

For calendar year 2006, or fiscal year beginning . . . . ., 2006, and ending . . . . ., 20 . . . . .

**2006**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

**Return ID (20-digit number)** ▶

Name of exempt organization <b>BAY AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>38-2418086</b>
Name and title of officer <b>MICHAEL L. HANISKO TREASURER</b>	

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or below, and the amount on that line for the return for which you are 5a, filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b <b>2,174,509</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) . . . . .	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the (a) transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and the date (d) of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **ANDREWS HOOPER & PAVLIK P.L.C.** to enter my PIN **93642** as my signature  
ERO firm name do not enter all zeros  
 on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ **8/01/07**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **38608833589**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning , and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: BAY AREA COMMUNITY FOUNDATION
Number and street (or P.O. box if mail is not delivered to street address): 703 WASHINGTON AVENUE
Room/suite:
City or town, state or country, and ZIP + 4: BAY CITY MI 48708

D Employer identification number: 38-2418086
E Telephone number: 989-893-4438
F Accounting method: [X] Accrual [ ] Other (specify)

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

and are not applicable to section 527 organizations. I

G Website: WWW.BAYFOUNDATION.ORG

J Organization type (check only one) [X] 501(c) ( 3 ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

H(a) Is this a group return for affiliates? Yes [ ] No [X]
H(b) If "Yes," enter number of affiliates: N/A
H(c) Are all affiliates included? N/A [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

I Group Exemption Number: N/A

M Check [ ] if the organization is required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 1: 5,245,325

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Dividends, Gross amount from sales of assets, Special events, and Total revenue/expenses.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>472,006</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>STMT 4</b> 472,006	472,006		
<b>22b</b> Other grants and allocations (attach schedule) <b>STMT 5</b> (cash \$ <u>609,534</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	609,534	609,534		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <b>SEE STATEMENT 6</b>	128,042	16,646	107,555	3,841
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	88,334	11,483	74,201	2,650
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	23,245	3,022	19,526	697
<b>29</b> Payroll taxes	23,171	3,012	19,464	695
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	8,640	1,123	7,258	259
<b>32</b> Legal fees	82	11	69	2
<b>33</b> Supplies	4,298	559	3,610	129
<b>34</b> Telephone	3,899	507	3,275	117
<b>35</b> Postage and shipping	3,246	427	2,722	97
<b>36</b> Occupancy	11,025	1,433	9,261	331
<b>37</b> Equipment rental and maintenance	2,251	293	1,890	68
<b>38</b> Printing and publications	15,145	1,969	12,722	454
<b>39</b> Travel	4,478	582	3,762	134
<b>40</b> Conferences, conventions, and meetings	5,126	666	4,306	154
<b>41</b> Interest	346	45	291	10
<b>42</b> Depreciation, depletion, etc. (attach schedule)	6,006	775	5,050	181
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <b>SEE STATEMENT 7</b>	174,135	34,418	125,269	14,448
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,583,009	1,158,511	400,231	24,267

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 8**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a GRANTS AND SCHOLARSHIP GIVING**

(Grants and allocations \$ **1,081,540** ) If this amount includes foreign grants, check here  **1,158,511**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ **1,158,511**

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

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash-non-interest-bearing	226,224	45	110,247
	46 Savings and temporary cash investments	2,684,115	46	799,146
	47a Accounts receivable			
	b Less: allowance for doubtful accounts	711	47c	
	48a Pledges receivable	670,873		
	b Less: allowance for doubtful accounts			
	48b	1,022,770	48c	670,873
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	10,845	53	12,498
	54a Investments—publicly-traded securities		54a	
	b Investments—other securities (attach schedule)		54b	
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	55b	19,442,844	56	23,667,124
	56 Investments-other (attach schedule)	SEE STMT 9		
57a Land, buildings, and equipment: basis	65,944			
b Less: accumulated depreciation (attach schedule)	SEE STATEMENT 10			
57b	48,900	19,358	57c	
57c			17,044	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 11 )	16,704	58	20,005	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	23,423,571	59	25,296,937	
Liabilities	60 Accounts payable and accrued expenses	21,689	60	11,732
	61 Grants payable	33,945	61	57,945
	62 Deferred revenue	5,000	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► SEE STATEMENT 13 )	226,864	65	210,190
	66 <b>Total liabilities.</b> Add lines 60 through 65	287,498	66	279,867
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	22,420,444	67	24,435,634
	68 Temporarily restricted	435,729	68	301,536
	69 Permanently restricted	279,900	69	279,900
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	23,136,073	73	25,017,070	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	23,423,571	74	25,296,937	





Part VI Other Information (continued)

Form with multiple rows and columns for reporting other information, including questions about donated services, public inspection requirements, contributions, and tax shelter transactions. Includes sub-questions 82a through 91a.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If "Yes," enter the name of the foreign country: **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 and enter the amount of tax-exempt interest received or accrued during the tax year: **92**  Yes  No **N/A**

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	475,073	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,131,793	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b <b>PLAINS ALL AMERICAN PIPELINE</b>	525990	992			
c <b>VALERO LP</b>	525990	-1,962			
d <b>ENBRIDGE ENERGY PARTNERS LP</b>	525990	-3,910			
e					
104 Subtotal (add columns (B), (D), and (E))		-4,880		1,606,866	0
105 Total (add line 104, columns (B), (D), and (E))					1,601,986

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

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

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

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**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?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

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

<b>106</b> Did the reporting organization <b>make</b> 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.	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> 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.	Yes	No
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
		<b>N/A</b>

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

<b>Please Sign Here</b>	Signature of officer <b>MICHAEL L. HANISKO</b> Type or print name and title	Date <b>TREASURER</b>
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<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Laura M. Ebel</i>	Date <b>8/1/07</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ANDREWS HOOPER &amp; PAVLIK P.L.C.</b> <b>5300 GRATIOT RD</b> <b>SAGINAW, MI 48638</b>	EIN	Phone no. <b>989-497-5300</b>	

**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**

OMB No. 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**BAY AREA COMMUNITY FOUNDATION**

Employer identification number  
**38-2418086**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
ROGER MERRIFIELD BAY CITY 703 WASHINGTON AVE MI 48708	CEO 40	80,783	6,070	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III 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: \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

**1** **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.)

**a** Sale, exchange, or leasing of property? **2a** **X**

**b** Lending of money or other extension of credit? **2b** **X**

**c** Furnishing of goods, services, or facilities? **2c** **X**

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000) **2d** **X** **SEE PART V, FORM 990**

**e** Transfer of any part of its income or assets? **2e** **X**

**3a** 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.) **3a** **X**

**b** Did the organization have a section 403(b) annuity plan for its employees? **3b** **X**

**c** 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** **X**

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? **3d** **X**

**4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g **4a** **X**

**b** Did the organization make any taxable distributions under section 4966? **4b** **X**

**c** Did the organization make a distribution to a donor, donor advisor, or related person? **4c** **X**

**d** Enter the total number of donor advised funds owned at the end of the tax year **19**

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year **2,681,051**

**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 **2**

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year **761,536**

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Intergrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	<b>1,529,366</b>	<b>705,074</b>	<b>3,085,523</b>	<b>1,335,867</b>	<b>6,655,830</b>
<b>16</b> Membership fees received . . . . .					<b>0</b>
<b>17</b> 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 . . . . .					<b>0</b>
<b>18</b> 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 . . . . .	<b>391,649</b>	<b>245,416</b>	<b>435,096</b>	<b>355,531</b>	<b>1,427,692</b>
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					<b>0</b>
<b>21</b> 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 . . . . .					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					<b>0</b>
<b>23</b> Total of lines 15 through 22 . . . . .	<b>1,921,015</b>	<b>950,490</b>	<b>3,520,619</b>	<b>1,691,398</b>	<b>8,083,522</b>
<b>24</b> Line 23 minus line 17 . . . . .	<b>1,921,015</b>	<b>950,490</b>	<b>3,520,619</b>	<b>1,691,398</b>	<b>8,083,522</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>19,210</b>	<b>9,505</b>	<b>35,206</b>	<b>16,914</b>	

<b>26 Organizations described on lines 10 or 11: a</b> Enter 2% of amount in column (e), line 24 . . . . . ▶	<b>26a</b>	<b>161,670</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts . . . . . ▶	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	<b>26c</b>	<b>8,083,522</b>
<b>d</b> Add: Amounts from column (e) for lines: 18 <u><b>1,427,692</b></u> 19 _____ 22 _____ 26b _____ . . . . . ▶	<b>26d</b>	<b>1,427,692</b>
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶	<b>26e</b>	<b>6,655,830</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶	<b>26f</b>	<b>82.3382%</b>

<b>27 Organizations described on line 12: a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____ <b>N/A</b>		
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____ <b>N/A</b>		
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶	<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____ . . . . . ▶	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total) . . . . . ▶	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶	<b>27f</b>	
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶	<b>27g</b>	<b>%</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . . ▶	<b>27h</b>	<b>%</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15. **N/A**

**Part V 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)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
<b>30</b>	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?	30		
<b>31</b>	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.)	31		
<b>32</b>	Does the organization maintain the following:			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>33</b>	Does the organization discriminate by race in any way with respect to:			
<b>a</b>	Students' rights or privileges?	33a		
<b>b</b>	Admissions policies?	33b		
<b>c</b>	Employment of faculty or administrative staff?	33c		
<b>d</b>	Scholarships or other financial assistance?	33d		
<b>e</b>	Educational policies?	33e		
<b>f</b>	Use of facilities?	33f		
<b>g</b>	Athletic programs?	33g		
<b>h</b>	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
<b>35</b>	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 nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....	
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Depreciation and Amortization**  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **BAY AREA COMMUNITY FOUNDATION** Identifying number **38-2418086**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**  
**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>108,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>430,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>6,006</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	<b>6,006</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

## Federal Statements

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
PUBLICLY TRADED SECURITIES								
					\$ 3,223,840	\$ 3,070,816	\$	\$ 153,024
TOTAL					<u>\$ 3,223,840</u>	<u>\$ 3,070,816</u>	<u>\$ 0</u>	<u>\$ 153,024</u>

**Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
CAPITAL GAIN DISTRIBUTIONS								
					\$ 978,769	\$	\$	\$ 978,769
TOTAL					<u>\$ 978,769</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 978,769</u>

**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON INVESTMENT	\$ 1,116,576
DIFFERENCE BETWEEN BOOK AND TAX INCOME FROM PARTNE	17,613
CONTRIBUTIONS RECORDED AS A LIABILITY UNDER FASB 1	<u>155,308</u>
TOTAL	<u>\$ 1,289,497</u>

## Federal Statements

Statement 4 - Form 990, Part II, Line 22a - Grants Paid from Donor Advised Funds

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
BAY AREA FAMILY Y					\$ 16,600	\$			
BAY MEDICAL FOUNDATION					13,355				
BAY MUSICAL ARTS					5,000				
BAY SAIL					3,250				
BOYS & GIRLS CLUBS OF BAY COUNTY					1,000				
CENTRAL MICHIGAN UNIVERSITY					8,606				
COLUMBIA UNIVERSITY - CHICAGO					10,000				
DELTA COLLEGE BROADCASTING					5,000				
MICHIGAN STATE UNIVERSITY					14,404				
NEW YORK UNIVERSITY					12,960				
SAGINAW VALLEY STATE UNIVERSITY					5,722				
STATE THEATER OF BAY CITY					5,000				
THE CONSERVATION FUND					315,698				
THOMAS M. COOLEY LAW SCHOOL					20,632				
UNIVERSITY OF MICHIGAN					11,367				
VARIOUS GRANTS UNDER \$5,000					14,650				
WESTERN MICHIGAN UNIVERSITY					6,862				
YWCA OF BAY COUNTY					1,900				

## Federal Statements

**Statement 4 - Form 990, Part II, Line 22a - Grants Paid from Donor Advised Funds**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
TOTAL					\$ 472,006	\$ 0	\$ 0		

**Statement 5 - Form 990, Part II, Line 22b - Other Grants and Allocations**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
BAY AREA CHAMBER OF COMMERCE FOUND.					\$ 7,500	\$			
BAY AREA FAMILY Y					5,603				
BAY ARENAC COMMUNITY HIGH					15,700				
BAY CITY PLAYERS					7,500				
BAY COUNTY HISTORICAL SOCIETY					14,450				
BAY MEDICAL FOUNDATION					10,000				
BAY MUSICAL ARTS					9,000				
BAYSAIL					5,525				
BOYS & GIRLS CLUBS OF BAY COUNTY					5,816				
CENTRAL MICHIGAN UNIVERSITY					29,932				
COMMUNITY CLOTHING CENTER					6,500				
CREATED FOR CARING					7,926				

## Federal Statements

**Statement 5 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
DELTA COLLEGE					\$ 47,531	\$			
DISABILITY SERVICES RESOURCE CENTER					5,519				
DO-ALL, INC.					21,500				
FERRIS STATE UNIVERSITY					6,528				
GOLDEN HORIZONS ADULT DAY CARE					20,000				
GOOD SAMARITAN RESCUE MISSION OF BC					5,347				
LUTHERAN CHILD & FAMILY SERVICE MI					6,300				
MICHIGAN STATE UNIVERSITY					16,957				
MIDLAND AREA CHAMBER FOUNDATION					5,000				
NATHAN WEIDNER CHILDREN'S ADVOCACY					10,400				
NEW DIMENSIONS					7,500				
NORTHWOOD UNIVERSITY					6,529				
PINCONNING PLAYS INC.					5,000				
SAGINAW BASIN LAND CONSERVANCY					22,775				
SAGINAW BAY COMMUNITY SAILING ASSOC					12,506				
SAGINAW BAY SYMPHONY ORCHESTRA					5,000				
SAGINAW VALLEY STATE UNIVERSITY					40,274				
STUDIO 23					50,678				

## Federal Statements

**Statement 5 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
UNIVERSITY OF MICHIGAN					\$ 11,239	\$			
VARIOUS GRANTS UNDER \$5,000					160,740				
WESTERN MICHIGAN UNIVERSITY					1,300				
WESTMINSTER PRESBYTERIAN CHURCH					7,986				
YWCA OF BAY COUNTY					7,473				
TOTAL					<u>\$ 609,534</u>	<u>\$ 0</u>	<u>\$ 0</u>		

**Statement 6 - Form 990, Part II, Line 25a - Compensation of Current Officers**

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
OFFICER'S COMP COMPENSATION	16,646	107,555	3,841
TOTAL	<u>\$ 16,646</u>	<u>\$ 107,555</u>	<u>\$ 3,841</u>

## Federal Statements

**Statement 7 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
PARKING PERMIT	1,425	185	1,197	43
ANNUAL MEETING	1,537	200	1,291	46
DUES AND SUBSCRIPTIONS	9,945	1,293	8,354	298
CREDIT CARD FEES	615	80	517	18
BANK FEES	860	112	722	26
COMPUTER FEES	9,866	1,283	8,287	296
INTERNET AND WEBSITE FEES	5,952	774	4,999	179
INSURANCE	4,863	632	4,085	146
MISCELLANEOUS	1,394	182	1,170	42
CONTRACT LABOR	263	34	221	8
DEVELOPMENT PROJECT	11,877			11,877
INVESTMENT SERVICES	23,280	23,280		
CONSULTING SERVICE	53,309		53,309	
SCHOLARSHIP EXPENSE	560	73	470	17
BAD DEBT EXPENSE	2,606	339	2,189	78
UTILITIES	44,518	5,787	37,395	1,336
PROPERTY MAINT. EXPENSE	1,156	150	971	35
	109	14	92	3
TOTAL	<u>\$ 174,135</u>	<u>\$ 34,418</u>	<u>\$ 125,269</u>	<u>\$ 14,448</u>

**Statement 8 - Form 990, Part III - Organization's Primary Exempt Purpose**

THE ACTIVITIES AND OPERATIONS OF THE FOUNDATION SHALL BE  
DESIGNED TO SUPPORT AND PROMOTE CHARITABLE, CULTURAL,  
ARTISTIC, CIVIC, EDUCATIONAL, AND SCIENTIFIC PROGRAMS FOR  
THE BENEFIT OF RESIDENTS IN THE BAY AREA COMMUNITY.

# Federal Statements

## Statement 9 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
FIXED INCOME	\$ 4,849,923	\$ 5,359,309	MARKET
EQUITIES	14,313,021	18,027,915	MARKET
NATURE CONSERVATORY-PERMANENTLY RSTR	279,900	279,900	COST
TOTAL	<u>\$19,442,844</u>	<u>\$23,667,124</u>	

## Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURE & EQUIPMENT	\$ 65,944	\$ 46,586	\$ 65,944	\$ 48,900
TOTAL	<u>\$ 65,944</u>	<u>\$ 46,586</u>	<u>\$ 65,944</u>	<u>\$ 48,900</u>

## Statement 11 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CASH SURRENDER VALUE OF INSURANCE	\$ 16,704	\$ 20,005
TOTAL	<u>\$ 16,704</u>	<u>\$ 20,005</u>

## Statement 12 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 5,000	\$
TOTAL	<u>\$ 5,000</u>	<u>\$ 0</u>

## Statement 13 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CAPITAL LEASE PAYABLE	\$ 4,545	\$ 3,003
LIFE INCOME PAYABLE	222,319	207,187
TOTAL	<u>\$ 226,864</u>	<u>\$ 210,190</u>

**Statement 14 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON INVESTMENT	\$ 1,116,576
DIFFERENCE BETWEEN BOOK AND TAX INCOME FROM PARTNERSHIPS	<u>17,613</u>
TOTAL	<u>\$ 1,134,189</u>

## Federal Statements

**Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ROBERT HETZLER 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
ROBERT MONROE 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
BILL BOWEN 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
GARY BOSCO 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
CHARLES CURTISS 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
KEVIN DYKEMA 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
DIANE DEMERS 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
JANE HAGEN 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
MIKE HANISKO 703 WASHINGTON AVE BAY CITY MI 48708	TREASURER	5	0	0	0
GARY LABADIE 703 WASHINGTON AVE	CHAIR	10	0	0	0

## Federal Statements

**Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
BAY CITY MI 48708					
MICHAEL STONER 703 WASHINGTON AVE BAY CITY MI 48708	SECRETARY	5	0	0	0
RUTH JAFFE 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
JOHN LORE 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
DEBRA LUTZ 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
MIKE DEWEY 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
MIKE KELLY 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
CAROLYN WIERDA 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
ROGER MERRIFIELD 703 WASHINGTON AVE BAY CITY MI 48708	CEO	40	80,783	6,070	0
KATHY POPE 703 WASHINGTON AVE BAY CITY MI 48708	FINANCE DIR.	40	14,482	3,414	0

## Federal Statements

**Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ABEL TORRES 703 WASHINGTON AVE BAY CITY MI 48708	TRUSTEE	1	0	0	0
STEVE ALBRECHT 703 WASHINGTON AVE BAY CITY MI 48708	FORMER FIN D	40	32,777	7,428	0

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2006**

Open to Public Inspection  
for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2006 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ **See separate instructions.**

**A** Check box if address changed

Name of organization (  Check box if name changed and see instructions.)

**D Employer identification number**  
(Employees' trust, see instructions for Block D on page 9.)  
**38-2418086**

**B Exempt under section**  
 501(c) (  3 )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**Print or Type**

**BAY AREA COMMUNITY FOUNDATION**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

**703 WASHINGTON AVENUE**

City or town, state, and ZIP code

**BAY CITY MI 48708**

**E Unrelated business activity codes**  
(See instructions for Block E on page 9.)  
**525990 525990**

**C Book value of all assets at end of year**  
**25,296,937**

**F Group exemption number** (See instructions for Block F on page 1)

**G Check organization type**  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H Describe the organization's primary unrelated business activity.**

**INVESTMENTS IN PUBLICLY TRADED PARTNERSHIPS**

**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J The books are in care of** **KATHY POPE** Telephone number **989-893-4438**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corp. (attach stmt.) <b>SEE STMT 1</b>		<b>5</b>	<b>-4,880</b>	<b>-4,880</b>
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, & rents from controlled organizations (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See page 11 of the instructions; attach schedule.)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	<b>-4,880</b>	<b>-4,880</b>

<b>Part II Deductions Not Taken Elsewhere</b> (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Charitable contributions (See page 14 of the instructions for limitation rules.)		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	<b>0</b>
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule)		<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	<b>-4,880</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	<b>-4,880</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		<b>33</b>	<b>1,000</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	<b>-4,880</b>

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 **35c** \_\_\_\_\_  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) **36** \_\_\_\_\_  
**37 Proxy tax.** See page 16 of the instructions **37** \_\_\_\_\_  
**38 Alternative minimum tax** **38** \_\_\_\_\_  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** \_\_\_\_\_

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** \_\_\_\_\_  
**b** Other credits (see page 17 of the instructions) **40b** \_\_\_\_\_  
**c** General business credit. Check here and indicate which forms are attached:  
 Form 3800  Form(s) (specify) **40c** \_\_\_\_\_  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** \_\_\_\_\_  
**e Total credits.** Add lines 40a through 40d **40e** \_\_\_\_\_  
**41** Subtract line 40e from line 39 **41** \_\_\_\_\_  
**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other **42** \_\_\_\_\_  
**43 Total tax.** Add lines 41 and 42 **43** **0**  
**44a** Payments: A 2005 overpayment credited to 2006 **44a** \_\_\_\_\_  
**b** 2006 estimated tax payments **44b** \_\_\_\_\_  
**c** Tax deposited with Form 8868 **44c** \_\_\_\_\_  
**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d** \_\_\_\_\_  
**e** Backup withholding (see instructions) **44e** \_\_\_\_\_  
**f** Credit for federal telephone excise tax paid (attach Form 8913) **44f** **107**  
**g** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **44g** \_\_\_\_\_  
**45 Total payments.** Add lines 44a through 44g **45** **107**  
**46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached  **46** \_\_\_\_\_  
**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** \_\_\_\_\_  
**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** **107**  
**49** Enter the amount of line 48 you want: **Credited to 2007 estimated tax** **Refunded** **49** **107**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here **Yes** **No**  
 \_\_\_\_\_ **X**  
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes** **No**  
 \_\_\_\_\_ **X**  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$ \_\_\_\_\_

**Schedule A-Cost of Goods Sold. Enter method of inventory valuation**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional sec. 263A costs (attach sch.)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>				

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

**Sign Here** \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer's Use Only**

Preparer's signature: *Laura M. Ebel* Date: *8/1/07* Check if self-employed:  Preparer's SSN or PTIN: *P00184232*

Firm's name (or yours if self-employed), address, and ZIP code: **ANDREWS HOOPER & PAVLIK P.L.C.**  
**5300 GRATIOT RD**  
**SAGINAW, MI 48638** EIN: **38-3133790** Phone #: **989-497-5300**

**Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 20)

**1** Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

<b>2</b> Rent received or accrued		<b>3</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
<b>Total</b>		<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) . ▶

**Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**Schedule E-Unrelated Debt-Financed Income (see instructions on page 20)**

<b>1</b> Description of debt-financed property	<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property		
		<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

**Totals** ▶

**Total dividends-received deductions** included in column 8 ▶

**Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)**

<b>1</b> Name of Controlled Organization	<b>2</b> Employer Identification Number	Exempt Controlled Organizations			
		<b>3</b> Net unrelated income (loss) (see instructions)	<b>4</b> Total of specified payments made	<b>5</b> Part of column 4 that is included in the controlling organization's gross inc.	<b>6</b> Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

<b>7</b> Taxable Income	<b>8</b> Net unrelated income (loss) (see instructions)	<b>9</b> Total of specified payments made	<b>10</b> Part of column 9 that is included in the controlling organization's gross income	<b>11</b> Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ▶

**Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I-Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J-Advertising Income (see instructions on page 23)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5)).</b> .....						

**Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)**

(1) <b>N/A</b>						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
<b>Totals, Part II (lines 1-5)</b> .....		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

**Schedule K-Compensation of Officers, Directors, and Trustees (see instructions on page 23)**

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
<b>N/A</b>		%	
		%	
		%	
		%	

**Total.** Enter here and on page 1, Part II, line 14 .....

**Federal Statements****Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
PLAINS ALL AMERICAN PIPELINE	\$ 992	\$	\$ 992
VALERO LP	-1,962		-1,962
ENBRIDGE ENERGY PARTNERS LP	-3,910		-3,910
TOTAL	<u>\$ -4,880</u>	<u>\$ 0</u>	<u>\$ -4,880</u>

**Credit for Federal Telephone Excise Tax Paid**

▶ See the separate instructions.  
▶ Attach to your income tax return.

Name(s) as shown on your income tax return

**BAY AREA COMMUNITY FOUNDATION**

Identifying number  
**38-2418086**

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

**Caution.** See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

**Amount of federal excise tax on long distance or bundled service only**

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$ 5	\$	\$ 5	\$ 1
2 June, July, and August 2003	5		5	1
3 September, October, and November 2003	5		5	1
4 December 2003; January and February 2004	6		6	1
5 March, April, and May 2004	7		7	1
6 June, July, and August 2004	7		7	1
7 September, October, and November 2004	7		7	1
8 December 2004; January and February 2005	7		7	1
9 March, April, and May 2005	8		8	1
10 June, July, and August 2005	8		8	1
11 September, October, and November 2005	8		8	1
12 December 2005; January and February 2006	8		8	1
13 March, April, and May 2006	8		8	1
14 June and July 2006	5		5	
15 Add lines 1-14 in columns (d) and (e) .....			\$ 94	\$ 13
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns .....				\$ 107

For Paperwork Reduction Act Notice, see page 2.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Copier - Mita DC3060	8/12/97	6,729			6,729	5 MO S/L	6,729	0
2	Fireproof Safe	12/10/97	783			783	5 MO S/L	783	0
3	HP Laser 4000N Printer	12/31/97	1,414			1,414	5 MO S/L	1,414	0
4	HP Deskjet 720 Printer	12/31/97	349			349	5 MO S/L	349	0
11	Gateway Computer - GP6-333	7/15/98	2,083			2,083	3 MO S/L	2,083	0
12	Gateway Computer - GP6-333	7/15/98	2,083			2,083	3 MO S/L	2,083	0
13	Gateway ALR7200	9/28/98	5,779			5,779	3 MO S/L	5,779	0
15	Gateway 2000 - GP6 - 350	2/25/99	1,739			1,739	3 MO S/L	1,739	0
16	Gateway 2000 - GP6 -350	2/25/99	1,789			1,789	3 MO S/L	1,789	0
17	Dell Inspiron 5000 Laptop	8/31/00	2,624			2,624	3 MO S/L	2,624	0
18	Dell Workstation - 733	8/31/00	1,669			1,669	3 MO S/L	1,669	0
19	Crescendo Pro Software	12/15/00	995			995	3 MO S/L	995	0
20	Epson XGA Projector	11/15/00	4,855			4,855	5 MO S/L	4,855	0
21	Workstation	12/01/00	2,241			2,241	7 MO S/L	1,627	320
22	Dell 1400 GX400 Workstation	9/25/01	1,619			1,619	3 MO S/L	1,619	0
23	Office Chair	6/30/02	189			189	7 MO S/L	95	27
26	Digital Camera-Kodak	6/30/02	318			318	5 MO S/L	223	63
28	HP Color Laserjet Printer	3/06/03	1,000			1,000	5 MO S/L	567	200
29	Dell Optiplex GX 260	3/31/03	1,324			1,324	3 MO S/L	1,214	110
30	Dell OptiPlex GX260T, 1.80GHz	8/23/03	1,518			1,518	3 MO S/L	1,180	338
31	Dell A940 Printer w/cable	8/23/03	154			154	5 MO S/L	72	31
32	4 Samsonite leather chairs	11/01/03	880			880	7 MO S/L	272	126
33	Avaya Phone System	9/16/03	7,987			7,987	5 MO S/L	3,594	1,598
34	Dell Precision 370 Computer	9/15/04	863			863	3 MO S/L	362	287
35	Dell Poweredge SC1420 Server	6/16/05	3,033			3,033	5 MO S/L	303	607
36	APC Smart-UPS	6/16/05	492			492	5 MO S/L	49	99
37	Quantum DLT VS 160 Tape Drive	6/16/05	1,824			1,824	5 MO S/L	182	365
38	ARCserve backup software	6/16/05	362			362	5 MO S/L	36	73
39	NetGear switch	6/16/05	421			421	5 MO S/L	42	84
40	7 MS Office 2003 Professional	6/16/05	2,565			2,565	3 MO S/L	428	855
41	Kenmore Plasm Air Conditioner	8/19/05	140			140	7 MO S/L	7	20
42	LG Air Conditioner	8/19/05	144			144	7 MO S/L	7	20
43	Furance	10/14/05	2,790			2,790	10 MO S/L	70	279
44	Electric generator	12/21/05	1,459			1,459	7 MO S/L	0	208
45	12 Global Chairs	1/15/06	564			564	7 MO S/L	0	81
46	Premier Folding Table 30x72	1/15/06	100			100	7 MO S/L	0	14
47	2 Premier folding tables 30x96	1/15/06	220			220	7 MO S/L	0	31
48	Laptop - dell latitude D820	8/15/06	1,810			1,810	5 MO S/L	0	121
49	Dell Workstation	10/02/06	982			982	5 MO S/L	0	49
<b>Total Other Depreciation</b>			<b>67,890</b>			<b>67,890</b>		<b>44,840</b>	<b>6,006</b>
<b>Total ACRS and Other Depreciation</b>			<b>67,890</b>			<b>67,890</b>		<b>44,840</b>	<b>6,006</b>
<b>Amortization:</b>									
24	Crescendo Admin Software	6/30/02	695			695	3 MO Amort	695	0
25	Crystal Report Software	6/30/02	810			810	3 MO Amort	810	0
27	Norton Anti-Virus software	6/30/02	225			225	3 MO Amort	225	0
			<b>1,730</b>			<b>1,730</b>		<b>1,730</b>	<b>0</b>
<b>Grand Totals</b>			<b>69,620</b>			<b>69,620</b>		<b>46,570</b>	<b>6,006</b>
<b>Less: Dispositions</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>69,620</b>			<b>69,620</b>		<b>46,570</b>	<b>6,006</b>