

FROM the tax lady

(MED) DEC 9 2006 17:42/ST. 17:41/No. 752092118 P. 0

0704

Form 990

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

2006

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

A For the 2006 calendar year, or tax year period beginning 07/01, 2006, and ending 06/30, 2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: COMMUNITY UNION INC; D Employer identification number: 95-4412611; E Telephone number; F Accounting method: Cash

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes X No

H(b) If "Yes," enter number of affiliates 0

H(c) Are all affiliates included? Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No

I Group Exemption Number 0

M Check if the organization is not required to attach Schedule B (Form 990 or 990-EZ, or 990-PF)

G Web site

J Organization type (check only one) X 501(c) ( 0 ) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 305585

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and 3 columns: Description, Sub-rows, and Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

SCANNED DEC 29 2010

FROM the tax lady

(HRD) DEC 3 2006 17:43/ST. 17:41/No. 7528592118 P 4

COMMUNITY UNION INC

95-4412611

Form 990 (2006)

Page 2

| Part I Statement of Functional Expenses                                  |  | All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) non-exempt charitable trusts but optional for others. (See Specific Instructions on page 21.) |                      |                            |                 |
|--|--|---|----------------------|----------------------------|-----------------|
| 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 |
| 22a  | Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ 1244 )<br>If this amount includes foreign grants, check here <input type="checkbox"/>                             | 1244  |                      |                            |                 |
| 22b  | Other Grants and allocations (attach schedule) (cash \$ 15700 noncash \$ _____ )<br>If this amount includes foreign grants, check here <input type="checkbox"/>                                    | 15700   |                      |                            |                 |
| 23   | Specific assistance to individuals (attach schedule) . . . . .   |   |                      |                            |                 |
| 24   | Benefits paid to or for members (attach schedule) . . . . .  |   |                      |                            |                 |
| 25a  | Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) . . . . .  | 20768   |                      |                            |                 |
| b  | Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) . . . . .   |   |                      |                            |                 |
| c  | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . . |   |                      |                            |                 |
| 26   | Salaries and wages of employees not included on lines 25a, b, and c . . . . .  |   |                      |                            |                 |
| 27   | Pension plan contributions not included on lines 25a, b, and c . . . . .   |   |                      |                            |                 |
| 28   | Employee benefits not included on lines 25a - 27 . . . . .   |   |                      |                            |                 |
| 29   | Payroll taxes . . . . .  |   |                      |                            |                 |
| 30   | Professional fundraising fees . . . . .  |   |                      |                            |                 |
| 31   | Accounting fees . . . . .  | 1540  |                      |                            |                 |
| 32   | Legal fees . . . . .   |   |                      |                            |                 |
| 33   | Supplies . . . . .   | 3279  |                      |                            |                 |
| 34   | Telephone . . . . .  | 12420   |                      |                            |                 |
| 35   | Postage and shipping . . . . .   |   |                      |                            |                 |
| 36   | Occupancy . . . . .  |   |                      |                            |                 |
| 37   | Equipment rental and maintenance . . . . .   |   |                      |                            |                 |
| 38   | Printing and publications . . . . .  |   |                      |                            |                 |
| 39   | Travel . . . . .   | 19923   |                      |                            |                 |
| 40   | Conferences, conventions, and meetings . . . . .   |   |                      |                            |                 |
| 41   | Interest . . . . .   |   |                      |                            |                 |
| 42   | Depreciation, depletion, etc. (attach schedule) . . . . .  |   |                      |                            |                 |
| 43   | Other expenses not covered above (itemize):  |   |                      |                            |                 |
| a  | UTILITIES . . . . .  | 406   |                      |                            |                 |
| b  | INSURANCE . . . . .  | 3216  |                      |                            |                 |
| c  | CONSULTANTS . . . . .  | 96959   |                      |                            |                 |
| d  | PAMPHLETS SUPPLIES . . . . .   | 135823  |                      |                            |                 |
| e  | . . . . .  |   |                      |                            |                 |
| f  | . . . . .  |   |                      |                            |                 |
| g  | . . . . .  |   |                      |                            |                 |
| 44   | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .)  | 311278  |                      |                            |                 |

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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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.

| What is the organization's primary exempt purpose? ▶ computer technology<br>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses<br>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.) |
|---|---|
| a Provides computer technology training and redeployment programs to 8 Community Centers in Los Angeles Area<br><br>(Grants and allocations \$ 31278 ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>  | 31278   |
| b<br><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>   |   |
| c<br><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>   |   |
| d<br><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>   |   |
| e Other program services (attach schedule)<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>  |   |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶  | 31278   |

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**Part IV** Balance Sheets (See the instructions.)

|                             |  | Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only                           |      | (A)               |      | (B)         |
|-----------------------------|--|---|------|-------------------|------|-------------|
|                             |  |   |      | Beginning of year |      | End of year |
| Assets                      | 45   | Cash-non-interest-bearing   |      | 2850              | 45   | 1648        |
|                             | 46   | Savings and temporary cash investments  |      |                   | 46   |             |
|                             | 47a  | Accounts receivable   | 47a  |                   |      |             |
|                             | b  | Less: allowance for doubtful accounts   | 47b  |                   | 47c  |             |
|                             | 48a  | Pledges receivable  | 48a  |                   |      |             |
|                             | b  | Less: allowance for doubtful accounts   | 48b  |                   | 48c  |             |
|                             | 49   | Grants receivable   |      |                   | 49   | 6840        |
|                             | 50a  | Receivables from officers, directors, trustees, and key employees (attach schedule)   |      |                   | 50a  |             |
|                             | b  | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)  |      |                   | 50b  |             |
|                             | 51a  | Other notes and loans receivable (attach schedule)  |      |                   |      |             |
|                             | b  | Less: allowance for doubtful accounts   | 51b  |                   | 51c  |             |
|                             | 52   | Inventories for sale or use   |      |                   | 52   |             |
|                             | 53   | Prepaid expenses and deferred charges   |      |                   | 53   |             |
|                             | 54a  | Investments-publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |      |                   | 54a  |             |
|                             | b  | Investments-other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |      |                   | 54b  |             |
|                             | 55a  | Investments-land, buildings, and equipment: basis   |      |                   |      |             |
|                             | b  | Less: accumulated depreciation (attach schedule)  |      |                   | 55c  |             |
|                             | 56   | Investments-other (attach schedule)   |      |                   | 56   |             |
|                             | 57a  | Land, buildings, and equipment basis  |      |                   |      |             |
| b                           | Less: accumulated depreciation (attach schedule)   |   |      | 57c               |      |             |
| 58                          | Other assets, including program-related investments (describe ▶ )  |   |      | 58                |      |             |
| 59                          | Total assets (must equal line 74) Add lines 45 through 58  |   | 2850 | 59                | 8488 |             |
| Liabilities                 | 60   | Accounts payable and accrued expenses   |      | 895               | 60   | 3260        |
|                             | 61   | Grants payable  |      |                   | 61   |             |
|                             | 62   | Deferred revenue  |      |                   | 62   |             |
|                             | 63   | Loans from officers, directors, trustees, and key employees (attach schedule)   |      |                   | 63   |             |
|                             | 64a  | Tax-exempt bond liabilities (attach schedule)   |      |                   | 64a  |             |
|                             | b  | Mortgages and other notes payable (attach schedule)   |      |                   | 64b  |             |
|                             | 65   | Other liabilities (describe ▶ )   |      |                   | 65   |             |
| 66                          | Total liabilities. Add lines 60 through 65   |   | 895  | 66                | 3260 |             |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 |   |      |                   |      |             |
|                             | 67   | Unrestricted  |      | 1955              | 67   | 5228        |
|                             | 68   | Temporarily restricted  |      |                   | 68   |             |
|                             | 69   | Permanently restricted  |      |                   | 69   |             |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74              |   |      |                   |      |             |
|                             | 70   | Capital stock, trust principal, or current funds  |      |                   | 70   |             |
|                             | 71   | Paid-in or capital surplus, or land, building, and equipment fund   |      |                   | 71   |             |
|                             | 72   | Retained earnings, endowment, accumulated income, or other funds  |      |                   | 72   |             |
|                             | 73   | Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) |      | 1955              | 73   | 5228        |
|                             | 74   | Total liabilities and net assets / fund balances. Add lines 66 and 73   |      | 2850              | 74   | 8488        |

FROM the taxpayer

(WEB) DEC 0 2006 17:49/ST. 17:41/No. 7520582110 P 7

COMMUNITY UNION INC

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions)

Table with 5 main rows (a-e) and sub-rows for adjustments. Includes columns for description, sub-rows (b1-b4, d1-d2), and a final column for totals.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Includes columns for description, sub-rows (b1-b4, d1-d2), and a final column for totals.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.



FROM the lady

(4ED)D50 3 2008 17:49/ST. 17:41/No. 7528592118 P 0

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| Part VI Other Information (See page 27 of the instructions)  |  | Yes        | No |
|--|--|------------|----|
| 82a  | 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?  |            | 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.) (See instructions in Part III.)   |            |    |
| 82b  |  |            |    |
| 83a  | Did the organization comply with the public inspection requirements for returns and exemption applications?  |            | X  |
| b  | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   |            | X  |
| 83b  |  |            |    |
| 84a  | Did the organization solicit any contributions or gifts that were not tax deductible?  |            | X  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            | X  |
| 84b  |  |            |    |
| 85   | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  |            | X  |
| b  | Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.                                     |            | X  |
| 85a  |  |            |    |
| c  | Dues, assessments, and similar amounts from members  | 85c        |    |
| d  | Section 162(e) lobbying and political expenditures   | 85d        |    |
| e  | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | 85e        |    |
| f  | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f        |    |
| g  | Does the organization elect to pay the section 6033(e) tax on the amount in 85f?   | 85g        | X  |
| h  | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?   | 85h        | X  |
| 86   | 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12  | 86a        |    |
| b  | Gross receipts, included on line 12, for public use of club facilities   | 86b        |    |
| 87   | 501(c)(12) orgs. Enter a Gross income from members or shareholders   | 87a        |    |
| b  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)   | 87b        |    |
| 88a  | 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? 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        |    |
| 89a  | 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 501(c)(4) orgs. 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        | X  |
| 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  |            |    |
| e  | 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        | 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        |    |
| 90a  | List the states with which a copy of this return is filed  | california |    |
| b  | Number of employees employed in the pay period that includes March 12, 2008 (See instructions)   | 90b        |    |
| 91a  | The books are in care of /community union Telephone no (818) 781-8170 Located at 7555 van nuys van nuys ca ZIP code + 4 91405  |            |    |
| b  | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | 91b        | X  |
| See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. |  |            |    |

FROM THE EX 12dy

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions)

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part X Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

|   |                                       |                                |                           | Yes | No |
|---|---------------------------------------|--------------------------------|---------------------------|-----|----|
| 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity |                                       |                                |                           |     |    |
| (A)<br>Name, address, of each controlled entity   | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |     |    |
| a   |                                       |                                |                           |     |    |
| b   |                                       |                                |                           |     |    |
| c   |                                       |                                |                           |     |    |
| Totals  |                                       |                                |                           |     |    |

|  |                                       |                                |                           | Yes | No |
|--|---------------------------------------|--------------------------------|---------------------------|-----|----|
| 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity |                                       |                                |                           |     |    |
| (A)<br>Name, address, of each controlled entity  | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |     |    |
| a  |                                       |                                |                           |     |    |
| b  |                                       |                                |                           |     |    |
| c  |                                       |                                |                           |     |    |
| Totals   |                                       |                                |                           |     |    |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *[Signature]* Date: 11/17/2008

Type or print name and title: *Larry Ortega*

Preparer's signature: *[Signature]* Date: 11/17/08 Check if self-employed:  Preparer's SSN or PTIN: P00741614

Paid Preparer's Use Only: Firm's name (or yours if self-employed) and address, and ZIP + 4: THE TAX LADY, PO BOX 769, HIGHLAND, CA 92346- EIN: 20-8597468 Phone no: 909-425-1457

FROM the Taxpayer

(MED) DEC 3 2006 17:44/ST. 17:41/No. 7626502119 P 12

**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.)

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**COMMUNITY UNION INC**

Employer identification number

**95-4412611**

**Part I-A**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None".)

| (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 |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |

Total number of other employees paid over \$50,000 . . . ▶

**Part I-A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(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 \$50,000 for professional services . . . ▶

**Part I-B**

**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.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of other contractors receiving over \$50,000 for professional services . . . ▶

QNA For Paperwork Reduction Act Notice, see Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

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