (coop) i	ory, less relutins and allowand	-ot	10=	1		1000		
	IUA Gross sales	Carada -	old	.23,	706					
								10c		
			sales of inventory (attach schedule).					11		
			Part VII, line 103)					-	767	620
			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9							, 620.
E			m line 44, column (B))					13		<u>, 325.</u>
EXPENSES			eral (from linc 44, column (C					14	37	2,711.
E			: 44, column (D))					15		0.
5	16 Payments I	o affiliates	(attach schedule)					16		
5	17 Total exper	ises. Add (	ines 15 and 44, column (A).	<u></u> <u></u>				17	218	3,03 <u>6.</u>
_	18 Excess or (	deficit) for	the year. Subtract line 17 fro	m line 12				18	4 9	9,5B4.
N S	19 Net assets	or fund bal	lances at beginning of year (	from line 73, column (A))				19	326	5,631.
- F	70 Other abox	me in not	assets or fund balances (atta	ch explanation)				20		
TT			lances at end of year. Combi					-	376	5,215.
	21 Net assets	O 10110 DS	ionices at end of year. Combi	E 1183 10, 17, 0110 20		<u> </u>		<u> </u>		



TEEADIDI 01/18/07

Form 990 (2005)

orm	990 (2006) TRAINING OFFICERS	S COM	FERENCE, INC	4 (A)	22-112	
Part	Statement of Functional Ex required for section 501(c)(3) and (	pense 4) orga	S All organizations mu nizations and section 494	st complete column (A 17(a)(1) nonexempt ch:	arilable trusts but option	al for others.
	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total			(D) Fundraising
22 a	Grants paid from donor advised					
	funds (attach sch)	, ,				
	(cash \$	1 1				
	non-cash \$)	[		]		Received the
	If this amount includes foreign grants, check here ►	22a				
	Other grants and allocations (att sch)					
	(cash \$			ļ		
	non-cash \$)			ļ		
	If this amount includes	\	j			
	foreign grants, check here	226				
<b>Z3</b>	Specific assistance to individuals	93				
	(attach schedule)	23				
24	Benefits paid to or for members	24				
	(attach schedule)	100				
<b>25</b> a	Compensation of current officers, directors, key employees, etc listed in					
	Parl V-A (attach sch)	Z5a	0.		D.	
ь	Compensation of former officers,	ſÍ				
	directors, key employees, etc listed in Part V-B (attach sch)	25b				
<b>E</b>	Compensation and other distributions, not					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	) ]			j	
	described in section 4998(cY3YB)	1 1				
	(altach schedole)	25c				
26	Salaries and wages of employees not	]				
	included on lines 25a, b, and c	26				
<b>Z7</b>	Pension plan contributions not	]				
	included on lines 25a, b, and c	27				
28	Employee benefits not included on	20				
	lines 250 - 27	28 29				
29	Payroll laxes	30				
30	Professional fundraising fees	-	2,710.	0.	2,710.	_ 0.
31	Accounting fees				27,10.	
322	Legal fees					<del></del>
33	Supplies	_				
34	Tclephone	-				
35 20	Postage and shipping Occupancy	$\rightarrow$				
	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40	122,783.	122,783.	0.	0.
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize):					_
а	INSURANCE	43a	2,124.	0.	2,124.	0.
b	OFFICE EXPENSE	43Ь	18,395.	D.	18,395_	0.
_	PROF DEVELOPMENT	43c	20,529.	20,529.	0.	0.
d	REGISTRATION SERVICES	43d	34,799.	34,799.	0.	0.
	SCHOLARSHIP AWARDS	43e	7,214.	7,214.	0.	0.
f	ANNUAL BOARD MEETING	431	9,482.	0.	9,482.	<u> </u>
9		<b>43</b> g	<del></del>			
44	Total functional expenses. Add lines 22a					
	Total functional expenses, Add fines 22a through 43g. (Organizations completing entiring (B) - (D), carry these totals to lines 13 - 15)	44	218,036.	185,325.	32,711.	0.
Joint	Costs. Check . X if you are following	SOP 9	8.2.			
Are 2	ny joint costs from a combined education	al cam	align and fundraising soli	citation reported in (6)	Program services?	► Yes X No
If 'Ye	s,' enter (i) the aggregate amount of thesi	e Joint d	costs \$	; (ii) the a	mount allocated to Prog	ram services
Ş_	; (iii) the amount at	located	to Management and gen	eral \$	; and (iv) th	e amount allocated
lo Fu	ndraising \$ .					Form 990 (2006)
RAA			TEE 40102 010	2707		רסווח אטע (בטעה)

orm 990 (2006) TRAINING OFFICERS CONFERENCE, INC	52-1756	128 Page 3
Part III Statement of Program Service Accomplishments		
form 990 is available for public inspection and, for some people, serves as the primary or sole source ingenization. How the public perceives an organization in such cases may be determined by the informitease make sure the return is complete and accurate and fully describes, in Part III, the organization	of information about nation presented on its s programs and acco	a particular its return. Therefore, implishments.
What is the organization's primary exempt purpose? To PROVIDE EDUCATION IN HUMAN RESOURANT OF THE PROPERTY OF THE RESOURANT OF THE PROPERTY OF	CE MANAGEMENT   P	rogram Service Expenses Required for 501(c)(3) smd (4) organizations and e947(3)(1) funds; but ontenal for others)
a THE ORGANIZATION PROVIDES A MONTHLY PROFESSIONAL DEVELOPMENT P	ROGRAM AND	
AN ANNUAL INSTITUTE WHICH CONSISTS OF WORKSHOPS, SEMINARS AND LECTUR	es designed	
TO PROVIDE TRAINING IN RESOURCE MANAGEMENT AND DEVELOPMENT IN THE FEDERAL	GOVERNMENT.	
(Grants and affocations S 0.) If this amount includes foreign grants.	check here	185,325.
b		
(Grants and allocations \$ ) If this amount includes foreign grants,	check here	
c		
	·	
(Grants and allocations \$ ) If this amount includes foreign grants,	check here	
d		
	·	
(Grants and allocations \$ ) If this amount includes foreign grants,	cneck nere -	<del></del>
e Other program services		
(Grants and allocations \$ ) If this amount includes foreign grants.	check here	105 225
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	······································	185,325.
300		Form <b>990</b> (2006)

		(2006) TRAINING OFFICERS CONFERENCE	E, INC	<u> </u>		52-	T 120T	ZB Page 4
		图 Balance Sheets (See the instructions.)						
Not	e; K	there required, attached schedules and amounts within olumn should be for end-of-year amounts only.	the desc	cription		(A) Beginning of year		(B) End of year
$\neg$		Cash — non-interest-bearing				273,562.	45	231,509.
	AG	Savings and temporary cash investments				53,069.	46	141,706.
	40	Savings and temperary than a resultante in the						
	47.	Accounts receivable	47a					
		Less: allowance for doubtful accounts					47 c	
	D	Less: allowance for doubtrol accounts	17.07					<u> </u>
				134734				
	48a	Pledges receivable	482					
	Ь	Less: allowance for doubtful accounts	486			<del></del>	48c	
	49	Grants receivable	• • • • • • • •		•••••••		49	
	50 a	Receivables from current and former officers, director employees (attach schedule)	s, trustee	es, and key			50a	
	ь	Receivables from other disqualified persons (as defining and persons described in section 4958(c)(3)(B) (attack	efined under section 4958(f)(1)) ltach schedule)				50 b	
5	51-	Other notes and loans receivable			ļ			
45587		(allach schedule)	51 a					
5	ь	Less: allowance for doubtful accounts	51 b				51 c	·
		Inventories for sale or use		. <b>.</b>			52	
	53	Prepaid expenses and deferred charges		<b>.</b>			53	
		Investments — publicly-traded securities			∃FMV [		54a	
	h	Investments — other securities (attach sch)	►	Cost	FMV		54Ь	
		Investments — land, buildings, & equipment: basis						
	<i>55</i> 4	investinging — ising, bondings, & equipment. 565/3	1					
		Less: accumulated depreciation (attach schedule)					55 c	
	56	Investments — other (attach schedule)		<b></b>			56	
1	57 a	Land, buildings, and equipment basis	57a				世	
	b	Less; accumulated depreciation (attach schedule)	57b				57 c	
	E9	Other assets, including program-related investments						
	36						58-	
		(describe >			· / · · }	326,631.	59	376,215.
		Total assets (must equal line 74). Add lines 45 through	iu 20	<u> </u>		320,031.	60	3,0,0,0
	60	Accounts payable and accrued expenses					61	
	61	Grants payable					<del>!  </del>	
Ļ	62	Deferred rovenue		<i> ,</i>			62	<del></del>
B	63	Loans from officers, directors, trustees, and key employees (attach schedule)					配制 63	
Ĺ	64=	Tax-exempt bond liabilities (allach schedule)					64 a	
Ť		Mortgages and other notes payable (attach schedule)					64b	
Ë		Other liabilities (describe					65	
-		Total liabilities. Add lines 60 through 65			'	Ο,	<del>:</del>	0.
H	Orga	mizations that follow SFAS 117, check here X a	in combi	CIC 111165 67				
T		through 69 and lines 73 and 74.				706 677	1	276 255
	67	Unrestricted				326,631.	67	376,215.
W-LIMIND	68	Temporarily restricted					6B	
Ì	69	Permanently restricted					69	
D R	Orga	mizations that do not follow SFAS 117, check here	∐ and	d complete	lines			
		70 through 74.			Ĭ		<b>運動</b>	
یا	70	Capital stock, trust principal, or current funds		<b>.</b>			70	
Ö	71	Paid-in or capital surplus, or land, building, and equip					71	
E	72	Retained earnings, endowment, accumulated income,					72	
Š		<del>-</del> ·			(			
WARRENT DECT	73	Total net assets or fund balances. Add lines 67 through 72. (Column (A) must equal line 19 and column (B) m	ust equal	l line 21)		326,631.	73	376,215.
	74	Total liabilities and net assets/fund balances.Add line	es 66 and	<u> 173</u>	<u></u>	326,631.	74	376,215.
RA	<b>~</b>							Form 990 (2006)

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For	m 990 (2006) TRAINING OFFICE	RS CONFERENCE, INC		52-175	6128 Page 5
P	art IV A Reconciliation of Reven	ue per Audited Financia	Statements with	Revenue per Retun	n (See the
	instructions.)				N/A
	Total revenue, gains, and other suppor	a oor pudded financial statems	ents	a	5-, 32
a b	Amounts included on linea but not on		4164	34 VI 51 MA	
D	1Net unrealized gains on investments.	atti, iiio iz.	67	· · · · · · · · · · · · · · · · · · ·	
	2Donated services and use of facilities		b2	12.0	
	3Recoveries of prior year grants		ьз	연합 사인:	
	40ther (specify):				
				17 (17)	<u> </u>
	Add lines b1 through b4			ь	
c	Subtract line b from line a				
d	Amounts included on Part I, line 12, b				
	I investment expenses not included on	Part I, line 6b	d1		
	20ther (specify):				
		<del>-</del>	<u>dzl</u>		
	Add lines d1 and d2			d	<del></del>
8	Total revenue (Part I, line 12). Add line artify Ba Reconciliation of Expen	esc and d	8 67	F e	
P	artiV:Ba Reconciliation of Expen	ses per Audited Financi	al Statements wit	n Expenses per Kei	um N/D
					N/A
a	Total expenses and losses per audited			a	
Ь	Amounts included on linea but not on		ыт	<u> </u>	
	Toomated services and use of facilities				
	2Prior year adjustments reported on Pa 3Losses reported on Part I, line 20	n I, line 20	b3		
			· · · · · · · · · · · · · · · · · · ·		
	4Other (specify):			100 min	
	Add lines b1 through b4		<del></del>	b	
c	Subtract line b from line a				
ď	Amounts included on Part I, line 17, b		••••		
_	1 Investment expenses not included on		11	1	
	20ther (specify):				
			1 45		
	Add lines d1 and d2	<del>-</del>			
е	Total expenses (Part I, line 17). Add Ii	nes <b>c</b> and <b>d</b>		<u>⊁</u> <u>e</u>	
P	Current Officers, Director or key employee at any time of	ors. Trustees, and Kev E	mplovees (List ea	ch person who was an of	ficer, director, trustee,
_	or key employee at any time of	luring the year even if they we			
	(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 and deferred compensation plans	(E) Expense account and other allowances
	WILLS I MCKOX			Compensation plants	
	HYLLIS J. MCKOY ASHINGTON, DC	╡			
	10111101011 TO	BOARD CHAIR 0	O O	0.	0.
EI	LEN RODERICK	BOILED CILITA	<u>.                                      </u>		
	ASHINGTON, DC	7			
		SECRETARY 0	0	0.	0.
ME	G STEPHENS		· · · · · ·		
	ASHINGTON, DC	7			,
		TREASURER 0	0	0.	0.
KI	RISTEN DUNN-THOMASON				
	THESDA, MD				
		ASST TREASURER 0	0	0.	0.
BA	RBARA HULICK				
SI	RINGFIELD, VA	1	ļ	·	
		PROF DEV PROG CHAIR O	0	0.	0.
Se	e List of Officers, Etc. Statement	4		Ţ	
		4			
_		TELACIOS A	1/19/07		Form 990 (2006)
BA	A	TEEA0105	ni igit/		Form 990 (2006)

Form 990 (2005)

Form 990 (2005) TRAINING OFFICERS CONFERENCE, INC	52-175612	3	F	age 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at a substantially less than fair rental value?	no charge or at	82a		x
bif 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	,			
83a Did the organization comply with the public inspection requirements for returns and exemption a	oplications?	83a	Х	
b Did the organization comply with the disclosure requirements relating laguid pro quo contributions	?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contri-		84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		<b>8</b> 5a	N/I	A
b Did the organization make only in-house lobbying expanditures of \$2,000 or less?		85ь	N/	A
If 'Yes' was answered to either 85a or85b, do not complete 85c through 85h below unless the org waiver for proxy tax owed for the prior year.	anization received a	Ž		
c Dues, assessments, and similar amounts from members	N/A			
d Section 162(e) lobbying and political expenditures	N/A	完		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	讍	Sign	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A		186-c	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f2		85 g	N/	<u>A</u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line85f to its reasonable dues allocable to nondeductible loobying and political expenditures for the following lax year?	eslimate of	整理 85h	· N/K	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
lino 12	N/A			
b Gross receipts, included on line 12, for public use of club facilities	N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A			
b Gross moome from other sources. (Do not net amounts due or paid to other sources			5 12 1	
against amounts due or received from them.)	N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corp or an entity disregarded as separate from the organization under Regulations sections 301,7701- If 'Yes,' complete Part IX	oration or partnership, 2 and 301.7701-3?	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity wire section 512(b)(13)? If 'Yes,' complete Part XI	thin the meaning of	88b		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under				
section 491 ( ) ; section 4912 0 ; section 4955				
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be during the year or did it become aware of an excess benefit transaction from a prior year? If "Ye explaining each transaction	enofit transaction s,' attach a statement	89b		x
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	- 0.			
d Enter; Amount of tax on line 89c, above, reimbursed by the organization.			100	
e All organizations. At any time during the tax year, was the organization a party to a prohibited ta	x shelter transaction?	89 c		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insur-	ance contract?	168		X
g For supporting organizations and sponsoring organizations maintaining donor advised fundsDid to organization, or a fund maintained by a sponsoring organization, have excess business holdings the year?	at any time ouring	89g		X
90a List the states with which a copy of this return is filed NONE				
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		90 b		0
91 a The books are in care of - KRISTEN DONN-THOMASON Telephone number	r► (703) B93~	6290		
Located at = 2025 M STREET NW, SUITE 800, WASHINGTON DC	ZIP + 4 - 2003			
b At any time during the calendar year, did the organization have an interest in or a signature of or financial account in a foreign country (such as a bank account, securities account, or other financial securities account, or other financial securities.		91 b	Yes	No X
If 'Yes,' enter the name of the foreign country				
See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign	m bank anu		. 000	<b>三位</b>

Form 990 (2006) TRAINING OFFICERS	CONFERENCE	. TNC		52~1756	128 Page 8
Part VI Other Information (continu		., 100			Yes No
c At any time during the calendar year, did	d the organization	naintein an offic	e outside of the L	nited States?	91c X
If 'Yes' enter the name of the foreign Co	untry=				
92. Section 4947(a)(1) nonexempt charllable	trusts filing Fon	m 990 in lieu oFor	<i>m 1041</i> – Check i	sefê	······································
and enter the amount of tax-exempt into	rest received or a	accrued during the	lax year		<del></del>
Part VIII Analysis of Income Produc			uctions.)	· 510 513 514	
	Unrelated by	usiness income		ection 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise Indicated.	(A) Business code	(B) Amount	Exchaigu cogs	(D) Amount	Related or exempt function income
93 Program service revenue:			ļ		
à			-		
b	<b>_</b>		+		<del></del>
<u> </u>	<del></del>		<del>- -</del>		
d	<del></del>		<del>                                     </del>		
f Medicare/Medicaid payments					
g fees & contracts from government agencies					
94 Membership dues and assessments					226,225.
95 Interest on savings & temporary cash invinnts .					41,395.
96 Dividends & interest from securities				THE RESERVE TO THE RE	
97 Net rental income or (loss) from real estate:					
a debt-financed property	ļ <del>-</del>		<del> </del>		
b not debt-financed property			<del></del>		
99 Other investment income			<del>                                     </del>		
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events	<del></del>		<del> </del>		
102 Gross profit or (loss) from sales of inventory					
b	22				
c					
d					<u> </u>
<b>e</b>					7.57.570
104 Subtotal (add columns (B), (D), and (E))					267,620. 267,620.
105 Total (add line 104, columns (B), (D).				······	201,020.
Note: Line 105 plus line 1d. Part I, should equal Part III Relationship of Activities t	n the Accomi	dichment of Fa	remot Purnos	es (See the instruc	tions )
Explain how each activity for which of the organization's exempt purp	oses (other than	by providing funds	for such purpose	is).	
94 THE REPORTED INCOME					
		<del></del>		(Cat the instance	Mana 3 27 /3
Part X Information Regarding Tax					
(A)	(8)	1	(C)	(D) -	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership intere	st Nature o	of activities	Total income	End-of-year assets
		8			
		<u>8</u>			<del> </del>
		9			
PartX Information Regarding Tra		है   isted with Pers	sonal Benefit (	Contracts (See the	instructions.)
a Did the organization, during the year, receive any fi	unds, directly or inder	eth, lo pay oremiums	on a personal benefit o	untract?	. Yes X No
b Did the organization, during the year, pa	y premiums, dire	ectly or indirectly,	on a personal ber	efil contract?	🗍 Yes 🔣 No
Note: If 'Yes' to (b), file Form 8870 and Fo	m 4720 (see ıns	tructions).			
					C 000 (2006)

Form 9	990 (2	006) TRAINING OFFICERS CONFERENC	E, INC		52-1756		Р	<u>'age 9</u>
Pari	XI	Information Regarding Transfers To an	d From Controlled	Entities. Comp	plete only if the	•		
10	<del></del>	organization is a controlling organization	n as defined in sect	ion 512(b)(13).	· · · · · · · · · · · · · · · · · · ·		N/A	
							Yes	No
			atas ita da a a luba <b>a a da f</b> ia	:ti-a 513	(b)/13) of the Cod	la7 (f		
106	Did	the reporting organizationmake any transfers to a , complete the schedule below for each controller	convolled entity as detii Lentity	160 IU 25C(10U 21S	(b)(13) of the Coo			ĺ
<del></del>	165		CIMINS	L L	m			
1		(A) Name, address, of each	Employer identificatio	n Descr	(C) iption of	Ţ,	)	
ł		controlled entity	Number	tra	nsfer	Amount	תכיט זו	ster
L								
a								
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" h								
			<del>_</del>					
- }								
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				COL THE THE TAXABLE	200 CONT. TO SEC. U.S.			
		Totals						
			in the state of the state of the		And the second second		٠	
							Yes	No
107	Did	the reporting organization receive any transfers fro	m a controlled entity as	defined in section	1512(b)(13) of the	Code? If		
	Yes	, complete the schedule below for each controller	d entity			, , , , , , , , , , , , ,		<u> </u>
Ī		(A)	(B)		(C) aption of		71	
- 1		Name, address, of each	Employer identification Number		ription of Ynsfer	Amount	of traff	sler
ŀ		controlled entity	Number	u a	#154E1			
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<b>"</b> }								
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				74556	C			
		Tatela	the same of the sa					
		Totals						
							Yes	No
	Po *-1	the organization have a binding written contract in	affect on August 17, 20	MG covering the i	nterest rents row	allies and	İ	
108	DIO	uities described in question 107 above?	renection August 17, 21	covering aic i				<u> </u>
	<u> </u>						- عابدا. و فر	5
	Ì	Under persulting of persults, I declare that I have examined this return, corresponding to the persulting of preparer (other than of	licer) is based on all microsition	Of MINIST DIOLENCE LESS O	iny knowledge.	<u>.</u>		
Pleas		- Att			OCTOBER 9.	2007		
Sign	35	Signalure of officer			Dale			
Here		• •						
·icic	•	KRISTEN DUNN-THOMASON, TREAS	URER			<del></del>		
		The At Madicinal and the		Nuta .	Ta le	remarer's SSM i	r PTIN	(5eo
Paid		Propager's S	1	Date	Se  -	reparer's SSN ( coloral Instructi	on W)	
Pre-		sombline Dend Lamo		10/02/07	employed ►1 :			
pare	r's	Forma name (or Dennis & Dennis Chart			1			
Use		yours (self- employed), address, and	Suite 204		EN -			
Only	' [	address, and Olney	MD 2083	32	Phone no. ► (30			
BAA				<del></del>		Form	990	(2006)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section S01(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

OMF No. 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE A (Form 990 or 990-EZ)

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			CA TOTAL	
TRAINING OFFICERS CONFERENCE, INC			52-175612B	1=
Compensation of the Five High (See instructions. List each on	<b>hest Paid Employees Oth</b> e. If there are none, enter	er Than Officers 'None.')	, Directors, and	i rustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoled to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	None			
Compensation of the Five Hig (See instructions. List each on	hest Paid Independent Co e (whether individuals or f	irms). If there a	rofessional Ser re none, enter '	vices None.')
(a) Name and address of each independent contr	actor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
NONE				
	,			
Total number of others receiving over \$50,000 for professional services	None			
Compensation of the Five Hig (List each contractor who performs. If there are none, enter	hest Paid Independent Co	entractors for O	ther Services	
(a) Name and address of each independent contr	ractor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
NONE				
Total number of other contractors receiving over \$50,000 for other services	None			

Sche	dule A (Form 990 or 990-EZ) 2006	TRAINING OFFICE	S CONFERENCE,	INC	52-175612	8	F	Page 2
Par	Statements About Acti	='					Yes	No
1	During the year, has the organization to influence public opinion on a legisl or incurred in connection with the lob (Must equal amounts on line 38,Part	ative matter or referendum bying activities ► \$	? If 'Yes,' enter the lo	otal expenses p	0 <u>-</u>	1_		x
	Organizations that made an election organizations checking 'Yes' must co lobbying activities.	under section 501(h) by fili mplete Part VI-B AND attac	ng Form 5768 must co th a statement giving	omplete Part V a detailed des	1-A. Other cription of the	154174	7.4	
2	During the year, has the organization substantial contributors, trustees, dire taxable organization with which any speneficiary? (If the answer to any que	ectors, officers, creators, kê uch person is affiliated as	y employees, or men an officer, director, to	nbers of their to ustee, majority	amilies, or with any owner, or principal	W.E.		
ε	Sale, exchange, or leasing of propert	y?				2a		X
ŧ	Lending of money or other extension	of credit?	, . ,			2b		x
c	Furnishing of goods, services, or faci	ities?				2c		x
d	Payment of compensation (or payme	nt or reimbursement of exp	enses if more than \$1	1,000)?		24		<u>x</u>
e	Transfer of any part of its income or	essels?				Že		x
За	Did the organization make grants for explanation of how the organization of	scholarships, fellowships, s letermines that recipients o	tudent loans, etc? (If ualify to receive payin	'Yes,' attach a nents.See. Li	m ine3a,Stmt	За	x	
Ŀ	Did the organization have a section 4	03(b) annuity plan for its e	mplayées?	• • • • • • • • • • • • • • • • • • • •		3ь		<u>x</u> _
ć	Did the organization receive or hold a to preserve open space, the environm 'Yes,' allach a detailed statement	rent historic land areas or	historic structures i li	•		3с		<u>x</u> _
ď	Did the organization provide credit co	unseling, debt managemer	t, credit repair, or del	bt negotiation :	services?	34		<u>x</u>
<b>4</b> a	Did the organization maintain any doi 4f and 4g	nor advised funds? If 'Yes,'	complete lines 4b thi	rough 4g. If 'No	o,' complete lines	43		x_
Ŀ	Did the organization make any taxabl	e distributions under sectio	п 4966?			4ь		
C	: Did the organization make a distributi	on to a donor, donor advis	or, or related person?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c		
d	Enter the total number of donor advis	ed funds owned at the end	of the tax year		<u>*</u>			
e	Enter the aggregate value of assets h	eld in all donor advised fu	ids owned at the end	of the tax yea	C			
f	Enter the total number of separate full funds included on line 4d) where don amounts in such funds or accounts	ors have the right to provid	e advice on the distri	seval to noited	imeni ot			0
2	Enter the aggregate value of assets t	eld in all funds or account	included on line 4f a	et the end of th	e tax yoar►			0.
BAA		TEEAO	02 01/19/07	Sched	lule A (Form 990 or F	orm 9	90-EZ	2006

Sch	edule A (Form 990 or 990-EZ) 2006 TRAINING OFFICERS CONFERENCE, INC 52-1	756128	F	age 5
Pai	Private School Questionnaire (See instructions)			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/ <u>A</u>	_	L
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws	i. 29		
	other governing instrument, or in a resolution of its governing body?		in the same	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochu	res,		
	Does the organization include a statement of its racially notation	30	1	Diam'r.
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 to makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if No,' please explain. (If you need more space, attach a separate statement.)		aug.	
	~	J <del>===</del> :3	12	
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			75,05	
				菱
32	Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	1.00	444
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	325		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships:	<u>32 c</u>		<u></u>
	d Copies of all material used by the organization or on its behalf to solicit contributions?	<u>32</u> d	<u> </u>	
	and the second s		7.35	
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	15.33.54		
		· 🖼		
33	Does the organization discriminate by race in any way with respect to:			
35	DOES THE OTGOTIZATION DISCHILBUSIC BY TOLE AT GITY WAS WISH TO PEET TO.	FIA. TO SE		墨黃
	a Students' rights or privileges?	33a	<u>,                                    </u>	
	•	ì		İ
	b Admissions policies?	<u>33b</u>	<u> </u>	—
		330		
	c Employment of faculty or administrative staff7	<u>330</u>	<b></b> -	<del>                                     </del>
	d Scholarships or other financial assistance?	336	ď	ļ
	O SCHOIBISHIPS OF DURI NUMBER DESIGNACE:			
	e Educational policies?	33e		<u> </u>
	Use of facilities?	331	<b> </b>	<b>├</b> -
		]	1	
	g Athletic programs?	33 c	፞፞፞፞፞፞፞፞፞	+
	h Other extracurricular activities?	33 h		i
	n Otter extracturization activities:		200	01-12-2
	If you answered "Yes" to any of the above, please explain. (If you need more space, atlach a separate statement	.) 麗		
		E	N.E.	
		· l		
		<b>I</b>	The second	rang;
_		24.		
34	a Does the organization receive any financial aid or assistance from a governmental agency?,	34a	+	<del>                                     </del>
	b Has the organization's right to such aid ever been revoked or suspended?	341	,	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		152.5	225
		题		
35	sections 4 ft through 4 05 of Rev Proc 75-50 1975-2 C.B. 587, covering racial	Ī	1	
	nondiscrimination? If No, attach an explanation	35	1 20D-F	) 2006
	A TEARNO MILET SCHOOL A L	UL		_,

From-ASSOCIATION HEADQUARTERS

chedule A	(Form 990 or 990-EZ) 20	005 TRA	INING OFFICERS CONFERE	NCE, INC 52-1750			age 7
	Exempt Organization	ons (See i	nstructions)	nd Relationships With Nonchar			
51 Did the	e reporting organization Code (other than section	directly or in n 501(c)(3) o	idirectly engage in any of the follow Injanizations) or in section 527, rela	ing with any other organization describ ating to political organizations?	ed in secli	on 50	l(c)
a Transf	fers from the reporting o	rganization t	o a noncharitable exempt organizat	ion of:		Yes	NO
anc.	seh				51 a 🛈		<u>X</u>
(i)O(i)	ther assets	• • • • • • • • • • • • •	******	•,	_ <b>3</b> @		<u>X</u> _
	transactions.				1		
/0S:	ales or exchanges of ass	els with a n	oncharitable exempt organization		b (i)		<u>X</u>
(i)e	erchases of assets from	a noocharita	ble exempt organization		<b>b</b> (ii)		X
(a). ·	antal of facilities, equipm	ent or other	r assets	•••••	b (@)		X
CAD.	eimburtomant arrannem	ents			b (iv)		X_
GAL C	eanguisement enengen.				b (v)		X
(V)LL	odomona of societies	r mambarshi	in or freedraising splicitations	•,	b (vi)		X
• • •				•	_		x
e it ibe € SUSin	ng of racilities, equipmen	n, maintry is nve is Yes '	complete the following schedule. Ci	olumn (b) should always show the fair organization received less than fair moods, other assets, or services received	market val	ue of	
the go	ods, other assets, or se	rvices given	by the reporting organization. If the	organization received less than fair m	arket value xd:	) in	
		angement, si	THE VALUE OF THE VALUE OF THE S	(d)	<u>.                                    </u>		
(a) Line No.	(b) Amount involved	Name of	(c) noncharitable exempt organization	Description of transfers, transactions, and	औश्चांत्रसू गार	пдстіел	<u>ts</u>
	<del></del>						
		<b>†</b>					
		<b>i</b>					
	<u></u>	1		<u> </u>			
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	Ì	<u> </u>					
	s.' complete the following		r	ore lax-exempt organizations ection 527?	► X Ye	:s 🗌	No
	(a) Name of organization		(b) Type of organization	Description of relation			
US FEDE	RAL GOVERNMENT		INFORMAL ASSOCIATION	THE ORGANIZATION IS AN C			
				INFORMAL ASSOCIATION OF FEI		VERN	MENT
				HUMAN RESOURCE OFFICIAL	<u>ي.</u>		
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BAA				Schedule A (For	ל זם מכב ש	170-54	., 2000

TRAINING OFFICERS CONFERENCE, INC

52-1756128

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Form 990, Page 5, Part V-A List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances	
KAREN HOFFMAN					
WASHINGTON, DC	HUMAN RESOURCES	0.	<u> </u>	0.	
MAX W. COLLIER					
WASHINGON, DC	PUBLIC RELATIONS  0	0	0.	0.	
AL TYREE					
WASHINGTON, DC	0	0.	0.	0.	
DEBORAH TYLER			]		
WASHINGTON, DC	AWARDS CHAIR		<u>D.</u>	0.	
ROBERT STACY				1	
ARLINGTON, VA	ADMINISTRATOR 0	_0	_ 0.	<u>D.</u>	
AGNES A. NEWMAN					
SILVER SPRING, MD	LOGISTICS	0.	0.	0_	
E. VERN CASTLE					
ARLINGTON, VA	SITE SELECTION	0.	0.	Q.	
DIANNE FLOYD SUTTON	-				
WASHINGTON, DC	HISTORIAN 0	0.	0.	0.	
KAREN PASCAL					
WASHINGTON, DC	ASST ADMINISTRATOR	.) o.	0.	0_	
ANDREW LEIGHTON	_				
ARLINGTON, VA	INSTITUTE CHAIR	- o.	D.	0	
RICHARD WELEBIR	-  <del>-</del>				
WASHINGTON, DC	2007 INSTITUTE CHAIR	0.	0.	0.	
		.II			

Explanation	Statement
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Form/Line:	Schedule A,	Page 2,	Part III	Line 3a
Explanation of:	How We D	etermine	Which Rec	ipients Qualify to Receive Payments

SCHOLARSHIPS ARE AWARDED TO THOSE STUDENTS WHO HAVE DEMONSTATED SKILLS IN AREAS OF RESOURCE MANAGEMENT AND DEVELOPMENT AND UPON THE RECOMMENDATION OF THE RELEVANT FACULTY COUNSELORS.