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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

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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.

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

N	A F	or the	2007 calend	ar year,	or tax year beginning	JANUARY 1	, 2007, and en	ding	DECEM	BER 3	31 , 20 07		
$\alpha$		Check if a		Please	C Name of organization		<u></u>				entification number		
MA	=	Address o	•	use IRS label or	RICO CENTER				20		5827289		
سإ	=	Name cha	-	print or		PO box, if mail is not del	vered to street address)	Room/suite	E Teleph	elephone number			
E	=	Initial retu Terminatio		type. See	PO BOX 114		1		(	}			
	=	Amended		Specific	City or town, state or	country, and ZIP + 4		-	F Group	Even	ntion		
SVELOPE MARK DATE	=		n pending	Instruc- tions.	RICO, COLORADO	•			Numb		ption _ ▶		
골길	=	Section	on 501(c)(3) (		ations and 4947(a)(1) r		trusts must attach	G Accou			Cash Accrual		
			00 1 (0)(0)	_	pleted Schedule A (F	•		1	(specify)				
ردسي			-			<del></del>		<del>                                     </del>	<del>```</del>		organization		
	1 1	Websit	e: • www	V.RICO	CENTER.ORG				required				
	J	Organiz	ation type (c	heck on	aly one)— 🗹 501(c) ( 3	) <b>∢</b> (insert no.)	947(a)(1) or				), 990-EZ, or 990-PF).		
					n is not a section 509(a			nts are norm	aliv not r	nore ti	nan \$25 000. A return is		
					zation chooses to file a			pto are nom	iany not i		1411 \$20,000 7 (Total) 10		
					ne 9 to determine gross r	<del></del>		ad of Form 9	90-EZ .	▶ \$	53,988.19		
		art I			nses, and Change					the ir			
0		1			, grants, and similar a					1	53,605.59		
5 (	- 1	2		-	evenue including gov				• • • •	2	0		
		3	-		and assessments	ommon rood and or			• • • •	3	0		
APR		4	Investment	•						4	382.60		
		5a	Gross amo	unt from	m sale of assets other	er than inventory	5a		o				
(	- 1	b					Eh.		0				
	Ì	b Less: cost or other basis and sales expenses							)	5c	0		
Ź	ē	6	•	•	activities (attach sch	•	•		′ in i l				
SCANNE	ē	а			ot including \$				_				
ΨQ.	è	_	reported or		_		6a		0				
C		b			nses other than fund		6b		0				
		C			ss) from special ever		otract line 6b from li	ne 6a		6c	0		
		7a			rentory, less returns a		7a		Ö				
		b	Less: cost		•		7b		0				
		С		-	ss) from sales of inve	entory. Subtract line	7b from line 7a .			7c	0		
		8			scribe ► N/A					8	0		
	$\Box$	9			<del>dd-line</del> s 1, 2, 3, 4, 5d	c, 6c, 7c, and 8			▶	9	53,988.19		
		10	Reference		r amounts paid (attac	ch schedule)				10	44,500		
		11	Benefits pa	aid to o	r formembers					11			
	S S	712	Salaries, of	then cor	mpensation, and em					12			
	ŝ	F53	Professiona	al fees	and other payments	to independent cont				13			
	Expenses	14-			utilities, and mainten					14			
	ώ	15 (								15			
		L <sub>16</sub>	Other expe	<del>nses (d</del>	tescribe ▶ Fees, w	ebsite design, softw	are, PO box		) [	16	1,586.81		
		17	Total expe	nses. /	Add lines 10 through	16			, ▶	17	46,086.81		
	Ø	18	Excess or	(deficit)	for the year. Subtract	ct line 17 from line 9				18	7,901.38		
	Net Assets	19			d balances at begin								
	AS		end-of-yea	r figure	reported on prior y	ear's return)				19	51,185.71		
	<u>e</u>	20	Other chan	iges in i	net assets or fund b	alances (attach expla	nation)			20	0		
		21			d balances at end of					21	59,060.09		
	Pa	art II	Balance S	Sheets	If Total assets on	line 25, column (B) a	re \$250,000 or more	e, file Form	990 ins	tead	of Form 990-EZ.		
				(S	ee page 60 of the in	structions.)		(A) Begi	inning of y	ear	(B) End of year		
	22	Casl	n, savings, a	and inve	estments				51,185.	-	<del></del>		
	23	Land	and buildir	ngs .						0 23			
	24	Othe	er assets (de	scribe	► <u>N/A</u>		)			0 24			
	25		ıl assets .							0 25	<del></del>		
	26	Tota	l liabilities (	describ	e ► <u>N/A</u>	<del></del>	)			0 26	6 0		

	rt III Statement of Program Service Accom					Expens		
Wha	at is the organization's primary exempt purpose? T	r Rico resido	(Req	uired for (4) orga				
Des	cribe what was achieved in carrying out the organiza cribe the services provided, the number of persons ber	ation's exempt purposes. In	a clear and cond	ise manner,	and	4947(a)( nal for c	1) tru	sts,
	Provided grants to community organizations who	ose programs preserved o	or enriched the q	uality of		_		
	life for Rico residents, visitors and employees.							
9	(Grants \$ 44,500) If this amount inclu	udes foreign grants, check	here	. ▶ 🗆	28a		44	,500
<b>29</b> .								
-	/O							
`	(Grants \$ ) If this amount inclu				29a			—
30 .								
-					l l			
ī	(Grants \$ ) If this amount inclu	udes foreign grants, check	here	. ▶ 🗆	30a			
				<del></del>				
		udes foreign grants, check	here	. ▶ □	31a			
	Total program service expenses. Add lines 28a th		<u> </u>		32			<u>,500</u>
Pa	rt IV List of Officers, Directors, Trustees, and Key							
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contributio employee benefit	plans &	àcco	xpense unt and	d
Miz	cole Pieterse, Rico, CO 81332	devoted to position	enter -0)	deferred comper	nsation	other a	llowand	ces
1410	Loie Fleterse, Rico, CO 61332	Board Member, 1 Hr	o		o			0
De	b Jones, Rico, CO 81332	,						<u> </u>
		Board Member, 1 Hr	0		o			0
Ba	rb Turrin, Rico, CO 81332		<u> </u>					
		Board Member, 1 Hr	0		0			0
Ва	rbara Betts, Rico, CO 81332	Daniel Manchan Allia	_					
D-	A V Other Information (Note the etatement	Board Member, 1 Hr	0		0	1	V	0
	rt V Other Information (Note the statemen	•	<del></del>			<del>  </del>	Yes	No
33	Did the organization make a change in its activitie detailed statement of each change	es or methods of conducting	ng activities? If "Y	es," attach a	· .	33		✓
34	Were any changes made to the organizing or gov	reming documents but not	reported to the IF	RS? If "Yes,"				
	attach a conformed copy of the changes					34		
35	If the organization had income from business activities, s	•	• •	• ,.	not			
	reported on Form 990-T, attach a statement explaining y	• •				}		
а	Did the organization have unrelated business gros proxy tax requirements?	· · · · · · · · · · · · · · · · · · ·	• •			35a		1
Ь	If "Yes," has it filed a tax return on Form 990-T for	or this year?				35b		<u> </u>
36 36	Was there a liquidation, dissolution, termination, of	-			ha			
	statement					36		✓_
	Enter amount of political expenditures, direct or ind			a		-		
	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 unpa					38a		✓
b	If "Yes," attach the schedule specified in the line	·	r the amount		-			
			38	b		4		
39	501(c)(7) organizations. Enter:		1					
	Initiation fees and capital contributions included o					4		
b	Gross receipts, included on line 9, for public use	of club facilities	39	ומ		1 1	- 1	

_	
Pace	

•

Par	t V	Other Information (Note the statement requirement in G	eneral Instruc	tion V.) (Cor	ntinued)	•	
40a		c)(3) organizations. Enter amount of tax imposed on the organization 4911 ▶			0	-	
b		)(3) and (4) organizations. Did the organization engage in any section 4 or did it become aware of an excess benefit transaction from a prior				40b	es No
	the ye	amount of tax imposed on organization managers or disqualified ear under sections 4912, 4955, and 4958		. ▶		_	
d	Enter	amount of tax on line 40c reimbursed by the organization		. ▶		-	Ì
е	transa	ganizations. At any time during the tax year, was the organization action?			shelter	40e	1
41	List th	ne states with which a copy of this return is filed. ► COLORADO					
42a	The b	pooks are in care of ► ERIN NEER		. Telephone	no. ► ( <u>.97</u>		3932
	Locat	ted at ▶ 27696 HIGHWAY 145, DOLORES, CO		ZIP +	4 ▶	81332	
b	over a accou	es," enter the name of the foreign country:	t, securities ad			42b	es No
		he instructions for exceptions and filing requirements for Form Ti				42c	
С		y time during the calendar year, did the organization maintain an	office outside	of the U.S.?		420	
43	Section	es," enter the name of the foreign country: ►  on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lie enter the amount of tax-exempt interest received or accrued durin					. ▶□
Plea Sign Here	)	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true correct, and complete. Declaration of preparer (other than Signature of officer  Type or print name and title	ccompanying sche officer) is based o	edules and statem on all information Date	nents, and to the of which prepared in the of which prepared in the original i	e best of my k rer has any k	nowledge nowledge.
Paid Prop	arer's	Preparer's signature	Date	Check if self-employed	Preparer's SS	N or PTIN (See (	Gen. Inst X)
Use (		Firm's name (or yours		EIN	<b>&gt;</b>		
U36 (	Cilly	if self-employed), address, and ZIP + 4		Phone i	no. ► ( )		
				•		Form <b>990-E</b>	<b>Z</b> (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.)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name of the c	organization			Employer identifica	tion number
RICO CEN	ITER			20	<b>5827289</b>
Part I	Compensation of the Five High (See page 1 of the instructions. I				and Trustees
(a) Name	and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A					
	of other employees paid over \$50,000 .	0			
Part II-A	Compensation of the Five High (See page 2 of the instructions. Lis				
(a) N	lame and address of each independent contracto			of service	(c) Compensation
N/A					
Total number professiona	er of others receiving over \$50,000 for ll services	0			
Part II-B	Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	ned services other than p	orofessional serv		dividuals or
	lame and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
N/A					
				_	
	er of other contractors receiving over other services	0			

Pai	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   \$	1		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		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		✓
е	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.)	3a		1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		1
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
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	<u>4a</u>		✓
b	Did the organization make any taxable distributions under section 4966?	4b		<b>✓</b>
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>rt  \</u>	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 of	f the instructi	ons.)		
cer	tıfy t	that the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE app	olicable box.)			
5		A church, convention of churches	, or association of	of churches. Section 170	(b)(1)(A)(i).				
6		A school. Section 170(b)(1)(A)(ii). (a	Also complete Pa	art V.)					
7		A hospital or a cooperative hospit	al service organiz	zation. 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 ▶							
0		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 <b>Support Schedule</b> in Part IV-A.)							
1a	V	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 <b>Support Schedule</b> in Part IV-A.)							
1b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule 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 <b>Support Schedule</b> in Part IV-A.)							
13		An organization that is not control requirements of section 509(a)(3).					nd otherwise meets th		
		☐ Type I ☐ Type II	☐Type I	II-Functionally Integrate	ed 🗆	Type III-Othe	r		
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the instr	uctions.)		
Na	(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support		
					Yes	No			
						<u> </u>			
ota	ıl .			<u> </u>		•			
14		An organization organized and on	perated to test for	nublic safety. Section 5	i09(a)(4). (See	page 8 of the II	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) 2006	<b>(b)</b> 2005	(c) 2004	(d) 20		(e) Total
15	Gifts, grants, and contributions received. (Do		<u>`</u>	,,	, ,		<del></del>
	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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,600.89	0	1,534.24		0	6,135.13
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.	42,466.44	43,766.47	41,009.79		0	127,242.70
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					1	
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	47,067.33	43,766.47	42,544.03		0	133,337.83
24	Line 23 minus line 17	47,067.33	43,766.47	42,544.03		0	133,337.83
25	Enter 1% of line 23	470.67	437.66	425.44		0	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶	26a	2,666.77
b	Prepare a list for your records to show the nar governmental unit or publicly supported organization.	zation) whose tota	al gifts for 2003 th	rough 2006 exce	eded the	266	0
	amount shown in line 26a. Do not file this list w	_				26b	133,337.83
	Total support for section 509(a)(1) test: Enter li				•	200	100,007.00
đ	Add: Amounts from column (e) for lines: 18	0,133.13	19	<u> </u>		26d	6,135.13
_							127,242.70
e	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera		ine 26c (denomi			26f	95 %
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 (2006)	or amounts include the name of, and e sum of such an	ded in lines 15, 1 total amounts rec nounts for each y	6, and 17 that verved in each yeare	vere receiv ar from, ea	ved from ch "disq	n a "disqualified ualified person."
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:  (2006) (2005)	ved from each per year, that was mo 5 through 11b, as v the larger amount	rson (other than "d re than the larger well as individuals t described in (1)	Isqualified person of (1) the amount Opo not file this li or (2), enter the s	s"), prepare on line 25 f st with you um of thes	e a list for for the year i <b>r return</b> e differe	or your records to ear or (2) \$5,000. After computing nces (the excess
С	Add Amounts from column (e) for lines: 15		16		_	27c	
		and line 27b tota				27d	
d	Public support (line 27c total minus line 27d to					27e	-
e f	Total support for section 509(a)(2) test: Enter a	mount from line :	23. column (e)	▶   27f			
g	Public support percentage (line 27e (numera					7 27g	%
9 h	Investment income percentage (line 18, colu					27h	%
28	Unusual Grants: For an organization describe	ed in line 10, 11,	or 12 that receiv	ed any unusual	grants dur	ing 200	3 through 2006

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a bnef description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

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	Yes	No
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		=
32 a b	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
С	basis?	32b 32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
33	Does the organization discriminate by race in any way with respect to.			
a b	Students' rights or privileges?	33a 33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		: 
е	Educational policies?	33e		
f g	Use of facilities?	33f 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		
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		

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an					e instru	ictions.	)
Che	ck ▶ a ☐ if the organization belongs to an affilia	nted group. Che	ck ▶ b 🗌 if	you checked	<b>"a"</b> a	nd "limited	d control"	provisions apply.
	Limits on Lobbyin	•				Affiliate	a) d group :als	(b) To be completed for all electing
	(The term "expenditures" mean							organizations
36	Total lobbying expenditures to influence public	•			36 37			
37	Total lobbying expenditures to influence a legis	= -			38			
38	Total lobbying expenditures (add lines 36 and	=			39			·
39	Other exempt purpose expenditures Total exempt purpose expenditures (add lines				40			-
40 41	Lobbying nontaxable amount. Enter the amount				-		-	
71		obbying nontaxa	-	_				
	Not over \$500,000 20%							ļ
	Over \$500,000 but not over \$1,000,000 . \$100,0							
	Over \$1,000,000 but not over \$1,500,000 . \$175,6	-			41			
	Over \$1,500,000 but not over \$17,000,000. \$225,0	-						
		0,000						
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	1 is more than lir	ne 38		44			
	<b>.</b>		. 5. =	700				
	Caution: If there is an amount on either line 43							<del></del>
	(Some organizations that made a section See the instructions for	or lines 45 throug	do not have to	complete all 3 of the insti	ructio	ns.)		
	Calendar year (or	(a)	(h)	(0)		1	4/	(0)
	fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2006	(c) 2005		_	d) 04	(e) Total
				1 2000				
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures						٠.	
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))					•		
50	Grassroots lobbying expenditures							İ
_	rt VI-B Lobbying Activity by Nonelec	ting Public Cl	harities			_		
	(For reporting only by organiza	tions that did i	not complete	Part VI-A)	(See	page 1	4 of the	e instructions.)
Duri	ng the year, did the organization attempt to influ	ence national, st	ate or local legis	slation, includ	ding a	iny 🗸	es No	Amount
	mpt to influence public opinion on a legislative m				Ū	· [_'	3 110	Amount
а	Volunteers					. ∟		
b								
_	Paid staff or management (Include compensation	on in expenses it						
C		•	*	_	•	. ⊢		
-	<del>-</del> , , , , , , , , , , , , , , , , , , ,		·	_	•			
C	Media advertisements				·	:		
c	Media advertisements	ents				:  -		
c d e	Media advertisements	ents	or a legislative			.  -		
c d e f	Media advertisements	ents	or a legislative	body,				

Par	t VI			ransfers To and Transa e page 14 of the instructio		Relationships	With	Nonch	arit	able
51				indirectly engage in any of the					in s	ection
а				to a nonchantable exempt orga		g to pomour organi			Yes	No
-		•		· · · · · · · · · · · · · · · · · · · ·				51a(i)		
	• • •			· · · · · · · · · · · · · · · · · · ·			•	a(ii)		
b		er transactions:					•			
_			es of assets with a	noncharitable exempt organiza	tion			b(i)		
	(ii)			itable exempt organization			•	b(ii)		
	(iii)			ner assets			•	b(iii)		
	(iv)						•	b(iv)		
	(v)		-				•	b(v)		
		_		ship or fundraising solicitations			•	b(vi)		
С				sts, other assets, or paid emplo				С		
	If th	e answer to any of ds, other assets, o	the above is "Yes," or services given by	complete the following schedule to the reporting organization. If the column (d) the value of the good	e. Column (b) sl he organization	nould always show received less tha	n fair n	market va narket va	alue lue i	of the n any
	3)	(b)	l	(c)	l <u>.</u> .	(d)				
Line	no	Amount involved	Name of nonc	chantable exempt organization	Description of	f transfers, transactions	s, and sh	anng arran	geme	ents
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	des	cribed in section 50	•	affiliated with, or related to, or other than section 501(c)(3)) or		. •		Yes		No No
		(a) Name of organiz	zation	(b) Type of organization		(c) Description of re	lationship	)		
								·		
					<u> </u>					
_	· <del>-</del>			· -	1	-				