# **Short Form**

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)

2006

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

Open to Public Inspection

_	Fort	he 2006 calendar year, or tax year beginning 6/01 , 2006, and ending 5	5/31	, 2007	
~ B				oloyer identification nur	nher
<u> </u>		Di		-	
$\vdash$		ss change use IRS TOXIC ELEMENT RESEARCH FOUNDATION		1-0940289	
⊨		Change   Iprint or   3002 LISI DRIVE	E Tele	ephone number	
⊢	Initial i	See Colorado Sililias, de color			
F		eturn Specific	E C.	oup Exemption	
F		ation pending		mber	▶
			unting method	X Cash	Accrual
	•		r (specify) 🕨	2 <u>11</u> 023.1	71001001
		H Chec		he organization is	not
1	Web			Schedule B (Form	
ì		ization type (check only one) — X 501(c) ( 3 ) ◄ (insert no.) 4947(a)(1) or 527 990-E	EZ, or 990-PF	·).	
ĸ		kk ► X if the organization is not a section 509(a)(3) supporting organization and its gross reco	eints are norr	mally not more tha	an
••	\$25,0	000. A return is not required, but if the organization chooses to file a return, be sure to file a co	omplete retur	n.	
L		lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990			,
		ad of Form 990-EZ	41	<b>▶</b> \$	
Pa	Y	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See	tne instruc		
	1	Contributions, gifts, grants, and similar amounts received	Ļ	1	
	2	Program service revenue including government fees and contracts .	Ļ	2	
	3	Membership dues and assessments	L	3	
	4	Investment income		4	
	5 a	Gross amount from sale of assets other than inventory			
	b	Less. cost or other basis and sales expenses 5b			
Ŗ	_ c	: Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	<u></u> . L	5c	
Ž	6	Special events and activities (attach schedule). If any amount is from gaming, check here	<b>-</b>		
REVENU	a	Gross revenue (not including \$ of contributions	_		
Ę	Ì	reported on line 1) 6a			
	l t	Less direct expenses other than fundraising expenses	ŀ		
	0	: Net income or (loss) from special events and activities (line 6a less line 6b)	. [	6 c	
	7 a	Gross sales of inventory, less returns and allowances 7a			
	l t	Less cost of goods sold			
_	0	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
<b>)</b> 1007	8	Other revenue (describe ►	~ . ) [	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>-</b>	9	0.
4.	10	Grants and similar amounts paid (attach schedule)	3/9	10	
7	11	Renefits haid to or for members	100	11	
T Ž	12	Salaries, other compensation, and employee benefits SEP 0 4 2007	191	12	
J T T E	13	Professional fees and other payments to independent contractors	8	13	
N	14		┙ <del>═</del> ╽ ┟	14	
ا ا آ آ	15	Printing, publications, postage, and shipping  OGDEN, UT	}	15	
	16	Other expenses (describe >	<b>'</b> 、	16	
Ž 7	17	Total expenses (add lines 10 through 16)	^ <b>▶</b>	17	0.
Ţ	18	Excess or (deficit) for the year (line 9 less line 17).		18	0.
ת מ			, , , , <u>,</u> ,	<del></del>	<del></del>
N E E	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with figure reported on prior year's return).	end-of-year	19	0.
N A	20	Other changes in net assets or fund balances (attach explanation)	}	20	
\$		Net assets or fund balances at end of year (combine lines 18 through 20).	<b>▶</b>	21	0.
Pa	rt II	Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form	m 990 instead		<u></u>
<u> </u>			ginning of year		f vear
2	2 Ca	ish, savings, and investments .	gg 0. you	22	
2:		nd and buildings		23	
2		her assets (describe > )		24	
2		tal assets	0	. 25	0.
2		tal liabilities (describe	0		0.
		t assets or fund halances (line 27 of column (R) must agree with line 21)	0	27	0.

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

TEEA0803L 01/19/07

Form	990-EZ (2006) TOXIC ELEMENT R	ESEARCH FOUNDATION		84	4-094	-0940289			age <b>2</b>
Part	III Statement of Program Sen	ns.) N/A	_	Exp	ense	5			
Desc desc prog	s the organization's primary exempt purpose? ribe what was achieved in carrying out th ribe the services provided, the number of am title	ne organization's exempt purp f persons benefited, or other i	oses In a clear and co relevant information for	ncise manner, each	☐ and (4	ııred for 4) orgar (a)(1) tru hers)	nızatı	ons a	ind
28					-				
					-				
					1				
	(Grants \$ ) If th	nis amount includes foreign gr	ants, check here		28 a				—
29					-				
			1 1						
	(Grants \$ ) If the	nis amount includes foreign gr	rants check here		1 29 a				
30	(Grants $\phi$ ) it is	ilis amount includes foreign gi	artis, check field	<u> </u>	1 200				
30					1				
					1 [				
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here		1 30 a				
31	Other program services (attach schedule				1				
-		nis amount includes foreign gi	rants, check here .	▶ [	31 a				
32	Total program service expenses (add li	nes 28a through 31a) .			32				
Par	IV List of Officers, Directors,	Trustees, and Key Emp	loyees (List each one	e even if not com	pensate	ed See	Instr	uctio	ns.)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit pl deferred compen	ans and	(E) Expand oth	pense her al	e acce llowar	ount nces
					l				
					l				
		1							
		· · ·							
		1			i				
Par	t V Other Information (Note the	statement requirement in the	instructions)	SEE ST	ATEME	ENT 1		Yes	No
33	Did the organization engage in any activ	vity not previously reported to	the IRS? If 'Yes,' attac	ch a detailed des	cription	1	!		
	of each activity		•	• •	·	<u> </u>	33		X
34	Were any changes made to the organizing or gover	ning documents but not reported to th	ne IRS? If 'Yes,' attach a confo	ormed copy of the cha	inges	<u> </u>	34		X
35	If the organization had income from business activi a statement explaining your reason for not reporting	ties, such as those reported on lines 2 g the income on Form 990-T.	, 6, and 7 (among others), but	not reported on Forn	n 990-T, a	ttach			
	Did the organization have unrelated bus proxy tax requirements?	siness gross income of \$1,000	or more or 6033(e) no	otice, reporting, a	and		35 a		х
ı	olf 'Yes,' has it filed a tax return on Form	n 990-T for this year?.				[	35 b	N	A
	Was there a liquidation, dissolution, teri (If 'Yes,' attach a statement.)		action during the year?				36		Х
37:	Enter amount of political expenditures, direct or in-	direct as described in the instructions	, .	37 a		٥.٦			
	Did the organization file Form 1120-PO		<del>.</del> •				37 b		X
	Did the organization borrow from, or ma any such loans made in a prior year an	•	director, trustee, or key	employee or we	ere	_	38 a		X
	If 'Yes,' attach the sch specified in the		to period covered by the						
20	the amount involved			38b		N/A			
	501(c)(7) organizations Enter	included on line 9		39 a		N/A	-		
	<ul> <li>Initiation fees and capital contributions</li> <li>Gross receipts, included on line 9, for p</li> </ul>			39 b		N/A			
	aross receipts, included on line 9, for p	rubiic use of club facilities		J50		11/11	- 000		2006)

Form 990-E	orm 990-EZ (2006) TOXIC ELEMENT RESEARCH FOUNDATION 84-094028								
Part V 😉	Other Information (Note the statement requirement in the instructions) (Co.	ntınued)							
<b>40 a</b> 501(c	(3) organizations Enter amount of tax imposed on the organization during the year under								
section	in 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ►	0.	_						
<b>b</b> 501(c	)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit train	nsaction during the	Y	es	No				
year o	or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' i an explanation		0Ь	_	Х				
c Enter year i	amount of tax imposed on organization managers or disqualified persons during the under sections 4912, 4955, and 4958	0.							
<b>d</b> Enter	amount of tax on line 40c reimbursed by the organization	0.							
e All or shelte	ganizations At any time during the tax year, was the organization a party to a prohibited tax or transaction?	4	0 e	_ -	X				
41 List the	states with which a copy of this return is filed NONE								
<b>42 a</b> The bo		elephone no. ►							
Located	i at ►	ZIP + 4 >							
h ∆t an	y time during the calendar year, did the organization have an interest in or a signature or othe	r authority over a —	. Y	es	No				
financ	cial account in a foreign country (such as a bank account, securities account, or other financia	l account)?	2b		X				
If 'Yes	s,' enter the name of the foreign country								
See t	he instructions for exceptions and filing requirements for Form TD F 90-22.1.		_	_					
<b>c</b> At an	y time during the calendar year, did the organization maintain an office outside of the U.S.?	4	2c	L	Х				
If 'Yes	s,' enter the name of the foreign country:								
43 Section	on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check he	ere .	. ►		A\N				
and e	nter the amount of tax-exempt interest received or accrued during the tax year	▶ 43		N	<u> </u>				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	to the best of my knowledge an	d belief	, it is					
		_							
Please	1010-500	29 Aug 00	<u> </u>						
Sign	Signature of officer Date								
Here	President								
	Type or print name and title								
Doid		Check if Preparer's S General Insti		TIN (S	ee				
Paid Pro-		employed ► P00329	228						

TEEA0812L 01/19/07

**▶** 84-1612735

(719) 548-8711

Form **990-EZ** (2006)

EIN

Phone no ▶

Pre-

BAA

parer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

PATRICK J. MURPHY P.C.

► 6270 LEHMAN DRIVE, SUITE 100

COLORADO SPRINGS, CO 80918-1469

### SCHEDULE A (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

84-0940289 TOXIC ELEMENT RESEARCH FOUNDATION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions, List each one, If there are none, enter 'None,') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation NONE Total number of other employees paid over \$50,000 Part II - A | Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service 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 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

Sche	dule A	(Form 990 or 990-EZ)	2006 T	OXIC	ELEMENT	RE	SEARCH	FOUND	ATION		84-0940	289	F	age <b>2</b>
Par		] Statements Abo		•			•						Yes	No
1	or incu	the year, has the orga ence public opinion on rred in connection with equal amounts on line	the lobbyir	ig activi	rities 🟲	\$		e, or local enter the N/A	l legislation total expen	, including ises paid	any attempt	1		х
	organiz	zations that made an e zations checking 'Yes' ig activities	election unde must comple	er secti ete Par	on 501(h) b t VI-B AND	y filin attacl	g Form 5 n a stater	768 must nent givin	complete P ig a detailed	art VI-A. C I descriptio	Other on of the			
2	substa	the year, has the organical contributors, trust e organization with which ary? (If the answer to	ees, directo ch anv such	rs, offic	cers, creator n is affiliate	rs, key d as a	y employe in officer.	es, or me director,	embers of th trustee, ma	neir familie jority owne	s, or with arer, or princip	ny al	1	
а	Sale, e	exchange, or leasing of	f property?.					•				28	-	X
t	Lendin	g of money or other ex	ctension of c	redit?								21	<u> </u>	x
c	Furnish	ning of goods, services	s, or facilities	57								20	-	x
c	<b>i</b> Payme	ent of compensation (o	r payment o	r reimb	ursement o	of expe	enses if n	nore than	\$1,000)?		,	20	4-	x
e	Transfe	er of any part of its inc	ome or asse	ets?	•••							20	•	X
3 a	Did the explan	e organization make gr ation of how the organ	ants for sch iization dete	olarship rmines	os, fellowsh that recipie	iips, s ents qi	tudent loa ualify to r	ans, etc? eceive pa	(If 'Yes,' att yments.)	ach an 		3;	3	X_
t	Did the	e organization have a s	section 403(	b) annu	uty plan for	ıts en	nployees	,		••		. 31	<u> </u>	X
C	to pres	e organization receive of serve open space, the attach a detailed statei	environmen	asemer t, histor	nt for conse	ervatio as or l	n purpos historic st	es, includ ructures? 	ing easeme ' If	nts 		<b>3</b>	<u> </u>	x
c	Did the	e organization provide	credit couns	eling, d	debt manag	emen	t, credit r	epair, or o	debt negotia	ation servic	es?	3	<u>d</u>	X
4 8	Did the 4f and	e organization maintair 4g	any donor	advised	d funds? If '	'Yes,'	complete	lines 4b	through 4g	If 'No,' co	mplete lines	4:	a	X
ŀ	<b>b</b> Did the	e organization make ar	ny taxable d	ıstrıbutı	ons under s	sectio	n 4966?					4	b N	A
(	Did the	e organization make a	distribution	to a do	nor, donor	adviso	or, or rela	ted perso	n?			4	c N	/A
(	d Enter	the total number of do	nor advised	funds c	owned at the	e end	of the ta	x year	••••		▶_			N/A
•	<b>e</b> Enter f	the aggregate value of	assets held	ın all c	donor advis	ed fur	ids owned	d at the e	nd of the ta	x year	▶_			N/A
1	funds	the total number of se included on line 4d) wh its in such funds or acc	here donors	or acc have th	ounts owne ne right to p	ed at t provide	he end of e advice o	the tax yon the dis	ear (exclud tribution or	ing donor a investmen	advised t of			0
(	g Enter	the aggregate value of	assets held	ın all f	funds or acc	counts	ıncluded	on line 4	f at the end	of the tax	year ►_			0.

Schedu	ule A (Form 990 or 990-EZ) 2006	TOXIC ELEMENT RESE	EARCH FOUNDATION		84-0940	289 Page <b>3</b>
Part	IV Reason for Non-Priva	ate Foundation Status (S	See instructions.)			
I certify	y that the organization is not a private the organization is not a private the state of the stat	vate foundation because it is	(Please check only ONE ap	plicable box	)	
5 [	A church, convention of church	es, 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 hos	pital service organization. Sec	tion 170(b)(1)(A)(ııı).			
8 [	A federal, state, or local govern	nment or governmental unit So	ection 170(b)(1)(A)(v).			
9 [	A medical research organizatio	n operated in conjunction with	a hospital Section 170(b)	(1)(A)(III) <b>E</b> I	nter the hospi	tal's name, city,
10 [	An organization operated for the (Also complete the <b>Support Sc</b>	ne benefit of a college or unive hedule in Part IV-A)	rsity owned or operated by	a governme	ental unit. Sec	tion 170(b)(1)(A)(iv).
11 a [	An organization that normally r Section 170(b)(1)(A)(vi). (Also	eceives a substantial part of it complete the <b>Support Schedu</b>	s support from a governme lle in Part IV-A)	ental unit or	from the gene	ral public
11 b [	A community trust Section 170	O(b)(1)(A)(vı) (Also complete t	he Support Schedule in Pa	art IV-A)		
12 [	An organization that normally r from activities related to its character gross investment income organization after June 30, 197	aritable, etc, functions – subje and unrelated business taxable	ct to certain exceptions, ar e income (less section 511	id <b>(2) no mo</b> tax) from bi	ore than 33-1/3 Usinesses acqu	% of its support
13 [	An organization that is not con requirements of section 509(a)	trolled by any disqualified pers	sons (other than foundation	managers)	and otherwise	meets the
	Type I Type II		onally Integrated	Type III		
		e the following information ab	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·	
	(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)	Is the si organization the sup organiz gove docun	on listed in porting ration's rning	(e) Amount of support
				Yes	No	
	<del></del>					
					-	
_						
					<del> </del>	
Total			<u> </u>		<b>•</b>	0.
ا می						
14 BAA	An organization organized and	operated to test for public safe	ety Section 509(a)(4). (Se			990 or 990-EZ) 2006

Note	: You may use the worksheet in th	ne instructions for cor	verting from the a	ccrual to the cash	method of account	ing	
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(d)</b> 2002		<b>(e)</b> Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28).	N/A					
16	Membership fees received		_				
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose			:			
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18		·				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets.						
23	Total of lines 15 through 22		·				
24	Line 23 minus line 17						
25	Enter 1% of line 23 .						
26	Organizations described on line	s 10 or 11: a Ent	er 2% of amount i	n column (e), line	24 N./.A.	► 26a	
ı	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	for 2002 through 2005 excee	ributed by each person eded the amount shown	(other than a governme in line 26a <b>Do not file</b>	ntal unit or publicly this list with your	▶ 26b	
	: Total support for section 509(a)(		column (e)		·	► 26c	•
	Add Amounts from column (e) for		colaniii (c)	19	•		
	i riaa yumaanta wam aalamii (a) ii	22		26 b		26 d	
	Public support (line 26c minus lii	ne 26d total)				► 26e	
	Public support percentage (line		ted by line 26c (de	enominator))		► 26f	
27	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year	12: N/A i, 16, and 17 that were lived in each year from	e received from a m, each 'disqualific	'disqualified persoi ed person.' <b>Do not</b>	n,' prepare a list fo file this list with ye	r your record our return.	Enter the sum of
	(2005)						
	For any amount included in line to show the name of, and amour \$5,000 (Include in the list organ After computing the difference b differences (the excess amounts	nt received for each your izations described in etween the amount re of for each year.	ear, that was more lines 5 through 11 eceived and the lai	e than the <b>larger</b> o b, as well as indivi rger amount descri	f (1) the amount or duals ) <b>Do not file</b> bed in (1) or (2), er	this list with this list with oter the sum	the year or (2) n your return. n of these
	(2005)	(2004)	(2003	/	(2002)		
•	(2005)  Add: Amounts from column (e) f  17  Add: Line 27a total	or lines: 15 _		_ 16		اءحوا	
		20 _	<del></del>	_ 21		2/c	
	Add. Line 27a total	aı	nd line 27b total			27 d	
	Dublic cuposit (line 27s total mis	aug line 27d total)				PI 27el	
	Public support (line 27c total mir			1	1	<del>-</del> /~ -	
1	Total support for section 509(a)(	2) test: Enter amount	from line 23, colu		<u> </u>		
1		2) test: Enter amount 27e (numerator) divid	from line 23, colu ded by line 27f (de	nominator))		► 27g	8

<u>rar</u>	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
2 <del>9</del>	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		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that	21		
	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		
22	Does the organization maintain the following:	<u> </u>  -		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	<u> </u>	
١	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c		
,	de copies of all material used by the organization of on its behalf to solicit contributions:	<u> </u>		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement )	_		
33	Does the organization discriminate by race in any way with respect to.			
i	a Students' rights or privileges?	33 a		
1	<b>b</b> Admissions policies?	33 b		
•	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	Educational policies?	33 e 33 f		
1	g Athletic programs?	33 g		
ļ	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	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.	34 b		<u> </u>
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Par	Part VI-A Lobbying Expenditures by Electing Public Charities (See Instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)  N/A										
Chec	k ► a I If the organi	zation belongs to an aff	iliated group. Check	<b>▶ b</b> If you	ı check	ed 'a' and 'l	ımıted	contr	ol' provisions apply		
	L	imits on Lobbying	Expenditures			Affiliate	a) d grou als	р	(b) To be completed		
	(The term	'expenditures' means a	amounts paid or incurre	:d.)			ais		for <b>all</b> electing organizations		
36	Total lobbying expendit		36								
37	Total lobbying expendit	-		yıng)	37				- <del></del>		
38	Total lobbying expendit	·	37)		38						
39	Other exempt purpose	•	,		39				<del></del>		
40	Total exempt purpose e				40						
41	Lobbying nontaxable and If the amount on line 40										
	Not over \$500,000		lobbying nontaxable a of the amount on line		1			ŀ			
	Over \$500,000 but not over \$1		000 plus 15% of the excess o								
	Over \$1,000,000 but not over \$		000 plus 10% of the excess o	· · · · I	41						
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ov	4	<del>                                     </del>						
	Over \$17,000,000		00,000					.			
42	Grassroots nontaxable	• • •	,		42						
43	Subtract line 42 from lin	•	•		43						
44	Subtract line 41 from lin	ne 38 Enter -0- if line 4	1 is more than line 38.		44						
	Caution: If there is an a	amount on either line 4	3 or line 44 <u>,</u> you must f	ile 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.)											
	Lobbying Expenditures During 4 -Year Averaging Period										
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2006					<b>d)</b> 003	(	<b>(e)</b> Total		
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))				_						
47	Total lobbying expenditures										
48	Grassroots non- taxable amount .							ı			
49	Grassroots ceiling amount (150% of line 48(e))								·		
50	expenditures .				_						
	t VI-B Lobbying A (For reporting of						,,		N/A		
Durn atter	ng the year, did the orga npt to influence public o	nization attempt to influ pinion on a legislative r	ience national, state or natter or referendum, tl	local legislation rough the use o	n, includ of:	ling any	Yes	No	Amount		
	Volunteers			•		•	<u> </u>				
	Paid staff or manageme	ent (Include compensat	ion in expenses reporte	ed on lines <b>c</b> thr	ough <b>h</b>	.)					
	Media advertisements						$\vdash \vdash$				
	Mailings to members, le	-				• • •	$\vdash$				
	Publications, or publish								<del></del>		
	Grants to other organiz			ografotnia badi:	• •				<del></del>		
	<ul><li>Direct contact with legis</li><li>Rallies, demonstrations</li></ul>	_		-		•					
				л ану опнет птеа	21 IS						
'	i 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										

Part VII	Information Regarding Transfers To and Transactions and Relationships	With Noncharitable
	Exempt Organizations (See instructions)	

	reporting organization ( Code (other than section						other organ cal organiza	zation describ tions?	ed in secti		
	ers from the reporting or	ganization t	o a noncharita	able exemp	t organizatio	on of:			<b>F</b>	Yes	No_
(i)Ca	_		•				•		51 a (i)		<u>X</u>
	ner assets		• •	• ••	• • •			•	a (ii)		<u>^</u>
	ransactions.	ate with a ni	ancharitable o	vemnt oraș	noration				h (i)		Х
• • •	(i)Sales or exchanges of assets with a noncharitable exempt organization. (ii)Purchases of assets from a noncharitable exempt organization.						•••	• •	b (i)		<u>^</u>
	ntal of facilities, equipment		•	yanızatıdı		•			b (iii)		<u>^</u>
	imbursement arrangeme	•	assets	•	•	•	• •		b (iv)		<u>X</u>
	ans or loan quarantees						•	• •	b (v)		$\frac{X}{X}$
• •	rformance of services or		n or fundraisi		ons .	• •		•	b (vi)		$\frac{X}{X}$
` '	g of facilities, equipment		•	•					c		X
	answer to any of the aboods, other assets, or ser ansaction or sharing arra					lumn (b) sho organization oods, other a	ould always received le assets, or se	show the fair is ss than fair ma ervices receive		ue of	
(a) Line no.	<b>(b)</b> Amount involved		(c) noncharitable					(d) transactions, and			ts
N/A					٠.						
					-						
		-									
				***							
					·						
			<del></del>								
	<u> </u>	··									
describ	organization directly or in sed in section 501(c) of the 'complete the following	the Code (of	lliated with, or ther than sect	r related to, ion 501(c)(	one or mor 3)) or in sec	e tax-exemp tion 527? .	ot organizati	ions	► ☐ Ye	s X	No
	(a)	Sorioudic		(b)				(c)		**	
	Name of organization		Туре	of organiza	tion	•	Descri	<b>(c)</b> otion of relatio	nship		
N/A											
	<u></u>				_						
		· · ·									
								·			
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										_	

2006

### **FEDERAL STATEMENTS**

PAGE 1

TOXIC ELEMENT RESEARCH FOUNDATION

84-0940289

STATEMENT 1 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

NO