## Form 990

Department of the Treasury

## **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

			mave to use a copy of the	s return to satist	y state reporting r	equirements.	Inspect	tion
A Fo	or the	2006 calendar year, or tax year beginning	9 07/01	2006, and e	nding	06/30/2	2007	
B che	Address	Please C Name of organization				D Employer i	identification nun	mber
-	change	label or ANIMAL CANCER FOUNDA	TION			94-3342		
	Name ch	type.	ox if mail is not delivered to	street address)	Room/suite	E Telephone	number	
-	initial ret	Specific 252 SEVENTH AVENUE			8-S	(877) 44	18-3223	
-	Final retu	m Instruc- City or town, state or country,	and ZIP + 4			F Accounting Method:	∑ Cash	Accrua
-	Amended return Application	NEW YORK, NY 10011				Other	(specify)	•
Ш	pending	<ul> <li>Section 501(c)(3) organizations and</li> </ul>			H and I are not ap	plicable to section	on 527 organizatio	ons.
		trusts must attach a completed Sch	iedule A (Form 990 or 990	-EZ).	H(a) Is this a grou	p return for affilia	ites? Yes	XN
		► www.acfoundation.org			H(b) If "Yes," ente	er number of affilia	ates >	
1 0	rganiza	tion type (check only one) ► X 501(c) (03) ◀	(insert no.) 4947(a)(1)	or 527	H(c) Are all affiliate		Yes	N
K C	heck he	re if the organization is not a 509(a	)(3) supporting organization	and its gross		h a list. See instr		
re	eceipts a	are normally not more than \$25,000. A return is n	ot required, but if the organi	zation chooses	H(d) is this a separat organization co	vered by a group ru		XN
to	file a n	eturn, be sure to file a complete return.			I Group Exemp	otion Number	<b>-</b>	
					M Check	if the orga	nization is not rec	quired
		celpts: Add lines 6b, 8b, 9b, and 10b to line 12		91,040.	to attach Sch	. B (Form 990, 9	90-EZ, or 990-PF	<del>-</del> ).
Par	F	Revenue, Expenses, and Changes in Net	Assets or Fund Balance	es (See the ins	structions.)			
	1	Contributions, gifts, grants, and similar amoun	its received:					
	a	Contributions to donor advised funds	1	а				
	b	Direct public support (not included on line 1a)	1	b	88,463.	1.196 (3.97)		
	C	Indirect public support (not included on line 1a	3)	С		Täsi		
		Government contributions (grants) (not include						
	е	Total (add lines 1a through 1d) (cash \$			10,000.	1e	88,	, 463
	2	Program service revenue including government	nt fees and contracts (from	Part VII, line 93	)	2		
	3					3		
	4	Interest on savings and temporary cash investr	ments			4		
	5	Dividends and interest from securities		. ,		5	2,	, 577
	6a	Gross rents						
		Less: rental expenses						
	С	Net rental income or (loss). Subtract line 6b fro	m line 6a			6c		
Revenue	7	Other investment income (describe				7		
9.4	8 a	Gross amount from sales of assets other	(A) Securities	(B) C	Other			
œ		than inventory	8	а		]		
		Less: cost or other basis and sales expenses .	8	b				
		Gain or (loss) (attach schedule)	<u></u>	С				
		Net gain or (loss). Combine line 8c, columns (A			· · · <u></u> · · ·	8d		
	9	Special events and activities (attach schedule).	. If any amount is from gam	ing, check here	: ▶ 🔲			
		Gross revenue (not including \$				[34]		
		contributions reported on line 1b)	STMT. 3. 9			h_ l		
İ	b	Less: direct expenses other than fundraising ex	penses 9		2,770.			

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c Net income or (loss) from special events. Subtract line 9b from line 9a .

10 a Gross sales of inventory, less returns and allowances 10a 

Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

Program services (from line 44, column (B)) . . . . . . .

Total expenses. Add lines 16 and 44, column (A) . . .

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Payments to affiliates (attach schedule) . . . . . .

Management and general (from line 44, column (C))

Fundraising (from line 44, column (D))

Other revenue (from Part VII, line 103)

Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . . .

Net assets or fund balances at end of year. Combine lines 18, 19, and 20.

Net assets or fund balances at beginning of year (from line 73, column (A)) .

Other changes in net assets or fund balances (attach explanation) . . . . . .

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

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-2,770.

88,270.

18,554.

3,710.

157,932.

180,196.

-91,926.

115,065.

23,139.

Form 990 (2006)

Functional Expense  Do not include amounts reporte 6b, 8b, 9b, 10b, or 16 of Pi  22a Grants paid from donor advised funds (att (cash s	ts. 22a  schedule)  ts. 22b  individuals  conflicers, tc. listed in  conflicers, tc. listed in  conflicers, tc. listed in  conflicers  st. officers  conflicers  c	(A) Total  12,300.  NONE	(B) Program services	(C) Management and general STMT 4	(D) Fundraising
cash s noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount includes foreign grant check here 12,300 noncash s If this amount included on for (attach schedule) 24 Benefits paid to or for (attach schedule) 25a Compensation of current directors, key employees, et Part V-A (attach schedule) 25a Compensation and other distributions ed above, to disqualified persons under section 4958(f)(1)) and person in section 4958(c)(3)(B) (attach schedule) 26 Salaries and wages of emploincluded on lines 25a, b, and 27 Pension plan contribution included on lines 25a, b, and 28 Employee benefits not included 28 Employee benefits not included 39 Professional fundraising fees 30 Professional fundraising fees 31 Accounting fees 32 Legal fees 33 Supplies 34 Telephone 35 Postage and shipping Occupancy 36 Occupancy 37 Equipment rental and mainter 28 Printing and publications 39 Travel 30 Conferences, conventions, and m 30 Interest 30 Other expenses not covered above 30 OUTSIDE CONTRACTORS	tts.	NONE			
If this amount includes foreign grant check here  22b Other grants and allocations (attach (cash \$ 12,300 noncash \$ If this amount includes foreign grant check here  23 Specific assistance to it (attach schedule).  24 Benefits paid to or for (attach schedule).  25a Compensation of current directors, key employees, et Part V-A (attach schedule).  b Compensation of former directors, key employees, et Part V-B (attach schedule).  c Compensation and other distributions ed above, to disqualified persons under section 4958(f)(1)) and person in section 4958(c)(3)(B) (attach schedule).  C Compensation and other distributions ed above, to disqualified persons under section 4958(f)(1)) and person in section 4958(c)(3)(B) (attach schedule).  C Salaries and wages of emploincluded on lines 25a, b, and Pension plan contribution included on lines 25a, b, and Employee benefits not included an Employee benefits not included an Accounting fees  Accounting fees  Legal fees  Supplies  Telephone  Postage and shipping  Occupancy  Fequipment rental and mainter  Printing and publications  Travel  Conferences, conventions, and mainterest  Depreciation, depletion, etc. (attack other expenses not covered above a OUTSIDE CONTRACTORS	ts, 22a  ts, 22b  individuals  conflicers, 24  to officers, 25a  o	NONE	12,300.		
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22b Other grants and allocations (attach (cash \$ 12,300. noncash \$ 15 this amount includes foreign grants check here.  23 Specific assistance to it (attach schedule).  24 Benefits paid to or for (attach schedule).  25a Compensation of current directors, key employees, et Part V-A (attach schedule).  b Compensation of former directors, key employees, et Part V-B (attach schedule).  c Compensation and other distributions ed above, to disqualified persons under section 4958(f)(1)) and person in section 4958(c)(3)(B) (attach schedule).  Salaries and wages of emploincluded on lines 25a, b, and Pension plan contribution included on lines 25a, b, and Employee benefits not included an lines 25a - 27.  Payroll taxes  Professional fundraising fees  Accounting fees  Legal fees  Supplies  Telephone  Postage and shipping  Occupancy  Equipment rental and mainted  Printing and publications  Travel  Conferences, conventions, and mainterest  Depreciation, depletion, etc. (attack) other expenses not covered above a OUTSIDE CONTRACTORS	ts, 22b individuals 23 members 24 cofficers, atc. listed in 25a officers, atc. listed in 25b officers, atc. listed in 25b officers, atc. listed in 25c officers offic	NONE	12,300.		
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1 Accounting fees 2 Legal fees 3 Supplies 4 Telephone 5 Postage and shipping 6 Occupancy 7 Equipment rental and mainter 8 Printing and publications 9 Travel 0 Conferences, conventions, and m 1 Interest 1 Depreciation, depletion, etc. (attact 3 Other expenses not covered above a OUTSIDE CONTRACTORS	30	3,710.			
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3 Supplies 4 Telephone 5 Postage and shipping 6 Occupancy 7 Equipment rental and maintel 8 Printing and publications 9 Travel 0 Conferences, conventions, and m 1 Interest 2 Depreciation, depletion, etc. (attac 3 Other expenses not covered above a OUTSIDE CONTRACTORS	32	9,384.		9,384.	
Telephone  Postage and shipping  Cocupancy  Equipment rental and mainter  Printing and publications  Travel  Conferences, conventions, and mainter  Interest  Depreciation, depletion, etc. (attact  Other expenses not covered above  OUTSIDE CONTRACTORS	33	1 141			
Postage and shipping Cocupancy Fquipment rental and mainter Printing and publications Travel Conferences, conventions, and m Interest Depreciation, depletion, etc. (attac Other expenses not covered abov OUTSIDE CONTRACTORS	34	1,141.		1,141.	
6 Occupancy 7 Equipment rental and mainter 8 Printing and publications 9 Travel 0 Conferences, conventions, and m 1 Interest 2 Depreciation, depletion, etc. (attact 3 Other expenses not covered above a OUTSIDE CONTRACTORS	35	2,669.	1,868.	801.	· · · · · · · · · · · · · · · · · · ·
7 Equipment rental and mainter 8 Printing and publications 9 Travel 0 Conferences, conventions, and m 1 Interest 1 Depreciation, depletion, etc. (attact 3 Other expenses not covered above a OUTSIDE CONTRACTORS	36	850.	595.	255.	
8 Printing and publications 9 Travel 0 Conferences, conventions, and m 1 Interest 2 Depreciation, depletion, etc. (attact 3 Other expenses not covered above a OUTSIDE CONTRACTORS	enance 37	940.	658.	282.	
9 Travel. 0 Conferences, conventions, and m 1 Interest. 2 Depreciation, depletion, etc. (attac 3 Other expenses not covered above a OUTSIDE CONTRACTORS	38	200.		200.	
O Conferences, conventions, and m Interest Depreciation, depletion, etc. (attac Other expenses not covered abov OUTSIDE CONTRACTORS	39	3,962.	2,774.	1,188.	
1 Interest					
<ul> <li>Depreciation, depletion, etc. (attac</li> <li>Other expenses not covered abov</li> <li>OUTSIDE CONTRACTORS</li> </ul>					
3 Other expenses not covered above a <u>OUTSIDE_CONTRACTORS</u>	41				
a OUTSIDE CONTRACTORS	ch schedule) 42				
	k I	120			
		139,737.	139,737.		
b INSURANCE	43b	4,800.		4,800.	
c MISC. EXPENSES		503.		503.	
e					
f					
G	43g				
Total functional expenses. Add through 43g. (Organizations companies.)	lines 22a				
columns (B)-(D), carry these totals	s to lines		The state of the s		
13-15)	44	180,196.	157,932.	18,554.	3,710
int Costs. Check ▶ if you		98-2.			5,110
any joint costs from a combined e	are following SOP	and fundraising solicitation	on reported in (B) Proa	ram services?	Yes X No
ies, enter (i) the aggregate amount	are following SOP educational campaign	=	iii) the amount alleget	ed to Program services \$	I tes [V] NO
the amount allocated to Manageme	are following SOP educational campaign t of these joint costs \$	;(	in the annount anocate		· · · · · · · · · · · · · · · · · · ·
020 2.000	are following SOP educational campaign t of these joint costs \$	;(	nd (iv) the amount allo	cated to Fundraising S	

	73 3342000	. 490
Ļ	art III Statement of Program Service Accomplishments (See the instructions.)	
or	orm 990 is available for public inspection and, for some people, serves as the primary or sole source of inticular organization. How the public perceives an organization in such cases may be determined by the its return. Therefore, please make sure the return is complete and accurate and fully describes, in Par ograms and accomplishments.	information procents
W	hat is the organization's primary exempt purpose? ►SEE STATEMENT 5	Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
or	panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	trusts; but optional for others.)
	PUBLIC INFORMATION AND SUPPORT -	Outers.)
-		
	THE FOUNDATION PROVIDED PHONE AND E-MAIL SUPPORT TO THE	
	PUBLIC WHO HAVE QUESTIONS ABOUT THE AVAILABILITY OF	
	ONCOLOGISTS, TREATMENTS & USEFUL RESOURCES.	
	(Grante and ellegations &	
	(Grants and allocations \$ 12,300. ) If this amount includes foreign grants, check here ▶	157,932.
þ		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	
С		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	
đ		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

157,932. Form 990 (2006)

e Other program services (attach schedule)

(Grants and allocations \$

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . . . .

G	art I	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) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	75,722	45	18,697
	46	Savings and temporary cash investments	NON		NON
		Accounts receivable 47a		100	
	b	Less: allowance for doubtful accounts 47b		47c	
		Pledges receivable		123	
	1	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
	١.	key employees (attach schedule)		50a	
	þ	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
ţ	эта	Other notes and loans receivable (attach			
Assets	_	schedule)			
ĕ		Less: allowance for doubtful accounts		51c	
		Inventories for sale or use		52	
	53			53	
		Investments - publicly-traded securities . STMT .6. ► Cost X FMV	39,343.	54a	4,442
		Investments - other securities (attach schedule) Cost FMV		54b	
	35a	Investments - land, buildings, and		.	
	_	equipment: basis			
	D	Less: accumulated depreciation (attach		i sa Jen	
	56	schedule)		55c	
		Investments - other (attach schedule)		56	
		Land, buildings, and equipment basis			
	5	Less: accumulated depreciation (attach		1	
	58	Schedule)		57c	
	36	Other assets, including program-related investments  (describe >			
	59	Total assets (must equal line 74). Add lines 45 through 58		58	
	60	Accounts payable and accrued expenses	115,065.		23,139
	61	Grants payable		60	
	62	Deferred revenue		61	
ø,	63	Loans from officers, directors, trustees, and key employees (attach		62	
		schedule)			
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)		63	
===	b	Mortgages and other notes payable (attach schedule)		64a	· · · · · · · · · · · · · · · · · · ·
	65	Other liabilities (describe >)		64b	
				65	
	66	Total liabilities. Add lines 60 through 65		ce	
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines		66	
		67 through 69 and lines 73 and 74.			
es		Unrestricted	115,065.	67	22 120
anc		Temporarily restricted	113,063.	68	23,139
3a	69	Permanently restricted		69	
ğ		nizations that do not follow SFAS 117, check here ▶ and		03	
Fund Balances		complete lines 70 through 74.		1	
. 1		Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Assets	72	Retained earnings, endowment, accumulated income, or other funds			
ğ		Total net assets or fund balances (add lines 67 through 69 or lines		72	
Set		70 through 72. (Column (A) must equal line 19 and column (B) must		1	
-		equal line 21)	115 005	72	00.700
- 1	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	115,065.		23,139.
		The state of the s	115,065.	14	23,139.

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Pa	rt IV-A	Reconciliation of Revenue per Audited instructions.)	Financial Stateme	ents With Reven	ue per Return (S	See the
a	Total rev	enue, gains, and other support per audited finar	ncial statements	NOT APPLICA	BLEa	
		included on line a but not on Part I, line 12:			<u>u</u>	
1	Net unre	alized gains on investments		b1		
2	Donated	services and use of facilities		b2		
3	Recoveri	es of prior year grants		b3		
4	Other (sp	ecify):				
					D7 43	
		<b>b1</b> through <b>b4</b>				
		line b from line a			С	
		included on Part I, line 12, but not on line a:		11		
		nt expenses not included on Part I, line 6b				
2	Other (sp	ecify):		1 1		
•	Add lines	d1 and d2				
e :	Total rev	enue (Part I, line 12). Add lines c and d	• • • • • • • • • • • •	• • • • • • • • • •	<u>d</u>	
Par	t IV-B	Reconciliation of Expenses per Audited	Financial Stateme	ents With Expen	ses per Return	
a	Total exp	enses and losses per audited financial statemen				
		included on line a but not on Part I, line 17:				
		services and use of facilities		ь1		
		r adjustments reported on Part I, line 20				
		eported on Part I, line 20				
		ecify):				
-						
		<b>b1</b> through <b>b4</b>				
c S	Subtract I	ine b from line a			c	
		included on Part I, line 17, but not on line a:		11		
		nt expenses not included on Part I, line 6b				
2 (	Other (spe	ecify):				
-	Add lines	d1 and d2				
e 1	Total exp	d1 and d2	· · · · · · · · · · · · · · · ·		<b>a</b>	
Par	V-A	Current Officers, Directors, Trustees, and	Key Employees (	List each person	who was an office	r, director, trustee.
		or key employee at any time during the year eve	en if they were not co	ompensated.) (See	the instructions.)	
		(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contributions to employed benefit plans & deterred	(E) Expense account and other allowances
			week devoted to position		compensation plans	and other allowances
SEE_	ATTACE	RED SCHEDULE	1-3 HRS/WK			
				NON	NON.	NONE NONE
			<del>- </del>			
			· <b>-</b>			
	<del></del>					<del> </del>
			-			
	· ,				<del> </del>	
			-			
			1			-
			1			
			7			-
			7			
						-
						Form <b>990</b> (2006)

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		Current Officers, Directors, Trustees, and K		ntinued)			es No
75a	Enter t	the total number of officers, directors, and trustee gs	es permitted to vote	on organization	business at board		
b	contra	ny officers, directors, trustees, or key employees yees listed in Schedule A, Part I, or highest ctors listed in Schedule A, Part II-A or II-B, aships? If "Yes," attach a statement that identifies	t compensated pro	fessional and o	other independent	1.	X
	Do ar compe indepe organiz the def	ny officers, directors, trustees, or key employ nsated employees listed in Schedule A, Part ndent contractors listed in Schedule A, Part rations, whether tax exempt or taxable, that are inition of "related organization."", attach a statement that includes the information.	byees listed in For I, or highest com II-A or II-B, receive related to the organization of the instruction o	prim 990, Part pensated profe e compensation anization? See the	V-A, or highest ssional and other in from any other ne instructions for	75c	x
ď	Does t	he organization have a written conflict of interest p	olicy?			75d x	,
Pari	V-8	Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amoinstructions.)	Key Employees Th	at Received C	ompensation or	Other E	3enefit
	<del></del> -	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	account	xpense and other
NON	E						41,000
	~						<u> </u>
							<del>"</del>
Part	VI Ot	her Information (See the instructions.)				Ye	s No
6 [	id the	organization make a change in its activities or statement of each change	methods of conduc	ting activities?	If "Yes," attach a	76	
<i>7</i> V	vere an	ny changes made in the organizing or governing do attach a conformed copy of the changes.	ocuments but not repo	orted to the IRS?		77	X
8a [	id the nis retur	organization have unrelated business gross inco			- 1	78a	X
	103,	rias it filed a tax return on Form 990-1 for this year? .	• • • • • • • • • • •	• • • • • • • • •			V/A
_	otatem	re a liquidation, dissolution, termination, or subsent	• • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	79	X
_		rganization related (other than by association wind membership, governing bodies, trustees, offition?	COPIC ATC TO SOLU	r other evenue		800	1
0	10/ 11	enter the name of the organization		<del></del>		80a	X
	res,		and about 1 1 11	1 1	1 1		
b If	res, 		and check whether	tit ie ovomnt	F . (	1:	
b lf a E	res,  nter dire	ect and indirect political expenditures. (See line 81 organization file Form 1120-POL for this year?	and check whether instructions.)	it is exempt	NONE	81b	T <sub>X</sub>

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	art VI Other Information (continued)			No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		x
	b If "Yes," you may indicate the value of these items here. Do not include this amount		-	
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
64	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
	bit "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	
	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.			ļ
	Dues, assessments, and similar amounts from members N/A			
1	d Section 162(e) lobbying and political expenditures	[		
•	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	.		
9	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	Д
'	n if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 8.5.			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	Ą
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			-
	o Gross receipts, included on line 12, for public use of club facilities	1	l	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A			
t	Gross income from other sources. (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them.)			
886	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	- 1		
	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		х
E,	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		Х
3 9 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
0	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		Х
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958  N/A			
a -	The substitution of tax on line suc, above, reimbursed by the organization	ŀ		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction?	39e		X
		9f		X
_	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			1
	at any time during the year?	9g	N/A	
Ua	List the states with which a copy of this return is filed  NEW YORK			
D 4 -	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	0b N	ONE	
	Telephone no.   877-448-			
	Located at ► 252 SEVENTH AVENUE, SUITE 8-S, NEW YORK, NY ZIP+4 ► 10001			
ı.	At any time to the transfer of			
α	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	\Y	es	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1b		X
	if "Yes," enter the name of the foreign country ▶			7.7
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	and I manda AUUUIIIS.		- [.	

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Part VI	Other Information (continue	ed)			-3342636	Yes No
	time during the calendar year,		anization main	tain an office outside	of the United States?	
	s," enter the name of the foreign					
	on 4947(a)(1) nonexempt charit					▶
	nter the amount of tax-exempt in				▶ 92	N/A
	Analysis of Income-Produc	T				
Note: Enter g indicated.	pross amounts unless otherwise	(A)	elated business in (B)	(C)	(D)	(E) Related or exempt function
_	m service revenue:	Business code	Amour	1t Exclusion code	Amount	income
е		-				
	re/Medicaid payments					
	id contracts from government agencies .					
	ership dues and assessments					
	on savings and temporary cash investments •					
96 Divider	nds and interest from securities			14	2,577.	
97 Net rer	ntal income or (loss) from real estate:	14				
a debt-fi	nanced property					
<b>b</b> not det	ot-financed property					
	al income or (loss) from personal property					
99 Other i	nvestment income					
	loss) from sales of assets other than inventory					
	ome or (loss) from special events.					-2,770
	rofit or (loss) from sales of inventory					
L	evenue: a					
d						
e						
104 Subtota	al (add columns (B), (D), and (E))	22. 23.		**************************************	2,577.	-2,770
	add line 104, columns (B), (D), and (E					-193
	05 plus line 1e, Part I, should equal th					
Part VIII	Relationship of Activities to	o the Acc	omplishment	of Exempt Purpose	es (See the instruction	ns.)
	Explain how each activity for which of the organization's exempt purpos				uted importantly to the accor	mplishment
101	INCOME FROM SPECIAL F	VENTS D	SED IN TH	E FURTHERANCE C	ור ייור	
	FOUNDATION'S EXEMPT F			3 I OMITTIDIUM CO	, t 11111	
					· · · · · · · · · · · · · · · · · · ·	
Part IX	Information Regarding Taxal	ble Subsic	diaries and D	isregarded Entities	(See the instructions	:.)
	(A) ame, 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
			o <u>k</u>			1

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X No

X No

Yes

Yes

%

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

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

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

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

			•		Yes	No
106		ation <b>make</b> any transfers <b>to</b> a plete the schedule below for each	controlled entity as defined in section ach controlled entity	n 512(b)(13) of		
	(A) Name, address, of each controlled entity	(B)	(C) Description of transfer	(D) Amount of trai		<u>//A</u>
a						
b						<del></del>
С						
	Totals					
107			m a controlled entity as defined in se le below for each controlled entity.	ection	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran		
a					-	
b						
c						
	Totals					
	rents, royalties, and annui	ties described in question 107		·	Yes N/	A
Please Sign Here	Under penalties of perjury, and belief, it is true, correct Signature of officer	I declare that I have examined this rect, and complete. Declaration of prep	etum, including accompanying schedules and arer (other than officer) is based on all information  Date	statements, and to the best oin of which preparer has any kn	my kno owiedge.	włedge
<del></del>	Type or print name and	d title				
Paid	Preparer's signature	M = M = M	Date Check if Check if AY 1 4 200 setf-employed	Preparer's SSN or PTIN (See Go		X)
Preparei	S Eirm's name (as any			P0018376	9	
Preparei Use Only	S Eirm's name (as any	CONDON O'MELHA MOG.	INTY & DONNELLY L EIN	P0018376  ► 13-36282  Ine no. ► 212-661-	55	