

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



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)

OMB No_1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Demployer identification number	A F	or the 20	107 calendar year, or tax year beginning JUL 1, 2007 an	ıd endin	g JUN 30,	2008	
Segregation	_		C. Name of organization		D	Employer i	dentification number
Control to the cont	а	pplicable	Please		:		
December Post December Post December December Post December Decem		Address change				20-0	6000 <u>97</u>
Second Continuous Continu			type Number and street (or P.O. box if mail is not delivered to street address)	•	Room/suite E	Telephone	number
The processor Speciment		Initial			-	(703) 866-4236
Represented Springfield, VA 22150-5991 Capacitations and self-validation Capacitation		Termin-			F		
Section 501c((3) organizations and 4947(a)(1) nenesample tashfelder (4 from 990 or 990+21). ### A and I are not applicable to section 527 organizations must attach a completed Scheduler (4 from 990 or 990+21). ### Website: ➤ vorviv. masters laveconference.org ### Website: ➤ vorviv. masters laveconference.org ### A from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 or 990+21. ### Organization hype increasing a from 990 organization is not required, but if the organization covered by a group nump? Yes I No Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump? Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization covered by a group nump. Pill if Check Pill if the organization cover		Amende	Springfield, VA 22150-5891			Other (specify)	<u> </u>
Websiter ► WVW mast sters a very configuration Apart (a)(1) or Sez		Applicati	on Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	Н	and I are not applic	able to sec	tion 527 organizations.
Organization type (bias only one No No No No No No No N			must attach a completed Schedule A (Form 990 or 990-EZ).	H((a) Is this a group reti	ırn for affilia	
Check here If the organization is not a So(9(a)(3) supporting organization and its gress receipts are normally not incre than \$25,000 A return is not required, but if the organization chooses to life a return, beau to the a complete return incoded in a return, beau to the a complete return incode to life a return, beau to the a complete return incode to life a return, beautiful to the organization covered by a group organization in the organization covered by a group organization in the organization covered by a group organization in the organization covered by a group organization covered by	G V	Vebsite [.]	▶www.masterslaveconference.org	H((b) If "Yes," enter num	ber of affilia	tes N/A
R. Check here ▶				527 H(N/A Yes No
recepts are normally not more than \$25,000 A return is not required, but if the organization covered by a group thing?				H			א אח הר-
Crouse stand the a return, be sure to file a complete return 1 Crouse Exemption Number N/A							ruling? Yes X No
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances				1	Group Exemption	Number ►	N/A
Part				N	1 Check ► X if t	he organiza	tion is not required to attach
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances 1 Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 1,540_noncash \$ 1 te 278. 2 Program service revenue including government fees and epintarists from Part VII, line 93) 3 Membership dues and assessments of the public of t	L G	iross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶		Sch B (Form 990,	990-EZ, or	990-PF)
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	7230			ctions			

_	Functional Expenses and (4	1		(B) D	(0) 11	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds					
	(attach schedule)					
	(cash \$0 • noncash \$0 •					
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)				Statement 2	
	(cash \$ 1,676 • noncash \$ 0 •					
	if this amount includes foreign grants, check here	22b	1,676.	1,676.		
23	Specific assistance to individuals (attach					
	schedule)	23			-	
	Benefits paid to or for members (attach	_				
	schedule)	24				
	Compensation of current officers, directors, key	250	0.	0.	0.	0.
	employees, etc. listed in Part V-A Compensation of former officers, directors, key	25a	0.			
	employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
	Compensation and other distributions, not included	230				
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	25c				
	Salaries and wages of employees not					
	included on lines 25a, b, and c	26				
	Pension plan contributions not included on					
	ines 25a, b, and c	27				
28	Employee benefits not included on lines		·			
	25a - 27	28		•		
29	Payroll taxes	29	_			
80	Professional fundraising fees	30				
31 .	Accounting fees	31				
32	Legal fees	32	0 470	0 275	0.5	
	Supplies	33	9,470.	9,375.	95.	
	Telephone	34	150	95.	64.	
	Postage and shipping	35	159.	19,979.		<u></u>
	Occupancy	36	19,979. 1,300.	1,300.		
	Equipment rental and maintenance	37	4,492.	4,492.		
	Printing and publications	38 39	8,409.	6,666.		
	Travel	40	0/103.	0,000.	27,133	
	Conferences, conventions, and meetings Interest	41	118.		118.	
	Depreciation, depletion, etc. (attach schedule)	42	141.	22.	119.	
	Other expenses not covered above (itemize):	<u> </u>				
		43a				
		43b			" "	
		43c				
		43d				
e		43e				
f		43f				
g	See Statement 1	43g	4,923.	4,310.	613.	
	Total functional expenses. Add lines 22a through		1			
	43g (Organizations completing columns (B)-(D),			4 0.4		^
	carry these totals to lines 13-15)	44	50,667.	<u>47,915.</u>	2,752.	0.

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A , (ii) the amount allocated to Program services \$_ N/A N/A (iii) the amount allocated to Management and general \$ 723011 12-27-07 , and (iv) the amount allocated to Fundraising \$

Form **990** (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

b Annual Conference held in July each year provides educational programs; networking with like-minded individuals; emotional support in a non-threatening environment (Grants and allocations \$ 741.) If this amount includes foreign grants, check here 41,050. MAST-DC provides monthly meetings for individuals in the Dominant/submissive lifestyle. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150.	Wh	at is the organization's primary exempt purpose? ► See Statement 3	Program Service Expenses
and improve healthy relationships; augment social skills through a self-oriented life transition in a non-threatening environment. Grants and allocations \$ 935.) If this amount includes foreign grants, check here 6,715.	clie	nts served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	and (4) orgs , and 4947(a)(1) trusts, but
b Annual Conference held in July each year provides educational programs; networking with like-minded individuals; emotional support in a non-threatening environment (Grants and allocations \$ 741.) If this amount includes foreign grants, check here 41,050. MAST-DC provides monthly meetings for individuals in the Dominant/submissive lifestyle. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150. (Grants and allocations \$) If this amount includes foreign grants, check here 150.	а	and improve healthy relationships; augment social skills through a self-oriented life transition in a non-threatening	
C MAST-DC provides monthly meetings for individuals in the Dominant/submissive lifestyle. Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 47,915.	b	Annual Conference held in July each year provides educational programs; networking with like-minded individuals; emotional support in a non-threatening	6,715.
Grants and allocations \$) If this amount includes foreign grants, check here Cother program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services) 47,915	С	MAsT-DC provides monthly meetings for individuals in the	41,050.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here f Total of Program Service Expenses (should equal line 44, column (B), Program services) 47,915	d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	150.
10 to 10 10 10 10 10 10 10 10 10 10 10 10 10		Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	47.015
	<u>f</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4 / , 915 . Form 990 (2007)

Page 4

(A) Name and address	per week devoted to position	(If not paid, enter -0)	employee benefit plans & deferred compensation plans	account and other allowances
	-			

Form 990 (2007)

	990 (200		М.	<u>T.</u>	Train	ing	Academ	ny, Inc.		20-0600	<u>097</u>		age 6
Pa	rt V-A	Current O	fficers,	<u>Dire</u>	ctors, T	rustee	s, and Ke	ey Employees (continu	ied)			Yes	No
75 a	Enter th	e total number	of office	rs, dire	ectors, and	trustee	s permitted	to vote on organization bu	siness at board				
	meeting	ıs							▶	8			
ь	Are anv	officers, direct	tors, trust	tees. o	r kev empl	lovees lis	sted in Form	990, Part V-A, or highest o	compensated emp	lovees			
						•		d other independent contr		-			
					_	mily or b	usiness rela	tionships? If "Yes," attach	a statement that i	dentifies			
	the indiv	viduals and exp	olains the	e relation	onship(s)						75b		X
C	Do any	officers, directi	ors, trust	ees, or	key emplo	oyees lis	ted in Form	990, Part V-A, or highest of	ompensated empl	oyees			
								d other independent conti					
								whether tax exempt or tax	cable, that are relat	ted to the			
	-	ation? See the					-				75c		X
								in the instructions.					.,
		e organization						. F			75d		<u>X</u>
Pa	rt V-B							ey Employees That F					100
								mployee received compens mpensation or other benef					
		tric year, not i	mar poro	011 001	ovi and one	101 1110 0		The state of the s	(C) Compensation			E) Expe	
		(A) Name a	nd add	ress			(B) Loans and Advances	(if not paid,	employee benefi plans & deferred	t a	ccount	and
			-		N	lone			enter -0-)	compensation pla		er allow	ances
			· -	. -						ŀ			
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	# 9#X 1 -	<u> </u>								<u> </u>	Ш.	V = -	NI-
		Other Infor										Yes	No
76				ange II	n its activit	ties or m	ethods of co	onducting activities? If "Ye	s,* attach a detaile	ed			v
		ent of each cha	-								76	\vdash	$\frac{X}{X}$
77				•	• •	_	documents	but not reported to the IRS	57		77	ļļ	<u>.</u>
		attach a conf			-								v
78 a		-						00 or more during the year	covered by this re		78a	<u> </u>	<u>X</u>
b		has it filed a t				-			•	N/A	78b	_	
79		-						raction during the year? If			79	ļ	X
80 a	Is the o	rganization rela	ated (othe	er than	by associ	ation wit	h a statewic	de or nationwide organizati	on) through comm	ion			.,
	membe	rship, governin	ig bodies	, truste	es, officer			exempt or nonexempt org	anization?		80a	ļ	X
b	If "Yes,	enter the nan	ne of the	organı	zation▶ _	N	I/A						
								$_$ and check whether it is $^{ m l}$	exempt or L_	☐ nonexempt			
81 a	Enter di	rect and indire	ct politica	al expe	enditures. ((See line	81 instruction	ons.)	81a	0.			
b	Did the	organization fi	le Form 1	120-F	OL for this	s year?					81b	000	X
											Form	990	(2007)

Form	990 (2007) M. T. Training Academy, Inc. 20-060	0097	Р	age 7
Pa	t VI Other Information (continued)			No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		X
b	If "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.) 82b N/A	_		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85t N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A]		
t	Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	Ine 12 86a N/A	_		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A	4		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			١.,
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X_
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
b	501(c)(3) and 501(c)(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 a statement explaining each transaction	89b	ļ	<u> X</u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		1	U
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	ļ	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		х
90 a	List the states with which a copy of this return is filed ►VA			
	Number of employees employed in the pay period that includes March 12, 2007			0
	The books are in care of ► M.T. TRAINING ACADEMY Telephone no ► (703)	866	-42	36
_	Located at ► PO BOX 5871 , SPRINGFIELD, VA ZIP+4 ►	2215	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		<u> </u>	<u> </u>
		Form	agn	(2007)

		Aca	demy, Inc.		20-	0600097 Page 8
Part VI Other Information (con						Yes No
c At any time during the calendar year.				the Un	nited States?	91c X
If "Yes," enter the name of the foreig			N/A			
92 Section 4947(a)(1) nonexempt charite				ieck ne	ere ▶ 92	N/A
and enter the amount of tax-exempt Part VII Analysis of Income-P					92	N/A
			ed business income	Exclud	ed by section 512, 513, or 514	
Note: Enter gross amounts unless otherwindicated	/se	(A)	(B)	(C)	(D)	(E) Related or exempt
	B	lusiness	Amount	Exclu- sion	Amount	function income
93 Program service revenue		code		code		11,180.
a Academy Training P	<u> </u>	1800	200.			44,265.
b Annual Conference	—— P	1000	200.			44,203.
С						
d						
e						
f Medicare/Medicaid payments	<u> </u>					
g Fees and contracts from government	agencies					
94 Membership dues and assessments	-			1.4	711	
95 Interest on savings and temporary cash inv	vestments			14	732.	_
96 Dividends and interest from securities	·				······································	
97 Net rental income or (loss) from real es	state:					
a debt-financed property				ļ <u> </u>	···	
b not debt-financed property						
98 Net rental income or (loss) from perso	nal property					
99 Other investment income				<u> </u>		 .
100 Gain or (loss) from sales of assets						
other than inventory	L_				<u></u> .	
101 Net income or (loss) from special ever	nts					·
102 Gross profit or (loss) from sales of inve	entory					90.
103 Other revenue:	·					
a					_	
b			· · · · · ·		·····	
c						
d						
е			11-12-12-1			
104 Subtotal (add columns (B), (D), and (E	-))		200.		732.	55,535.
105 Total (add line 104, columns (B), (D),	· ·				>	56,467.
Note: Line 105 plus line 1e, Part I, should e		on line 1	2. Part I.		•	
Part VIII Relationship of Activi				t Pur	poses (See the instructi	ons)
Line No. Explain how each activity for which						
exempt purposes (other than by pi				import	antily to the accomplishment	or the organization o
See Statement						
Bee Beatement	<u> </u>					
	•					
Dowt IV Information Degardin	a Toyoblo Cu	baidia	ion and Diarogard	-d E-	tition (Can the Instruction	
Part IX Information Regardin	g raxable Su	bsidiar	(C)	eu Er	(D)	(E)
Name, address, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year
partnership, or disregarded entity o	wnership interest		 _			assets
	%					
N/A	- %				<u>. </u>	
	%					
	%				- <u>-</u> -	
Part X Information Regardin	g Transfers A	Associa	ted with Personal	Bene	efit Contracts (See the	
(a) Did the organization, during the year, rece	eive any funds, dire	ctly or ındı	rectly, to pay premiums on	a perso	nal benefit contract?	Yes X No
(b) Did the organization, during the year, pay	premiums, directly	or indirec	tly, on a personal benefit co	ntract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and						
						Form 990 (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.) ■ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2007

OMB No 1545-0047

Employer identification number Name of the organization T. Training Academy, Inc. 20 0600097 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 employee benefit plans & deferred compensation (e) Expense count and other allowances (b) Title and average hours (a) Name and address of each employee paid per week devoted to (c) Compensation more than \$50,000 position None Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over 0 \$50,000 for professional services 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) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None Total number of other contractors receiving over 0 \$50,000 for other services

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. 723101/12-27-07

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the 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

Schedule A (Form 990 or 990-EZ) 2007

N/A

14

An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Page 4

r a	Note: You may use the	e worksheet in the inst	ructions for converting	from the accrual to the	e cash method	of accou	inting.
	ndar year (or fiscal year nning 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)	975.	1,375.	303.	1	50.	2,803.
16	Membership fees received			-			<u> </u>
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	36,229.	38,493.	23,024.	2,2	00.	99,946.
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	263.					263.
19	Net income from unrelated business						
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-550.	50.	75.			-425.
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	36,917.	39,918.	23,402.	2,3	50.	102,587.
24	Line 23 minus line 17	688.	1,425.	378.	1	50.	2,641.
25	Enter 1% of line 23	369.	399.	234.		24.	
26	Organizations described on lines 10	0 or 11 . a Enter 2% of	amount in column (e), line	24	>	26a	N/A
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	rson (other than a govern	ımental		
	unit or publicly supported organization	•	-	led the amount shown in	_		27 / 2
	Do not file this list with your return.			•		26b	N/A N/A
	Total support for section 509(a)(1) to	· ·	• •	•		26c	IV/ A
a	Add Amounts from column (e) for li		19 _			26d	N/A
	Public support (line 26c minus line 2	22	26b _	·	_ [26e	N/A
e f	Public support percentage (line 26)	•	line 26c (denominator))			26f	N/A %
27	Organizations described on line 12 records to show the name of, and to such amounts for each year (2006)	: a For amounts included tal amounts received in early (2005)	in lines 15, 16, and 17 th ach year from, each "disqu O • (20	at were received from a "c lalified person" Do not fil 004)	e this list with yo	ur return 3)	. Enter the sum of $\label{eq:continuous} 0 \ .$
b	For any amount included in line 17 th and amount received for each year, t						
	described in lines 5 through 11b, as						
	the larger amount described in (1) o				ie dilielelice betw	5511 (IIG 6	imount received and
		• (2005)	0 . (20		0 . (200	3)	0.
c	Add Amounts from column (e) for li	, ,	2,803.		(-,	
_				21		27c	102,749.
d	Add Line 27a total		d line 27b total		0.	27d	0.
е	Public support (line 27c total minus	line 27d total)			<u> </u>	27e	102,749.
f	Total support for section 509(a)(2) t	est Enter amount on line	23, column (e)	► 27f	102,587.		
g	Public support percentage (line 27	e (numerator) divided by	line 27f (denominator))		•	27g	100.1579%
	Investment income percentage (lin					27h	.2564%
S	Jnusual Grants: For an organization de show, for each year, the name of the co eturn. Do not include these grants in l	ontributor, the date and ai	12 that received any unus mount of the grant, and a	sual grants during 2003 the brief description of the na	hrough 2006, pre ature of the grant	oare a lis Do not f	t for your records to le this list with your
	1_12-27-07	N	one			Schedule	A (Form 990 or 990-EZ) 2007

A/N

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 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 If "Yes." please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? 32b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32c admissions, programs, and scholarships? 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33 33a a Students' rights or privileges? 33b Admissions policies? 33c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? 33e Educational policies? 33f Use of facilities? 33g Athletic programs? 33h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 34a 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 35 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Lobbying Expenditures During 4-Year Averaging Period

N/A

Calendar year (or (a) (b) (c) (d) (e) (scal year beginning in) ▶ 2007 2006 2005 2004 Total

45 Lobbying nontaxable amount
(150% of line 45(e))

47 Total lobbying expenditures

48 Grassroots nontaxable amount
(150% of line 48(e))

49 Grassroots celling amount
(150% of line 48(e))

50 Grassroots lobbying expenditures

0 .

Part VI-B Lobbying Activity by Nonelecting Public Charities

	(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)
Juring the year o	hid the organization attempt to influence national state or local legislation, including any attempt to

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of	of the lobbying activit	ties
----------------------------------------------------------------------------------------	-------------------------	------

	Yes	No	Amount
ı			
		ļ	
		_	
		 	
			0.

723151 12-27-07

Asset	Description	Date Acquired	Method	Life	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	 Printer	051304SL	SL	2.00	17	108.			108.	.69	!	. 22.
	2New Zon	050505E		5,00	11	594.			594.	253.		119.
	* 990 Page 2 Total - * Grand Total 990 Page 2 Depr					702.		0 0	702.	322.	0 0	141.
728102 04-27-07				(E)	- Asset	(D) - Asset disposed	-	C, Section 179	, Salvage, Bonus,	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	talization De	duction, GO Zone

Μ.	T:	Training	Academy,	Inc.
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2	0 —	Λ	_	Λ	Λ	Λ	a	7
2	J	υ	O	v	v	υ	y	1

Form 990	Cash Grants and Allocations to Others	Statement 2
Class of Activity	y/Donee's Name and Address	Amount
Social Welfare Brother Help Thys 1111 14th St., NV Washington, DC 20	v #350	500.
Educational Leather Archives 6418 N. Greenview Chicago, IL 6062	w Ave.	188.
Advocacy National Coalitic 822 Guilford Ave Baltimore, MD 22	·	187.
Ethnic Services MAST (Butchmanns 11750 E Broadway Tucson, AZ 85748	Inc)	801.
Total Included or	n Form 990, Part II, line 22b	1,676.
Form 990 State	ement of Organization's Primary Exempt Pu Part III	rpose Statement 3

Explanation

Provide educational and training forums on alternative lifestyles in the public arena and in safe-place private locations.

Form 9	90	Depreciation of Asse	ts Not Held for	Investment	Statement 4		
Description		Cost or Other Basis	Accumulated Depreciation	Book Value			
Printer New Zon		108. 594.	91. 372.	17. 222.			
Total	to Form	990, Part IV, ln 57	702.	463.	239.		
Form 9	Form 990 Other Liabilities				Statement 5		
Descri	ption			Beginning of Year	End of Year		
Unearned/Deferred Revenue Credit Cards Payable				25,048.	27,180. 816.		
Total to Form 990, Part IV, line 65			5	25,048.	27,996.		
Form 9	90		onship of Activ of Exempt Purp		Statement 6		
Line	Explanation of Relationship of Activities						
93a 93b	Individualized short weekend-type educational & training sessions held to allow participants to develop and improve healthy relationships in the alternative lifestyle arena. Annual educational conference in which participants learn safe, sane and consensual alternative adult relationships via seminars, events and interaction with other participants.						