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

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Δ	For th	ne 2006 calendar year, or tax year beginning September 1, 2006, and	anding A.	10.152	71 20 6-F
_		- CAN			ver identification number
		use IRS A Cort Contain Bassant Calla Oran	ובתופתונו		1640342
		print or Number and street for B.O. how if mail is not delivered to atree address	Room/suite		one number
_	Name c	type. Da Ray (2) 8	/ room saile		861 - 3638
=	Initial re	Specific City or town state or country and 7IP : 4			
	Final ret	tions, Cincinnoh nH 4520h	- 1	F Accounting	g method: Cash ☐ Accrual
		o idiani	H and Lare no		to section 527 organizations.
ш	Applicati	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 			for affiliates? Yes No
G	Website	manifestgallery, org			er of affiliates >
			H(c) Are all af		
J	Organiz	zation type (check only one) ► 3501(c) () ◄ (insert no.) 4947(a)(1) or 527	(If "No," a	attach a list	. See instructions.)
K	Check	here ► if the organization is not a 509(a)(3) supporting organization and its gross	H(d) Is this a se		
		are normally not more than \$25,000. A return is not required, but if the organization chooses			y a group ruling? Yes No
	о не а	return, be sure to file a complete return.		emption Nu	
L	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	to attach	Sch. B (F	the organization is not required orm 990, 990-EZ, or 990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balar			
	1	Contributions, gifts, grants, and similar amounts received:			
	a		1,076		
	b	Direct public support (not included on line 1a)			
	c	Indirect public support (not included on line 1a) 1c			
	d	Government contributions (grants) (not included on line 1a) 1d			
	1	Total (add lines 1a through 1d) (cash \$ 9,076 noncash \$)	1e	9.076
	2	Program service revenue including government fees and contracts (from Part	VII. line 93)	2	78.727
	3	Membership dues and assessments	,/	3	8,000
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	
	6a	Gross rents 6a			
		Less: rental expenses			
	1	Net rental income or (loss). Subtract line 6b from line 6a	y 10 20 40 4	6c	
d)	7	Other investment income (describe ▶		7	
Revenue	8a) Other		
Seve	"	than inventory 8a			
44.		Less: cost or other basis and sales expenses. 8b			
		Gain or (loss) (attach schedule) 8c			
	1	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, chec	k here ▶ □		
	a	Gross revenue (not including \$ of			
	-	contributions reported on line 1b) 9a			
	b	Less: direct expenses other than fundraising expenses . 9b			
		Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
	10a		1156		
	b	Less: cost of goods sold	869		
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from	m line 10a .	10c	(1.713)
	11	Other revenue (from Part VII, line 103)		11	149
-	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	44,239
43.55	13	Program services (from line 44, column (B))		13	26,622
ses	14	Management and general (from line 44, column (C))		14	4.052
Expenses	15	Fundraising (from line 44, column (D))		15	565
EX	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses. Add lines 16 and 44, column (A)		. 17	31,239
ts	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	13.000
SSe	19	Net assets or fund balances at beginning of year (from line 73, column (12.1427
Net Assets	20	Other changes in net assets or fund balances (attach explanation).			
Se	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			10,858

	Functional Expenses organizations and se	ection 4	1947(a)(1) Honexempl	charitable trusts but	optional for others.	See the instruction
	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 \$)	22a				13-1 =
n.	If this amount includes foreign grants, check here	220				
20	Other grants and allocations (attach schedule) (cash \$ noncash \$)					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach		-			
	schedule)	23				
24	Benefits paid to or for members (attach					5 % W
	schedule)	24				
5a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A (attach					
	schedule)	25a				
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B (attach	25b				
	schedule)	230				
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)	25c				
26	Salaries and wages of employees not included					
.0	on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
8	Employee benefits not included on lines					
.0	25a – 27	28				
9	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	500		500	
2	Legal foes Advertising	32	888	888		
3	Legal fees Advertising	33	4,556	4,487		69
34	Telephone	34		7 22		
15	Postage and shipping	35	3,447	3,330	2	117
6	Occupancy	36	10,335	8,268	2,067	
7	Equipment rental and maintenance	37	2,477	2,098		379
8	Printing and publications	39	2,711	2,010		3/1
9	Travel	40	2,352	2,352		
ю Н	Interest	41	-100			
2	Depreciation, depletion, etc. (attach schedule)	42				
3	Other expenses not covered above (itemize):					
а	website	43a	157	157		
b	Paypal expenses	43b	394	394		
С	G. Fts	43c	438	348	90	
d	Exhibitions	43d	1,593	1593		
е	Insurance	43e	536	m ; _ m	536	
f	open figure expense	43f	2,607	2607-	850	
g	hiscellaneous	43g	959	100	859	
14	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					200 10024
	columns (B)-(D), carry these totals to lines 13-15)	44	31,239	26,622	4,052	565
	10-10)	98-2.	0.,201			L

Part III	Statement of Prog	ram Service Accor	mplishments (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.

All of o	at is the organization's primary exempt purpose? Venue. for. at the design and at his the organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	Galley exhibits - 12 exhibits served 94 a/hsts and 2200 visitors. Each exhibit was free and open to the public five hours a day, five days a week for at least four weeks. Eight catalogs were produced. The 2006 National Drawing Annual exhibit -in-print was produced/ Dublished and included 33 artsts (Grants and allocations \$ 8,510) if this amount includes foreign grants, check here > 1 Studio program 10 different 2 hour figure - drawing sessions were offered representing 200 hours of studio time for a total of 98 participants. Fifty-one	16,416
	short and feature length films were shown in 10 screenings. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	10,106
¢		·
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule) miscellaneous	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	100
1	Total of Program Service Expenses (should equal line 44, column (b), Program Services)	26,622
		Form 990 (2006)

Pa	ırt IV	Balance Sheets (See the instructions.)			
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	906	45	10,858
	46	Savings and temporary cash investments		46	
	477	Accounts receivable 47a			
		A COOLING TOOLIVADIO		47c	
	D	Less: allowance for doubtful accounts . 4/b		470	
	100	Plednes receivable 48a			
		Pledges receivable		48c	
	49	Grants receivable		49	
		Receivables from current and former officers, directors, trustees, and		1	
	oua	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			
Assets		schedule)		51c	
Ass		Least anowaries for doubter accounts .		52	· · · · · · · · · · · · · · · · · · ·
	150000	Inventories for sale or use		53	
	53	Prepaid expenses and deferred charges		54a	
		Investments—publicly-traded securities		54b	
	Charles State	Investments—other securities (attach schedule) Cost FMV		10.10	
		Investments—land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach		55c	
		scriedule)		56	
	56	Investments—other (attach schedule)		1	
	100000000000000000000000000000000000000	Land, bendings, and equipment basis.			
	d	Less: accumulated depreciation (attach schedule)		57c	
	58	Other assets, including program-related investments			
	30	(describe ►)	250	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	1156	59	10,858
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
bilities	63	Loans from officers, directors, trustees, and key employees (attach schedule)	3,298	63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Lia		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
	66	Total liabilities. Add lines 60 through 65	3,298	66	-0-
10	Orga	anizations that follow SFAS 117, check here ► □ and complete lines 67 through 69 and lines 73 and 74.			
ces	67	Unrestricted	(2,142)	67	10,858
lan	68	Temporarily restricted		68	
Ba	69	Permanently restricted		69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.			
2	70	Capital stock, trust principal, or current funds		70	
ts	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
Se	72	Retained earnings, endowment, accumulated income, or other funds		72	
A	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Vet		70 through 72. (Column (A) must equal line 19 and column (B) must	12 111-5		1000
		equal line 21)	(2,142)	73	10,858
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1156	74	10.858

Pa	Reconciliation of Revenue per Audinstructions.)	dited Financial St	atem	ents With Rev	enue pe	er Return	(See the
a b	Total revenue, gains, and other support per audi Amounts included on line a but not on Part I, line		nents			а	NIA
1	Net unrealized gains on investments			b1			
	Donated services and use of facilities			b2			
2				b3		1	
3	Recoveries of prior year grants						
4	Other (specify):			b4			
	Add lines b1 through b4					b	
C	Subtract line b from line a					С	
d	Amounts included on Part I, line 12, but not on I	ine a:		Converge #			
1	Investment expenses not included on Part I, line			d1		4	
2	Other (specify):						
		*******		d2		-	
	Add lines d1 and d2					d	
е	Total revenue (Part I, line 12). Add lines c and d					e	
	rt IV-B Reconciliation of Expenses per Au					T	
a	Total expenses and losses per audited financial					a	NIA
b	Amounts included on line a but not on Part I, line			l wall			
1	Donated services and use of facilities			b1		1	
2	Prior year adjustments reported on Part I, line 20			b3		1	
3	Losses reported on Part I, line 20			03		1	
4	Other (specify):			b4			
	Add lines b1 through b4					b	
С	Subtract line b from line a					С	
d	Amounts included on Part I, line 17, but not on I		100		100 (d. 10)		
1	Investment expenses not included on Part I, line		100	d1			
2	Other (specify):			d2			
•	Add lines d1 and d2					d	
Pa	rt V-A Current Officers, Directors, Trustees or key employee at any time during the ye	s, and Key Emplo	yees	(List each persor	n who wa	s an officer	, director, trustee
	(A) Name and address	(B) Title and average hou week devoted to pos	rs per	(C) Compensation (If not paid, enter	(D) Contribut benefit pla	CONTRACTOR OF THE PARTY AND TH	(E) Expense account and other allowance
	Sason Flanz						
_	Cincinnati, OH 45206	President 4	40	0		S	0
	rigid o' Kane	En caboas	8	0		0	
_	lizabeth Kauffman	Secretary	0_			<u> </u>	
	incinati OH 45223	Treasurer	10	0			0
K	atherine Dintenfass	Board	1	0		0	0
	indiew schaub	Board	,				
_	incignat , OH 45243	member	-	0			0
	amera Muente	Board	_	_			
_F	11mger, Ky 41018	member	5	0		0	
42%	revor Ponder	Jr. Board	3			_	
	effrey Salver	member	2	0		0_	0
	effrey saites	J. Board	-	_			_
C	incignati OH 45202	member	2	0		0	0
					III		
		-					

Par	t V-A Current Officers, Directors, Trustees, a	and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and truste meetings	ees permitted to vot	te on organization	business at board			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).							
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".							
					75d		
Par	Former Officers, Directors, Trustees, and Kernetter, director, trustee, or key employee received person below and enter the amount of compensions.	ved compensation or	other benefits (de	scribed below) during	the ye	ear, lis	ormer st that
	(A) Name and address (B)) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other
	NIA						
				.,.			
						n operation	
						Yes	Ma
	t VI Other Information (See the instructions.)			2 If "Van " attach a		162	No
76	Did the organization make a change in its activities detailed statement of each change	or methods of cond		rii Yes, attach a	76		×
77	Were any changes made in the organizing or govern	ning documents but	t not reported to	the IRS?	77		X
70-	If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross	income of \$1 000	or more during t	ne year covered by			
/8a	this return?		· · · · · ·		78a		×
b	If "Yes," has it filed a tax return on Form 990-T for				78b		
79	Was there a liquidation, dissolution, termination, or s a statement				79		×
80a	Is the organization related (other than by association common membership, governing bodies, trustees	s, officers, etc., to	any other exer	npt or nonexempt	900		V
b	organization?				80a		^
	Enter direct and indirect political expenditures. (See Did the organization file Form 1120-POL for this year	line 81 instructions	s.) [81a]		81b	-	v
<u>a</u>	Did the organization life Form 1120-FOL for this year	GI:				990	(2006)

Par	t VI Other Information (continued)		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?	82a	×	
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.)	5		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		×
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	NIP	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	2	4
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N	IA
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N	ia-
	Dues, assessments, and similar amounts from members			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N	A
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?	85h	N	IA
86	following tax year? 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	-	•	
b	Gross receipts, included on line 12, for public use of club facilities			
37	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.)			
	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		×
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
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		×
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	89e		X
	transaction?	89f		X
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	001		~
	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		X
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	٥		
91a	The books are in care of > Elizabeth Kauffman Telephone no. > (513) Located at > 1422 Bruce Avenue, Cincinnat ZIP + 4 > 45223	30	4 -	913
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	045	165	NO
	account)?	91b		×
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

	0 (2006) VI Other Information (continued)						Yes No
92 3	At any time during the calendar year, did the if "Yes," enter the name of the foreign count Section 4947(a)(1) nonexempt charitable trust and enter the amount of tax-exempt interest	ry ▶ ts filing Form 990	in lieu of Form	1041—Check	here		▶[
art					92		
-	Enter gross amounts unless otherwise		usiness income		tion 512, 513, or 514	Г	(E)
dicate		(A)	(B)	(C)	(D)		elated or pt function
93	Program service revenue;	Business code	Amount	Exclusion code			ncome
а	submission fees					15	. 447
b	Open figure/shdio fees					5	967
C	Lechies					6	565
d	Fee Revenue					-	50
e							
	Medicare/Medicaid payments		-	-	*************		
	Fees and contracts from government agencies	s		-		-	7
	Membership dues and assessments		 	+		1 3	3000
	Interest on savings and temporary cash investmen	ts	 	-		-	
	Dividends and interest from securities		 	-		-	
	Net rental income or (loss) from real estate:	-				-	- 9 -
	debt-financed property					-	
	not debt-financed property					-	
	Net rental income or (loss) from personal property Other investment income					200	
	Gain or (loss) from sales of assets other than inventor	o/		1			
	Net income or (loss) from special events .	, , , , , , , , , , , , , , , , , , ,			***************************************		*****
	Gross profit or (loss) from sales of inventory					(1,713
	Other revenue: a miscellageou.						149
b							
C					-		
d							
e							
	Subtotal (add columns (B), (D), and (E)) .	L	1			3	2,10
	Total (add line 104, columns (B), (D), and (E)				>	35,1	63
_	Line 105 plus line 1e, Part I, should equal the			(0 1/-			
art \							
ine N	 Explain how each activity for which incor of the organization's exempt purposes (o 				mportantly to the	accon	nplishmen
<u>-b</u>					CIDOLET		
ر	Lectives fees paid by	the comm	I Olligan	of me	, 00071-0		
d	Fee pario by Summerfai			astalline.	an ext	idi	4-
4	Dues Paid by mem		1/ 10		Ontributi		
art							
	Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of wnership interest	(C) Nature of a	ctivities	(D) Total income		(E) d-of-year assets
		%					
		%					
		%					
		%					
art	X Information Regarding Transfers Ass	ociated with Pers	onal Benefit Co	ontracts (See ti	he instructions.)		
7	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pro						s No

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. Name, address, of each controlled entity (B)	Yes No
Name, address, of each controlled entity Composition of transfer Composition Composition of transfer Composition Composition	
Totals Totals 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) Name, address, of each controlled entity Employer Identification Number (B) Employer Identification Description of transfer Amount of t	Yes No
Totals 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) Name, address, of each controlled entity (B) Employer Identification Number (C) Description of transfer Amount of the controlled entity (D)	Yes No
Totals 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) Name, address, of each controlled entity (B) Employer Identification Number (C) Description of transfer Amount of the code? (D) Amount of the code? (D)	Yes No
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) Name, address, of each controlled entity (B) Employer Identification Number (C) Description of transfer (D) Amount of t	Yes No
512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity (B) Employer Identification Number (C) Description of transfer Amount of t	Yes No
Name, address, of each controlled entity Employer Identification Number Description of transfer Amount of t	
	ransfer
b	
С	
Totals	
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? Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of mand belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an	Yes No
Please Sign Here 3/30/2008 Signature of officer Jason Frant President Type or print name and title	,
Paid Preparer's Signature Preparer's Firm's name (or yours \ EIN	ee Gen. Inst.
Use Only if self-employed), address, and ZIP + 4 Phone no. ▶ ().	990 (200

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.)

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

pronited creati	ac Medeb	1864	all the state of	o center	72 164	0377 4
Part I Compensation of (See page 2 of the					None.")	
(a) Name and address of each employ than \$50,000	ree paid more		and average hours devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MA						
	450.000					
Part II-A Compensation of (See page 2 of the	the Five High					
(a) Name and address of each in					e of service	(c) Compensation
MA				-		
				-		***************************************
				-		
				-		
				-		
otal number of others receiving overofessional services	ver \$50,000 for				6	
Part II-B Compensation of (List each contraction of the firms. If there are not become a second or contraction).	tor who perforn	ned service	ces other than	professional ser	Other Services vices, whether inc	dividuals or
(a) Name and address of each in				T	e of service	(c) Compensation
MA				-		
				-		
				-		
				-		
Total number of other contractors	receiving over	T				
\$50,000 for other services						

Pai	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \mathbb{\mathbb		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		×
b	Lending of money or other extension of credit?		×
С	Furnishing of goods, services, or facilities?		×
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		×
е	Transfer of any part of its income or assets?		X
За	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		×
b	Did the organization have a section 403(b) annuity plan for its employees?		×
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		×
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		×
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		×
a	bid the digarization make any taxable distributions direct section 45001		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year , •		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	0	

(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise m requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions.))(1)(A)								
A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nail and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33½% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise m requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III—Functionally Integrated Type III—Other Provide the following information about the supported organizations. (See page 7 of the instructions.))(1)(A)								
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nar and state O An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the Support Schedule in Part IV-A.) 1a An organization that normally receives a substantial part of its support from a governmental unit or from the general public 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 1b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 2 An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33½% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 3 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mequirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III—Type III—Functionally Integrated Type III—Other Provide the following information about the supported organizations. (See page 7 of the instructions.))(1)(A)								
A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nail and state O An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the Support Schedule in Part IV-A.) 1a An organization that normally receives a substantial part of its support from a governmental unit or from the general public 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 1b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 2 An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33½% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 3 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise managurements of section 509(a)(3). Check the box that describes the type of supporting organization. 1 Type I Type II Type III Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions.))(1)(A)								
9)(1)(A)								
and state ► An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33½% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise mequirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions.))(1)(A)								
(Also complete the Support Schedule in Part IV-A.) 1a									
170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 1b	Secti								
An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33\% of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise managers of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions.)									
from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/4 of its from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 3 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise managered requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions.)									
requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type II Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions.)	supp								
Provide the following information about the supported organizations. (See page 7 of the instructions.)	eets 1								
inametal at ambiguitan at Summarrity	(e) Amount of support								
Yes No									
otal									

Cale	ndar year (or fiscal year beginning in)	(a) 200% C	(b) 200A≤	(c) 2003/4	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.).	4392	8,713	3,573		16,678
16	Membership fees received	.,,-				
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	12,916	4, 150	310		17,376
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.		·			
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.		0 1			
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets)			
23	Total of lines 15 through 22	17,308	12,863	3,883		34,054
24	Line 23 minus line 17	4,392	8,713	3,573		16,678
25	Enter 1% of line 23	173	129	39		
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24	> 2	6a
b	Prepare a list for your records to show the nar governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list w	zation) whose tota	al gifts for 2002 ti	hrough 2005 exce	eded the	6b
	Total support for section 509(a)(1) test: Enter li					6c
d	Add: Amounts from column (e) for lines: 18		19			6d
	Public support (line 26c minus line 26d total)					6e
f						6f %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and e sum of such an	ded in lines 15, total amounts re- nounts for each	16, and 17 that w ceived in each yea year:	vere received ar from, each "	from a "disqualified disqualified person."
b	(2005) (2004) For any amount included in line 17 that was received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004)	ved from each per year, that was mo 5 through 11b, as the larger amount	rson (other than "or re than the larger well as individuals. t described in (1)	disqualified person of (1) the amount of Do not file this li- or (2), enter the si	s"), prepare a lion line 25 for the st with your reum of these di	ist for your records to the year or (2) \$5,000. turn. After computing fferences (the excess
С	Add: Amounts from column (e) for lines: 15	16,678	16		> 2	70 34,054
a	Add: Line 27a total	and line 27b tota	d		• 2	7d
е	Public support (line 27c total minus line 27d to	otal)		· · · · · · · · · · · · · · · · · · ·		7e 34,054
f	Total support for section 509(a)(2) test: Enter a					7g 100%
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu	ator) divided by l umn (e) (numerat	line 27f (denomi tor) divided by l	nator)) ine 27f (denomin		7g 10 <i>G 10</i> % 7h %
_h 28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant. Do not	ed in line 10, 11, ach year, the nam	or 12 that receive of the contribu	ved any unusual utor, the date and	grants during	2002 through 20 ne grant, and a b

Par	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)							
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No				
	other governing instrument, or in a resolution of its governing body?	29						
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,							
	programs, and scholarships?							
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during							
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way							
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)							
32	Does the organization maintain the following:							
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a						
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b						
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	00						
d	with student admissions, programs, and scholarships?	32c						
u	ooplos of all material asset by the organization of on its social to solicit solicities.							
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)							
33	Does the organization discriminate by race in any way with respect to:							
		000						
а	Students' rights or privileges?	33a						
b	Admissions policies?	33b						
	Employment of faculty or administrative staff?	33c						
C	Employment of faculty or administrative starr							
d	Scholarships or other financial assistance?	33d						
	Educational religion?	33e						
е	Educational policies?							
f	Use of facilities?	33f						
~	Athletic programs?	33g						
9	Authetic programs:							
h	Other extracurricular activities?	33h						
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)							
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a						
b	Has the organization's right to such aid ever been revoked or suspended?	34b						
	If you answered "Yes" to either 34a or b, please explain using an attached statement.							
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05							
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." attach an explanation	35	1 1					

Pa	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					e instructio	ns.)		
Che	ck ▶ a ☐ if the organization belongs to an affilia		ck ▶ b ☐ if			d "limited con	trol" p	rovisions apply.	
	Limits on Lobbyin	- To				(a) Affiliated grou totals	up	(b) To be completed for all electing organizations	
					36		+	organizations	
36 37	Total lobbying expenditures to influence public			0.000	37		\neg		
38	Total lobbying expenditures to influence a legislative body (direct lobbying)				38				
39									
40	Total exempt purpose experiditures (add lines 38 and 39)				40				
41	Lobbying nontaxable amount. Enter the amount				T				
			ble amount is-	.					
	Not over \$500,000 20% o	of the amount on	line 40)					
	Over \$500,000 but not over \$1,000,000 . \$100.0	00 plus 15% of th	ne excess over \$5	00.000					
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	00 plus 10% of the	e excess over \$1,0	000,000	41		-+		
o			e excess over \$1,5	1 1					
					40				
42	Grassroots nontaxable amount (enter 25% of lin				42		+		
43	Subtract line 42 from line 36. Enter -0- if line 42			10000 00 100	44		\rightarrow		
44	Subtract line 41 from line 38. Enter -0- if line 4	is more than iir	ne 38		77 1				
	Caution: If there is an amount on either line 43	or line 44, you r	nust file Form 47	20.					
	4-Vear Ave	raging Perio	d Under Secti	on 501(h)					
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to d	complete all			s bel	ow.	
	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or	(a) 2006	(b) 2005	(c) 2004		(d) 2003		(e) Total	
	fiscal year beginning in) ▶	2006	2,005	2004	-	2003	-	TOTAL	
45	Lobbying nontaxable amount				_		_		
46	Lobbying ceiling amount (150% of line 45(e))						-		
47	Total lobbying expenditures						_		
48	Grassroots nontaxable amount				_		1		
49	Grassroots ceiling amount (150% of line 48(e))						_		
50	Grassroots lobbying expenditures				1				
-	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza	ting Public C	harities not complete	Part VI-A)	(See	page 13 or	f the	instructions.)	
Dur	ing the year, did the organization attempt to influ						No	Amount	
atte	mpt to influence public opinion on a legislative m	atter or referend	um, through the	use of:	,	7 165	140	Amount	
	Volunteers								
b	was a second of the second of		eported on lines	c through h	.)				
c	· · · · · · · · · · · · · · · · · · ·						1		
d						.	-		
е	Publications, or published or broadcast statement	ents				.	-		
f	그는 그렇게 하면 하는 아이들은 사이를 하는 것이 없는데 아름답다면 하는데 하면 하는데					.	-		
g					* *	.	+		
h					* *		+		
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	ın n.) ement giving a d	etailed description	on of the lob	bying	activities.			

FE	t VI			ransfers To and Trans e page 13 of the instruction	actions and Relationships With Noncharitab ons.)	le
51		the reporting orga	nization directly or	indirectly engage in any of th	ne following with any other organization described in sectivation 527, relating to political organizations?	ior
		and an end at modern analysis		to a noncharitable exempt or	, N I	0
u		Cash	orthig organization	to a nonemanable exempt of	51a(i) 3	?
		Other assets .				1
b	. 5	er transactions:				
			es of assets with a	noncharitable exempt organiz	ration b(i)	5
				itable exempt organization .		
	(iii)		, equipment, or oth		b(iii)	
	(iv)	Reimbursement a			b(iv)	
					b(v) 💃	
				ship or fundraising solicitations	b(vi)	1
С	20 50			sts, other assets, or paid emp		K,
d	goo	ds, other assets, o	r services given by	the reporting organization. If	le. Column (b) should always show the fair market value of the organization received less than fair market value in a ods, other assets, or services received:	he iny
(a)	(b)		(c)	(d)	
Line	no.	Amount involved	Name of nonc	haritable exempt organization	Description of transfers, transactions, and sharing arrangements	190
						_
						-
						_
						_
					<u> </u>	
						_
	_					_
	des		01(c) of the Code (other than section 501(c)(3)) or	one or more tax-exempt organizations r in section 527? ▶ ☐ Yes ☐ N	0
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship	
				***************************************		_
						-
		7				
					-	
-						
					The second secon	_