Form **990-EZ**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-1150

2006

Open to Public Inspection

		or the 2006 calendar year, or tax year beginning , 2006, and ending , 20																
В		k if applicable: Please C Name of organization D Empl						yer ide	ntificat	ion numi	oer							
H		is change like in LandCholes 130							71	672								
H	name ch	print or Number and street (or P.O. box. if mail is not delivered to street address) Room/suite F Telep							E Telep	hone n	umber		<u> </u>					
Ħ	Final retu								Alb	85-	04	83						
ŏ	Amended		Specific															
	Application and the instruction of the control of t									er.	ption -		4					
	• Secti	ion 501(c)(3)	organiz	zatio	ons and	4947(a)(1	nonexe	empt cha	ritable tr	usts must	attach	G Acco			TX Ca	sh 🗆	Accurat	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: □ Ca									311 L 7	(CC) uai								
	dust (specific												-A'					
ı	Websi	te: ► <u> </u>	<u>, w h</u>	<u>u,</u>	land	1 ch	oic	e s,	OVA					I if the organization of to attach				
	Website: ► WWW, land choices. Organization type (check only one)—\ 501(c) (3) < (insert no.) \ 4947(a)(1) or \ 527 \ Schedule B (F										EZ. or 99	0-PF).						
		if the org																
	not requ	uired, but if th	ne organi	nizat	tion choos	ses to file	a return	, be sure t	to file a co	omplete rei	gross receil tum.	JIS AIR HOH	many not	more tr	ian \$25	,000. A I	etum is	
L	Add line	s 5b, 6b, and	7b, to lir	ine S	9 to deterr	nine gros	s receipts	s; if \$100,0	000 or mo	re, file Forn	n 990 instea	d of Form 9	990-EZ .	▶ \$				
	art I	Revenue,													struct	ions.)		
,	1	Contribution												1	<u> </u>	<u>549</u>	. 87	
	2	Program s								· · ·				2	\sim_{I}	~		
	3	Membersh												3		\sim		
	4	Investment												4		\prec		
	5a	Gross amo			sale of a	esets o	ther tha											
	b	Less: cost							-		1 1	ŏ						
	С	Gain or (los										ch cchad	ulol	5c	(\circ		
ã	6												uie)		***************************************	<u> </u>		
Revenue	а	Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions								ш								
æ	-																	
_	١.	reported on line 1)																
		c Net income or (loss) from special events and activities (line 6a less line 6b)								6c		O						
	7a	Gross sale							•	na 1033 III I	7a	0.						
	b	Less: cost				s return					76	Ö						
	C		_		-	 Non of in				· · ·		<u>`</u>		7c	(~		
		c Gross profit or (loss) from sales of inventory (line 7a less line 7b)								8		<u></u>						
	9	Total reve				2, 3, 4,	5c, 6c,	7c. and 8	8)				,	9	$\overline{}$	FY	a a	
	10											· · · · · · · · · · · · · · · · · · ·		10	- <u> /</u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. 6.	
	11	Grants and similar amounts paid (attach schedule)									11		0					
S	12	Salaries, other compensation, and employee benefits									12		Ŏ					
us.	13	Professional fees and other payments to independent contractors									13		Ŏ					
Expenses	14		Occupancy, rent, utilities, and maintenance								14		ŏ					
ũ	15	Printing, publications, postage, and shipping							• • •	15	ч.	740	77					
	16	Other expenses (describe > (home, foil, wishe, wat is, office supplies, soic37)							16389		V.	941	FF					
	17	Other expenses (describe > (how: Dil wische, 11-15, 0 ffice Supplies, 501 c3F5) Total expenses (add lines 10 through 16)							▶ ′	17	70	, 99	1.2.2					
93	18	Excess or												18	77	LUU	IVA	
Set	19														(4	1-1-1-	<u> </u>	
Net Assets		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).						C WIGH	19	/	00,	W						
	20	Other chan	nges in	net	et assets	or fund	balance	es (attach	h explan	ation) .				20		0		
	21	Net assets	or fund	id b	palances	at end	of year ((combine	lines 18	3 through	20)		▶	21	(-?	7441	. 40	
Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.																		
			(S	See	page 51	of the	instructi	ions.)				(A) Beg	inning of y	ear	(B) E	nd of year	r	
22	Casi	Cash, savings, and investments						00.W	22	! (00. a	,						
23								0	23		\Box							
24	Othe							24		0								
25	Tota	Total assets						, ·										
26								441.4										
27											1)	(-5		(0) 27		5,44		
ror	Privac	y Act and Pa	perwork	rk R	Reduction	Act Not	tice, see	the sens	arate inst	ructions		Cat. No. 10	n£421	•	Eom (990-EZ	, ranner	

Form	990-EZ (2006)					F	age Z			
Pa	t III Statement of Program Service Accom	plishments (See page 51	of the instruction	ons.)	· · · · · · · · · · · · · · · · · · ·	enses				
What is the organization's primary exempt purpose? Eduatate and protection							(Required for 501(c)(3) and (4) organizations			
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.									
0030		Priva Lake sta	The Date of the sacrification	+ C	optional fo					
28 .	.3	rolling Car Sta	Thursday	ודיגם.						
-	Parin train being sold for		- 41. 61.	idife	₩.	100	Ε,,			
(udes foreign grants, check		► []	28a	100	, , ,			
30 7	Helpina Care Americas Ar	SE YEAR SCORE	Calas YY	22	200					
25 .	acre Jeamp Olyseipp	c. Thousands a	+ KN a	<i></i>						
-	adults Limber fit, amilla	wild life & L	-Atragali	1 1 0	. .	E	\wedge			
Ī	Grants \$ ()) If this amount inclu	udes foreign grants, check	here	. ► □	29a					
30 .	Ulling Landowns across	Amenzali	arn L-64	5+0	B	(1)	. ,			
	ovesouls land. Helped as	epax 100 lan	downers t	hufa.	5/1	ν ρι	ostry			
						52 13	rock			
(Grants \$ () If this amount inclu	udes foreign grants, check	here	. ▶ 🗆	30a					
31 (Other program services (attach schedule)									
7	Grants \$) If this amount inclu	udes foreign grants, check	here	. ▶ □	31a	, R.				
	otal program service expenses (add lines 28a th		 	🕨		152.				
Pa	List of Officers, Directors, Trustees, and Key	/ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		· · · · · · · · · · · · · · · · · · ·						
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contribution employee benefit p	plans & ac	E) Expens	nd			
V:	C+ Mara 11/4 12 4 (110 mm)	devoted to position	enter -0)	deferred compen	sation othe	r allowar	nces			
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ctv	est, Buslawood, CO SONZ	Sicvitary			-	0				
	7 0 . 7	1								
				<u> </u>						
Pa	tV Other Information (Note the statemen	nt requirement in Genera	al Instruction V.)		Т	Yes	No			
33	Did the organization engage in any activity not pro	eviously reported to the IR	S? If "Yes," attac	h a detailed			X			
	description of each activity				33	-	1			
34	Were any changes made to the organizing or gov	erning documents but not	reported to the IF	RS? If "Yes,"	1 04	,	V			
	attach a conformed copy of the changes		• • • • • • •		. 34	Ca demand	20,2414			
35	If the organization had income from business activities, s				10t					
_	reported on Form 990-T, attach a statement explaining y				48,754	THE PROPERTY.	SANSKIE .			
а	Did the organization have unrelated business gros proxy tax requirements?	is income of \$1,000 or mor	e or 6033(e) notic	e, reporting, a	and 35a	a	X			
b	If "Yes," has it filed a tax return on Form 990-T for	or this year?			351		 			
36	Was there a liquidation, dissolution, termination, of		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			1			
•	statement.)		and grade your a		36	<u>. </u>	K			
37a	Enter amount of political expenditures, direct or ind	lirect, as described in the in	structions. ► 37	a 0		2 33%	14.00			
b	Did the organization file Form 1120-POL for this y	year?			371	_	7			
38a	Did the organization borrow from, or make any loa	ans to, any officer, director,	trustee, or key er	nployee or we	ere	4 深級				
	any such loans made in a prior year and still unpa					3	<u>X</u>			
b	If "Yes," attach the schedule specified in the line	e 38 instructions and enter	r the amount	.						
*	involved		38			430				
39	501(c)(7) organizations. Enter:			ł		12				
	Initiation fees and capital contributions included o				—— 翻					
	Gross receipts, included on line 9, for public use	or club tacilities ,	39	D	老態	7 7 7 7	1700			

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Par	Other Information (Note the statement requirement in General Instruction V.) (Continued	<i>f</i>)									
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶										
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	the Yes No									
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958										
d	Enter amount of tax on line 40c reimbursed by the organization										
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter										
41	transaction? List the states with which a copy of this return is filed. ▶										
42a	The books are in care of Kivt Mane (Ke J Telephone no. > Located at > 1345, Lunghton Street, Millow, MT ZIP + 4 >	(249) 685-0483 48381									
c	At any time during the calendar year, did the organization have an interest in or a signature or other authover a financial account in a foreign country (such as a bank account, securities account, or other final account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) programment charitable traces filing Form 2000 F7 in line 45.	Yes No 42b 42c									
	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	▶ 🗔									
Pleas Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	to the best of my knowledge									
Paid Prepa	serf- employed ▶ □	or's SSN or PTIN (See Gen. Inst. X)									
Use C	Firm's name (or vours))									
		Form 990-EZ (2006)									