Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Ā	For the	20	005 calendar year, or tax year beginning		and e	nding	-		
В	Check If		Please C Name of organization				D Em	ployer id	lentification number
	Check if applicat	ole:	use IRS					~ ~ ~	A A 77 A
Г	Addr	ess ge	print or I ULBA COMMONTER TO COM	DATION					554474
F	Name chan	9	type. Number and street (or P.O. box if mail is no	ot delivered to street address))	Room/suite	E Tele	phone	number
F	initial	1	Specific 7020 S. YALE, SUITE	220					494-8823
_	Final		Instruc- tions. City or town, state or country, and ZIP + 4				F Acco	unting meth	nod: Cash X Accrual
F	returr Amer	nde	PITTISA OK 74136		*			Other (specify)	
늗	iretum Appli pend		ion Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tru:	sts	Hand lare not app	licable	to sect	tion 527 organizations.
Ц.	ipena	ıng	must attach a completed Schedule A (Form 99	90 or 990-EZ).		H(a) Is this a group r	eturn f	or affiliat	tes? Yes X No
	araha!		▶WWW.TULSACF.ORG			H(b) If "Yes," enter no			
4	Websii Draeni	Te:	tion type (check only one) X 501(c) (3) (inser	t no.) 4947(a)(1) or	527	H(c) Are all affiliates	include		N/A Yes No
	Oi ya iii	241	re if the organization's gross receipts are norm		The	(If "No," attach a	list)	n filed hy	/ an or-
K	neck	ner :	in the organization's gross receipts are normalization need not file a return with the IRS; but if the organization	tion chooses to file a return.	be	ganization cove	red by	a group	ruling? Yes X No
(organiz	file	e a complete return. Some states require a complete re	eturn.		I Group Exemption	n Num	ber 🕨	N/A
	Sul C to	1110	Ja compote feterit. Como etates coques a			M Check ▶	if the o	rganizat	ion is not required to attach
			eipts: Add lines 6b, 8b, 9b, and 10b to line 12	118,961,50	5.	Sch. B (Form 99			
L	aross i	ec	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	nces			
			Aevenue, Expenses, and ornanges in	eq.					
	1		Contributions, gifts, grants, and similar amounts receiv		1 1a	29,305,8	29.		
			Direct public support		1b				
		b	Indirect public support						
	1	C	Government contributions (grants) Total (add lines 1a through 1c) (cash \$25,6	96 702 noncash \$	10	3,619,127.	1	1d	29,305,829.
	1	d	Total (add lines 1a through 1c) (cash \$ 25,6	d centroete /from Dort VII. lir	031		• • •	2	
	2		Program service revenue including government fees an	id contracts (nom ran vii, m	16 33)	***************************************	• • • • • • •	3	
	3		Membership dues and assessments					4	39,385.
	4		Interest on savings and temporary cash investments		•••••			5	1,280,014.
	5		Dividends and interest from securities						
			Gross rents		6a 6b	<u> </u>			
	1	þ	Less: rental expenses			<u></u>		6c	
			Net rental income or (loss) (subtract line 6b from line 6	a)	• • • • • • • • • • • • • • • • • • • •		٠٠٠٠٠٠	7	
<u>o</u>	7		Other investment income (describe	(A) O	T-	(B) Other			,
Revenue	8		Gross amount from sales of assets other	(A) Securities 88,127,799.	8a	(b) outer			
ě	1		than inventory	84,889,288.					
		-	Less: cost or other basis and sales expenses	3,238,511.					
			Gain or (loss) (attach schedule)		1 00			8d	3,238,511.
	l	ď	Net gain or (loss) (combine line 8c, columns (A) and (E		hore !	\			
	9		Special events and activities (attach schedule). If any a	of contributions	(Here)				
			Gross revenue (not including \$		9a	1			
			reported on line 1a)		9b				
	}	b	Less: direct expenses other than fundraising expenses	Oh from line On		1		9c	
			Net income or (loss) from special events (subtract line		10a	1			
	10		Gross sales of inventory, less returns and allowances						
		b	Less: cost of goods sold	hadula) (auhtraat lina 10h fro		10a)		10c	
		C	Gross profit or (loss) from sales of inventory (attach so	chedrie) (andract lille ton it)	10a)		11	208,478.
	11		Other revenue (from Part VII, line 103)		• • • • • • • • • • • • • • • • • • • •		•••••	12	34,072,217.
_	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	uc, and 11)				13	17,437,619.
ဖ	13		Program services (from line 44, column (B))					14	615,040.
Expenses	14		Management and general (from line 44, column (C))	•••••				15	42,533.
pe	15		Fundraising (from line 44, column (D))				• • • • • • • • • • • • • • • • • • • •	16	
Щ	16		Payments to affiliates (attach schedule)					17	18,095,192.
	17		Total expenses (add lines 16 and 44, column (A))	10\				18	15,977,025.
,,	18							19	55,469,229.
Net	19	CFF CTATEM						20	-1,063,437.
Z	20		Other changes in net assets or fund balances (attach e	xpianation)		STUTTINITY		21	70,382,817.
	21		Net assets or fund balances at end of year (combine lir	es 18, 19, and 20)				_ 41	70,502,0174

Form **990** (2005)

	Statement of All of Functional Expenses and	ganiz 4) orç	ations must complete colum panizations and section 494	nn (A). Columns (B), (C), ar 7(a)(1) nonexempt charitab	nd (D) are required for section le trusts but optional for oth	n 501(c)(3) ers.
	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
22	Grants and allocations (attach schedule)				STATEMENT 6	
	(cash \$17275884 noncash \$ 0	٠				
	If this amount includes foreign grants, check here	22	17,275,884.	17,275,88 4 .	Brown Et 18	
23	Specific assistance to individuals (attach					
	schedule)	23	161,735.	161,735.	STATEMENT 7	
24	Benefits paid to or for members (attach					
	schedule)	24				
25	Compensation of officers, directors, etc. * *	25	172,198.	0.		25,830.
	Other salaries and wages	26	53,031.		43,656.	
27	Pension plan contributions	27	13,117.		12,492.	625.
28	Other employee benefits	28	19,898.		19,898.	
29	Payroll taxes	29	23,532.		20,954.	2,578.
	Professional fundraising fees	30				
31	Accounting fees	31	58,289.		58,289.	
	Legal fees	32	141.		141.	
33	Supplies	33	7,158.		7,158.	· · · · · · · · · · · · · · · · · · ·
	Telephone	34				
	Postage and shipping	35	418.		418.	
	Occupancy	36	37,920.		37,920.	,
37	Equipment rental and maintenance	37	3,183.		3,183.	
38	Printing and publications	38	2,094.		2,094.	
39	Travel	39	6,805.		2,844.	3,961.
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	6,105.		6,105.	
43	Other expenses not covered above (itemize):					
а		43a				
b		43b				
C		43c				
d		43d				
е		43e				
f		431			050 500	1.04
g	SEE STATEMENT 4	430	253,684.		253,520.	164.
44	Total functional expenses. Add lines 22		}	, .	İ	
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines		10 00 7 100	45 405 640	615 040	40 E22
	13-15)	44	18,095,192.	17,437,619.	615,040.	42,533.
	nt Costs. Check 🕨 🔲 if you are following			1.15-40-0		Yes X No
	any joint costs from a combined educational campai			orted in (B) Program servi	Cesr ► L	N/A ;
	es," enter (i) the aggregate amount of these joint cos	sts \$		ii) the amount allocated to		N/A ,
(iii)	the amount allocated to Management and general \$		N/A; and (iv) the amount allocated to	rundraising p	N/A

SEE STATEMENT 5

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.

W	hat is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses
cli	I organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	FUNDING OF QUALIFIED CHARITABLE ORGANIZATIONS AND OTHER ORGANIZATIONS THAT BENEFIT THE TULSA COMMUNITY FOUNDATION'S GEOGRAPHIC AREA.	-
b	(Grants and allocations \$ 17,437,619.) If this amount includes foreign grants, check here ▶ □	17,437,619.
c	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	,
	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	17,437,619.

Part IV Balance Sheets (See the instructions.) (B) End of year (A) Beginning of year Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. 45 Cash - non-interest-bearing 45 24,119,238. 20,334,636. 46 Savings and temporary cash investments 46 47a 47 a Accounts receivable 47c b Less: allowance for doubtful accounts 48a 48 a Pledges receivable 48c b Less: allowance for doubtful accounts 48b 783,783. 503,081 49 Grants receivable 49 Receivables from officers, directors, trustees, 50 50 and key employees 51 a Other notes and loans receivable _______51a 51c b Less: allowance for doubtful accounts 51b 52 Inventories for sale or use ______ 52 53 Prepaid expenses and deferred charges 53 45,169,039. Investments - securitieSTMT 9 STMT 10 ► Cost X FMV 34,987,218. 54 54 STMT 14 55 a Investments - land, buildings, and 200,000. 55a equipment: basis 200,000. 200,000. 55c b Less: accumulated depreciation STMT 11 | 55b Investments - other ______ 41,919. 57 a Land, buildings, and equipment: basis 57a 6,055. 7,651. 35,864. b Less: accumulated depreciation STMT 12 57b 248,545. 165,108. Other assets (describe SEE STATEMENT 13) 58 58 70,526,660. 56,197,694 59 Total assets (must equal line 74). Add lines 45 through 58 38,843. 19,697 60 Accounts payable and accrued expenses 60 105,000. 708,768. 61 Grants payable 61 62 Deferred revenue _____ 62 63 Loans from officers, directors, trustees, and key employees 64a 64 a Tax-exempt bond liabilities 64b b Mortgages and other notes payable ______ 65 Other liabilities (describe 65 143,843. 728,465. 66 Total liabilities. Add lines 60 through 65) Organizations that follow SFAS 117, check here > X and complete lines 67 through 69 and lines 73 and 74. 70,302,817. 54,966,148. 67 Unrestricted Net Assets or Fund Balances 67 80,000. 503,081. 68 Temporarily restricted _____ 69 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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 73 70,382,817. 55,469,229 73 column (A) must equal line 19; column (B) must equal line 21) 56,197,694. 74 70,526,660. Total liabilities and net assets/fund balances. Add lines 66 and 73

Bart V Balance Sheets (See the instructions.) (B) End of year (A) Beginning of year Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. Cash - non-interest-bearing 45 24,119,238. 20,334,636. 46 Savings and temporary cash investments 46 47a 47 a Accounts receivable 47c 47b b Less: allowance for doubtful accounts 48a 48 a Pledges receivable 48c b Less: allowance for doubtful accounts 48b 783,783. 503,081 49 Grants receivable 49 Receivables from officers, directors, trustees, 50 and key employees 51c b Less: allowance for doubtful accounts ______ 51b 52 Inventories for sale or use ______ 52 53 53 Prepaid expenses and deferred charges Investments - securitieSTMT 9 STMT 10 ► Cost X FMV 45,169,039. 34,987,218. 54 54 55 a Investments - land, buildings, and STMT 14 200,000. equipment: basis _______55a 200,000. 200,000. 55c b Less: accumulated depreciation STMT 11 | 55b 56 Investments - other 56 41,919 57 a Land, buildings, and equipment: basis 57a 6,055. 7,651. 57c Less: accumulated depreciation STMT...12. 57b 35,864 248,545. 165,108. 58 Other assets (describe SEE STATEMENT 13) 58 70,526,660. 56,197,694 59 Total assets (must equal line 74). Add lines 45 through 58 59 38,843. 19,697 60 Accounts payable and accrued expenses 60 105,000. 708,768. 61 Grants payable 61 62 Deferred revenue 62 63 Loans from officers, directors, trustees, and key employees 64a 64 a Tax-exempt bond liabilities 64b b Mortgages and other notes payable ______ Other liabilities (describe > ___ 143,843. 728,465. 66 Total liabilities. Add lines 60 through 65) Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 70,302,817. 54,966,148. 67 Net Assets or Fund Balances Unrestricted 67 80,000. 503,081 68 Temporarily restricted _____ 68 69 Permanently restricted _____ Organizations that do not follow SFAS 117, check here

and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 73 70,382,817. 55,469,229 73 column (A) must equal line 19; column (B) must equal line 21) 56,197,694 74 70,526,660<u>.</u> Total liabilities and net assets/fund balances. Add lines 66 and 73 74

5) TULSA (MUNITY FOUNDATION 73-1554474

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) Form 990 (2005)

a	Total revenue, gains, and other support per audited financial statem	ents				a 31	,616,17	6.
b	Amounts included on line a but not on Part I, line 12:							
1	Net unrealized gains on investments		b1	-790,	101			
2								
3	Recoveries of prior year grants		<u>b3</u>					
4	- · · · · · · · · · · · · · · · · · · ·		b4					
	Add lines b1 through b4			• • • • • • • • • • • • • • • • • • • •		b	-790,10	<u>1.</u>
C	Subtract line b from line a					c 32	,406,27	<u>7.</u>
đ	Amounts included on Part I, line 12, but not on line a:							
1	Investment expenses not included on Part I, line 6b		<u>d1</u>					
2	Other (specify): SEE STATEMENT 15		d2	1,665,9	940.			
	Add lines d1 and d2	•••••	••••			<u>d</u> 1	,665,94	0.
е	Total revenue (Part I, line 12). Add lines c and d				<u>. </u>	e 34	,072,21	<u>7.</u>
Pŧ	Reconciliation of Expenses per Audited Fin	ancial Statements	Wit	h Expenses	per	Return		
a	Total expenses and losses per audited financial statements	•••••	••••			a 17	,578,75	<u>5.</u>
þ	Amounts included on line a but not on Part I, line 17:		, ,				-	
1	Donated services and use of facilities		b1					
2	Prior year adjustments reported on Part I, line 20		b2					
3	Losses reported on Part I, line 20							
4	Other (specify):		b4					_
	Add lines b1 through b4					b		<u>.</u>
	Subtract line b from line a					c 17	,578,75	<u>.</u>
	Amounts included on Part I, line 17, but not on line a:		1 }				-	
1	Investment expenses not included on Part I, line 6b Other (specify): GRANTS EXCLUDED UNDER SFAS		d1					
2							F1.C 437	,
	Add lines d1 and d2					d .	516,43	
<u>e</u>	Total expenses (Part I, line 17). Add lines c and d				. 🚩	6 T Q	<u>,095,192</u>	<u>4 •</u>
	開発等所列 Curront Officare Directore Truetoce and Ka	W Employage # int a	aah .		1	ficer dire	ator toucton	
	Current Officers, Directors, Trustees, and Ke					ficer, dire	ector, trustee,	
	or key employee at any time during the year even if they we	ere not compensated.) (S (B) Title and average hours	ee th	e instructions.)				
		ere not compensated.) (S	ee th	e instructions.)				e d ces
	or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	ee th	e instructions.)			(E) Expens account an other allowan	e d ces
	or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	ee th	e instructions.)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	e d ces
	or key employee at any time during the year even if they we	(B) Title and average hours per week devoted to	ee th	e instructions.)	(D) Cor emplo plans comper		o (E) Expens account an other allowan	
	or key employee at any time during the year even if they we (A) Name and address	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
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	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
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	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
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	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	
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	or key employee at any time during the year even if they we (A) Name and address E STATEMENT 16	(B) Title and average hours per week devoted to	ee th	ne instructions.) Compensation f not paid, enter -0)	(D) Cor emplo plans comper	ntributions t lyee benefit & deferred nsation plan	o (E) Expens account an other allowan	

Form 990 (2		MUNITY FOUN			73-15544	
	Current Officers, Director	 				Yes
	the total number of officers, directors	•	-		25	
meetii	ngs			>	<u>25</u>	
b Are ar	ny officers, directors, trustees, or key	employees listed in For	m 990, Part V-A, or highest	compensated emp	oloyees	超激酶 上
	in Schedule A, Part I, or highest com					
	A or II-B, related to each other throu					A CONTRACTOR
the inc	dividuals and explains the relationship	p(s)		see statei	TRUT. TR	75b X
c Do any	y officers, directors, trustees, or key	employees listed in Fom	n 990, Part V-A, or highest o	compensated emp	loyees	
	in Schedule A, Part I, or highest com					
	A or II-B, receive compensation from		s, whether tax exempt or tax	xable, that are rela	ı	
	zation through common supervision	•••				75c 3
	Related organizations include section					
If "Yes,"	' attach a statement that identifies the indi es the compensation arrangements, inclu	viduals, explains the relatio	nship between this organization	n and the other organ	nization(s), and	
	he organization have a written conflic Former Officers, Director	ct of interest policy?	F The A	3		75d X
Part V ₋ B	Benefits (If any former officer, of	s, i rustees, and K	ey Employees That r	teceived Com	pensation o i vefite (described	helow) during
	the year, list that person below an	d enter the amount of c	ompensation or other benef	fits in the appropri	ate column. See t	the instructions
					(D) Contributions to	
	(A) Name and address	1701777	(B) Loans and Advances	(C) Compensation	employee benefit plans & deferred	account and
		NONE	•		compensation plans	otner allowand
						
			·	i.		
			 			
. – – – –						
						l
	·					
			}			
						···
att VE	Other Information (See the inst	ructions.)				Yes N
Did the	organization engage in any activity n	ot previously reported to	o the IRS? If "Yes," attach a	a detailed		
descript	ion of each activity	•••••		•••••		76 2
Were an	y changes made in the organizing o	r governing documents	but not reported to the IRS	?		77 3
if "Yes,"	attach a conformed copy of the cha	anges.				
a Did the	organization have unrelated busines	s gross income of \$1,00	0 or more during the year c	overed by this ret	urn?	8a X
b If "Yes,"	has it filed a tax return on Form 990)-T for this year?			N/A 7	8b .
Was the	re a liquidation, dissolution, terminat					'9 X
a Is the or	ganization related (other than by ass	sociation with a statewid	e or nationwide organizatio	n) through commo		
member	ship, governing bodies, trustees, off	icers, etc., to any other	exempt or nonexempt orga	nization?	80	Oa •X
b If "Yes,"	enter the name of the organization	SEE STATE	MENT 17			
			and check whether it is		nonexempt	
a Enter dir	ect or indirect political expenditures	. (See line 81 instruction	s.)	81a	0.	图 引播系
b Did the o	organization file Form 1120-POL for	this year?			81	<u>1b X</u>
61/02-03-06					Fo	orm 990 (200

523163 02-03-06

Part	VII Analysis of Income-Producing			.)		
Note	: Enter gross amounts unless otherwise		ated business income		ded by section 512, 513, or 514	(E)
indica	ated.	(A)	(B)	(C) Exclu-	(D)	Related or exemp
93 P	rogram service revenue:	Business code	Amount	sion	Amount	function income
a				10000		
C -						
ď			1			
u _						
e _	Provide the state of the state					
	edicare/Medicaid payments		ļ	-+-+		
	ees and contracts from government agencies					
	embership dues and assessments	<u> </u>				
	erest on savings and temporary cash investments	ļ		14	39,385.	
96 Di	vidends and interest from securities	11 (0.00) 20 (0.00) 20 (0.00)	The second secon	14	1,280,014.	
17 Ne	et rental income or (loss) from real estate:	e in West	A SHAPLE ST		to the strains of the state of	
a de	bt-financed property					
b no	t debt-financed property					
8 Ne	et rental income or (loss) from personal property					
	her investment income					
	in or (loss) from sales of assets					
	ner than inventory			18	3,238,511.	
	t income or (loss) from special events			 - 	0,200,311	
	oss profit or (loss) from sales of inventory					······································
	ner revenue:					
	EE REBATES			14	208,096.	
	LASS ACTION PROCEEDS			14	382.	
				14	302.	VII.
C						
				1 1		
d			·			
e						
e	ototal (add columns (B), (D), and (E))			•	4,766,388.	
e Sub	al (add line 104, columns (B), (D), and (E))	•••••		- production		
e l Sub i Tot te: Lir	al (add line 104, columns (B), (D), and (E)) ne 105 plus line 1d, Part I, should equal the amo	unt on line 12	P, Part I.		<u>}</u>	4,766,38
e I Sub Tot te: Lir	al (add line 104, columns (B), (D), and (E)) ne 105 plus line 1d, Part I, should equal the amount Relationship of Activities to the	unt on line 12 Accompli	e, Part I. shment of Exem	pt Purpe	DSes (See the instruction	4,766,38 ns.)
e I Sub Tot te: Lir	al (add line 104, columns (B), (D), and (E)) ne 105 plus line 1d, Part I, should equal the amou III Relationship of Activities to the Explain how each activity for which income is repo	unt on line 12 Accompli rted in column	P., Part I. Shment of Exem (E) of Part VII contribute	pt Purpe	DSes (See the instruction	4,766,38 ns.)
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e I Sub i Tot te: <i>Lir</i> art V ne No.	al (add line 104, columns (B), (D), and (E)) ne 105 plus line 1d, Part I, should equal the amount of the Relationship of Activities to the Explain how each activity for which income is reported exempt purposes (other than by providing funds for the second of the secon	unt on line 12 Accompli rted in column or such purpos	es and Disregard	pt Purpe ed importan	DSES (See the instruction to the accomplishment of the accomplishm	f the organization's s.) (E)
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