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ENVELOPE JAN & 8 2010

OMB No 1545-1150

Short Form

Return of Organization Exempt From Income Tax

Form 990-5357

Department of the Treasury

Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

Open to Public

Inter	nal Rev	renue Service	► The organization may have to use a copy of this return to satisfy state reporting requirement	ts.	inspection
A	For th	he 2008 cale	endar year, or tax year beginning $AUG~1$, 2008 and ending $JUL~31$, 200)9
В	Check i applicat	f ble Please	C Name of organization D Emplo	yer identi	fication number
	Addre	use IRS	ARIZONA CHAPTER, AGC APPRENTICESHIP		
F	Name	label or	· · · · · · · · · · · · · · · · · · ·	-6299	9582
F	Initia Iretur	type		hone num	
⊢	iretur Tem		, , , , , , , , , , , , , , , , , , , ,		
느	طabor_	n Instruc-	01		2-3926
Ļ	— retui	ended bons		Exemption	n
L	Applie	ing	PHOENIX, AZ 85007-2603 Numb	er 🕨	
	• Se	ction 501(c)(3	3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting met	hod 📖	Cash X Accrual
			Schedule A (Form 990 or 990-EZ). Other (specify) I	▶	
1	Websi	ite: ► N/	A H Check ► X	If the or	ganization is not
J	Organ	ization type	(check only one)— X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 required to attach S		
	Check		the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more that	•	
			organization chooses to file a return, be sure to file a complete return	λίι ψ20,00t	o A letam is not
					138,695.
			nd 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Lue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for	· \$	130,093.
	art I			or Part ()	1 500
	1	Contribution	ns, gifts, grants, and similar amounts received	1	1,533.
	2	Program se	ervice revenue including government fees and contracts	2	137,162.
	3	Membershij	p dues and assessments	3	
	4	Investment	income	4	
	5a	Gross amou	unt from sale of assets other than inventory 5a		
	b		or other basis and sales expenses 5b		
	C			5c	
٥	6	•	nts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	-	
Š	1				
Revenue	a		nue (not including \$ of contributions	ł	
Œ		reported on			
) b	Less direct	t expenses other than fundraising expenses		
	C	Net income	or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales	s of inventory, less returns and allowances 7a		
	b	Less cost	of goods sold 7b		
	C	Gross profi	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		nue (describe ▶)	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	138,695.
_	10			10	
	11		F	11	
	i .	•			
ses	12			12	40.460
ē	13			13	49,468.
Expen	14	-		14	851.
	15			15	1,863.
	16	Other expe	nses (describe ► SEE STATEMENT 1)	16	105,852.
Free also to 2010	17	Total expe	nses. Add lines 10 through 16	17	158,034.
\lesssim	18	Excess or ((deficit) for the year (Subtract line 17 from line 9)	18	<19,339.
₹	19		or fund balances at beginning of year (from line 27, column (A))		
₽ S				19	43,974.
œ	20		112021-	20	
ļŽ	21		· /a	21	24,635.
F	Name of the	Palan	ice Sheets. If Total asses on line 25, column (B) are \$2,580,000 or more, file Form 990 instead of Form 99		24,033.
	art	II Dalai		U-EZ	(0) 5-1-4-4
2			EDECNO CA	_ 	(B) End of year
2	2 C	ash, savings,	and investments FRESNO, CA 42,504.		24,237.
7	3 L	and and buildi		23	
(2	art 2 C	ther assets (d	lescribe ► SEE STATEMENT 2) 7,264.		6,529.
2	5 T	otal assets	49,768.		30,766.
2		otal liabilities	s (describe ► SEE STATEMENT 3) 5,794.	26	6,131.
			fund balances (line 27 of column (B) must agree with line 21) 43,974.		24,635.
	32171 2-17-08	I HA F	and Designation And New York Designation (CO)		Form 990-EZ (2008)
,,	, .00		13	yy Y	
			1		

ARIZONA CHAPTER, AGC APPRENTICESHIP

	17 990-EZ (2008) TRUST FUND		86-	<u>62995</u>	82 Page 2
	art III Statement of Program Service Accomplishments (See the instructions for Part III.)			Ex	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT 5			(Required and (4) or	for 501(c)(3) ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the	services		4947(a)(1	trusts, optional
<u></u>	wided, the number of persons benefited, or other relevant information for each program title.			for others)
28	EDUCATIONAL TRAINING PROGRAM FOR 63 APPRENTICES				
	(Grants \$) If this amount includes foreign grants, check here	>		28a	142,411.
29) it this amount includes loreign grants, check here			200	
	(Grants \$) If this amount includes foreign grants, check here			29a	
30					
			—		
	(Grants \$) If this amount includes foreign grants, check here	<u> </u>	<u> </u>	30a	
31	Other program services (attach schedule)				
	(Grants \$) If this amount includes foreign grants, check here		<u> </u>	31a	142 411
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not con		<u> </u>	32	142,411.
	art 14 List of Officers, Directors, Trustees, and Ney Employees. List each one even if not con	npensated		ntributions	for Part IV)
	(b) Title and average hours (c) Comp			mployee	(e) Expense
	(a) Name and address per week devoted to (if not pa	id, enter)		fit plans & eferred	account and other allowances
	position	,	1	pensation	other anowalices
SC	COTT STEEHLER TRUSTEE	····		<u> </u>	
18	325 W. ADAMS ST., PHOENIX, AZ 85007 1.00	0.		0.	0.
D <i>I</i>	AVID MUEHLBAUER TRUSTEE				
	325 W. ADAMS ST., PHOENIX, AZ 85007 1.00	0.	<u> </u>	0.	0.
_	OM SULLIVAN TRUSTEE				
	825 W. ADAMS ST., PHOENIX, AZ 85007 1.00	0.	<u> </u>	0.	0.
	ERRY MERRILL TRUSTEE	^		0	
	825 W. ADAMS ST., PHOENIX, AZ 85007 1.00	0.	 	0.	0.
_	AVID MARTIN TRUSTEE 825 W. ADAMS ST., PHOENIX, AZ 85007 1.00	0.		0.	
_	B25 W. ADAMS ST., PHOENIX, AZ 85007 1.00 DDD EMERY TRUSTEE	<u> </u>	-	0.	0.
	825 W. ADAMS ST., PHOENIX, AZ 85007 1.00	0.	ĺ	0.	0.
	025 W. ADMID DITY INCOMINY IIE 03007		 		
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83	2172		<u> </u>		000 F7 (0000)
12	-17-08			Form	n 990-EZ (2008)

Page 3

Pá	other Information (Note the statement requirements in the instructions for Part VI.)	7502		ago c
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
3	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	1		
	tax requirements?	35a	L	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a	ļ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 N/A	4		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-[
4U a	Section 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 •			
D	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	1 _		
_	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization O			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > AZ	40e	L	X
	The books are in care of ► AZ AGC APPRENTICESHIP TRUST PROGRAM Telephone no ► 602-25	2 2	926	
44 a	Located at ► 1825 W. ADAMS ST., PHOENIX, AZ ZIP+4 ► 8			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	3300	'	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	163	X
	If "Yes," enter the name of the foreign country.	420		^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
_	If "Yes," enter the name of the foreign country	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		_
	,		-	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44]	х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45]	Х
		Form 9	90-EZ	(2008)

86-6299582

Page 4

Form 990-EZ (2008)

TRUST FUND

6 Did the	organization engage in direct or indirect political campaign activiti	es on behalf of or in oppositi	on to ca	indidates for public	;	Y	es No
	If "Yes," complete Schedule C, Part I	••		•	[46	Х
7 Did the	organization engage in lobbying activities? If "Yes," complete S	Schedule C, Part II			[47	Х
8 Is the o	organization operating a school as described in section 170(b)(1)(/	ا (۱۱) ا آ "Yes," complete S	Schedu	le E	[48	X
9a Did the	organization make any transfers to an exempt non-charitable relat	ed organization?				49a	X
b If "Yes,	was the related organization(s) a section 527 organization?				. L	49b	
	ete this table for the five highest compensated employees (other th npensation from the organization If there is none, enter "None"	an officers, directors, trustee	s and k	ey employees) who	each received m	ore than	\$100,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average I per week devoted position		(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(E)	Expense ount and allowance
					_		
							- -
	er of other employees paid over \$100,000	>	0		<u> </u>	-	-
13 11011	e, enter "None "						tion If the
13 11011	e, enter "None - NONE (a) Name and address of each independent contractor paid m	ore than \$100,000		(b) Type of se	rvice (a	c) Compe	
15 11011	NONE	ore than \$100,000		(b) Type of se	rvice (c	Compe	
15 11011	NONE	ore than \$100,000		(b) Type of se	rvice (c	c) Compe	
	NONE (a) Name and address of each independent contractor paid m	ore than \$100,000		(b) Type of se	rvice (c	c) Compe	
Total number	NONE	ng accompanying schedules and s	statement has any i	s, and to the best of n			ensation
Total number	NONE (a) Name and address of each independent contractor paid m er of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based or	ng accompanying schedules and s	statement has any i	s, and to the best of n	ny knowledge and be		ensation
Total number Sign Here	NONE (a) Name and address of each independent contractor paid m er of other independent contractors each receiving over \$100,000 Under penalties of penjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based or Signature of office. Type or print name and title.	ng accompanying schedules and so all information of which preparer	has any l	s, and to the best of nonowiedge	Date Date Date	hef, it is tr	ensation
Total number Sign Here	RONE (a) Name and address of each independent contractor paid m er of other independent contractors each receiving over \$100,000 Under penalities of perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than officer) is based or Signature of office. Type or print name and title	ng accompanying schedules and so all information of which preparer	has any l	s, and to the best of nonowiedge	Date Date Date	dief, it is tr	ue,

SCHEDULE A (Form 990 or 990-EZ

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA CHAPTER, AGC APPRENTICESHIP TRUST FUND

Employer identification number 86-6299582

Schedule A (Form 990 or 990-EZ) 2008

Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this par	t.) (see ins	tructions)				
The organi	zation is not a	private foundation t	because it is: (Please ch	eck only o	ne organiz	ation)		- -				
1 🛄	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed ın se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hospit	tal service organization	described	n section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
4			operated in conjunction							e hospital	's name,	
	city, and state											
5 🔲	An organizati	on operated for the l	benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d in		
		(b)(1)(A)(iv). (Comple		-	·	-	-					
6	A federal, sta	te, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗌	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
			axable income (less sec									
		509(a)(2). (Complete			,		4	, o. g.			0, 10101	
10			perated exclusively to te	st for publ	ıc safetv. S	ee sectio	n 509(a)(4	i). (see ins	tructions)			
11			perated exclusively for the							ourooses o	of one or	
			ations described in secti		-					•		
			organization and compl				,		-/(-/			
	a Type I	· · · · · · · · · · · · · · · · · · ·	- -		e III - Func		tegrated		d 🗀	Type III · C	Other	
е 🔲			t the organization is not	• • •		•	•	r more dis		· ·		
		•	han one or more publicl		-	-	•					
f			ten determination from						- (-)(-)		(-/(-/-	
	· ·	rganization, check th			,		, , , ,				Γ	
g		~	organization accepted ai	nv aift or c	ontribution	from any	of the follo	owina per	sons?			
Ū	-		rectly controls, either a			•		• •			Yes No	
	•	=	upported organization?	•					,,	11g(i)	133 113	
	_		described in (i) above?	,					-	11g(ii)		
			person described in (i)		е?					11g(iii)		
h		=	about the organizations			ports.				· · · · · · · · · · · · · · · · · · ·	<u>. </u>	
			and an arrangement	e e.g		-р						
(1) Name		(II) FIN	(iii) Type of	(iv) Is the (rganization	(v) Did vo	u notify the	(vi) ts	the			
	of supported anization	(ii) EIN	organization	P /	sted in your	, , ,	ion in col	organizáti	on in col.		nount of port	
U.gu			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U S	2	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					 							
									 			
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			_									
					<u> </u>							
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	edule A (Form 990 or 990-EZ) 2008						Page 2
Pa	Support Schedule for	-			(b)(1)(A)(iv) aı	nd 170(b)(1)(A)	(vi)
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
<u>Se</u>	ction A. Public Support	·	· · · · · · · · · · · · · · · · · · ·				
Cale	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	, , , , , , , , , , , , , , , , , , , ,						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		}				
	or expended on its behalf						
3	The value of services or facilities						1
	furnished by a governmental unit to						
	the organization without charge					+	
4	Total. Add lines 1 - 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public Support. Subtract line 5 from line 4						
	ction B. Total Support	<u> </u>	1	1	Ł		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(6) 2004	10) 2003	(6) 2000	(4) 2007	(e) 2000	lij Total
8	Gross income from interest.				-		<u> </u>
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and Income from similar sources			1			-
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
	First five years. If the Form 990 is fo	•		rd, fourth, or fifth t	ax year as a sect		
_	organization, check this box and sto	p here				-	▶□
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
14	Public support percentage for 2008 (line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 200	7 Schedule A, Parl	t IV-A, line 26f			15	%
16	a 33 1/3% support test - 2008. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			. ▶□
1	b 33 1/3% support test - 2007. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	3% or more, check	this box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation .		-	▶□
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the *fa	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in F	Part IV how the org	anization
	meets the "facts-and-circumstances"	-	•		•		▶□
	b 10% -facts-and-circumstances tes						
	more, and if the organization meets t	he "facts-and-circ	umstances" test, o	heck this box and	stop here. Expla	ain in Part IV how	the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	ction A. Public Support	<u> </u>			1-7 (Complete only	ii you checked the oc	X OII MIE 9 OI FAILT)
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and			17,55		19/2000	<i>(7 / 513.</i>
	membership fees received. (Do not						
	include any "unusual grants.")	250.	4,564.			1,533.	6,347.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	101,198.		164,086.	178,159.		710,752.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	101 449	134,711.	164,086.	170 150	120 605	717 000
	Total. Add lines 1 - 5	101,446.	134,/11.	164,086.	178,159.	138,695.	717,099.
7 a	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9,	E1 220	70 015	105 050	122 575	02.620	A51 516
	10c, 11, and 12 for the year or \$5,000	51,238.		105,050.	133,575. 133,575.		451,516.
	Add lines 7a and 7b	51,238.	/8,015.	105,050.	133,373.	83,638.	
	Public support (Subtract line 7c from line 6)		[<u>L</u>		265,583.
	ction B. Total Support	1 1 2001	#1000F	4.3.0000			
	endar year (or fiscal year beginning in)	(a) 2004 101,448.	(b) 2005 134,711.	(c) 2006 164,086.	(d) 2007 178, 159.	(e) 2008 138,695.	(f) Total 717,099.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	101,440.	134,711.	104,000.	176,139.	130,093.	717,099.
ì	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)			· ·			717,099.
	First five years. If the Form 990 is fo	or the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation.
	check this box and stop here						▶□
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2008			column (f))		15	37.04 %
16		•	<u>-</u>			16	41.74 %
Se	ction D. Computation of Inve					·	
17				-		17	.00 %
18	Investment income percentage from	·				18	%
19	a 33 1/3% support tests - 2008. If the				e 15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box	-					► X
	b 33 1/3% support tests - 2007. If the	•	-	•			
	line 18 is not more than 33 1/3%, ch						. ▶□
20	Private foundation. If the organizati			•		=	
_						nedule A (Form 99	0 or 990-EZ) 2004

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
PROGRAM SERVICE (TUITION,	MATERIALS, ETC.)		98,593.
BANK CHARGES	, 2101,		108.
GENERAL INSURANCE			3,124.
MEALS AND ENTERTAINMENT			291.
MEETING EXPENSES			397.
MILEAGE			3,339.
TOTAL TO FORM 990-EZ, LINI	E 16		105,852.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		5,985.	1,825.
PREPAID EXPENSES		1,279.	4,704.
			
TOTAL TO FORM 990-EZ, LINI	E 24	7,264.	6,529.
		·	
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
		DEG. OF TEAR	END OF TEAR
ACOUNTS PAYABLE		4,819.	6,131.
DEFERRED REVENUE		975.	0.
MOMAT MO BODY 000 BZ TIN	r 26	E 704	
TOTAL TO FORM 990-EZ, LIN	Ľ 20	5,794.	6,131.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMENT			4	
A)	DIRECTLY OR IN	ZATION, DURING THE YEAR, RECEIVE DIRECTLY, TO PAY PREMIUMS ON A PE	ERSONAL	[] YES	[X]	NO
B)		ZATION, DURING THE YEAR, PAY PREMIDIRECTLY, ON A PERSONAL BENEFIT C		. [] YES	[X]	NO

990-EZ PG 2 STATEMENT 5

PROVIDE EDUCATIONAL TRAINING PROGRAM FOR APPRENTICES