See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

**Name of organization**

Women's Action For New Directions, Inc.

Number and street (or P.O. box if mail is not delivered to street address)

691 Massachusetts Avenue

City or town, state or country, and ZIP + 4

Arlington, MA 02476

**Employer Identification no.**

04-2777891

**Telephone number**

781-643-6740

**Accounting method:**

Cash

**Website:** www.wand.org

**Check if applicable**

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

**Check here**

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

**Check if organization’s gross receipts are normally not more than $25,000**

- The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12**

396,498

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions.)

1. Contributions, gifts, grants, and similar amounts received:
   a. Direct public support
   b. Indirect public support
   c. Government contributions (grants)
   **d. Total (add lines 1a through 1c) (cash $ 346,098 noncash $ ) 346,098**
   1d. 346,098

2. Program service revenue including government fees and contracts (from Part VII, line 93)

See Statement 1

3. Membership dues and assessments

4. Interest on savings and temporary cash investments

5. Dividends and interest from securities

6. Revenue
   a. Gross rents
   b. Less: rental expenses
   c. Net rental income or (loss) (subtract line 6b from line 6a)
   7. Other investment income (describe)

8. Gross amount from sales of assets other than inventory
   a. Gross revenue (not including contributions reported on line 1a)
   b. Less: direct expenses other than fundraising expenses
   c. Net income or (loss) from special events (subtract line 9b from line 9a)

9. Special events and activities (attach schedule). If any amount is from gaming, check here

10. Gross sales of inventory, less returns and allowances
   a. Gross sales of inventory
   b. Less: cost of goods sold
   c. Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

11. Other revenue (from Part VII, line 103)

12. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

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

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

15. Fundraising (from line 44, column (D))

16. Payments to affiliates (attach schedule)

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

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

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

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

21. Net assets or fund balances at end of year (combine lines 18, 19, and 20)

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

Form 990 (2005)
**Women's Action For New**

**Form 990 (2005)**

**Page 2**

### 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.)

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Grants and allocations (attach schedule)</td>
<td>100,700</td>
<td>100,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Compensation of officers, directors, etc.</td>
<td>10,681</td>
<td>5,341</td>
<td>4,272</td>
<td>1,068</td>
</tr>
<tr>
<td>26 Other salaries and wages</td>
<td>143,965</td>
<td>128,741</td>
<td>15,224</td>
<td></td>
</tr>
<tr>
<td>27 Pension plan contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other employee benefits</td>
<td>2,671</td>
<td>2,297</td>
<td>347</td>
<td>27</td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td>11,658</td>
<td>10,025</td>
<td>1,516</td>
<td>117</td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td>3,551</td>
<td></td>
<td></td>
<td>3,551</td>
</tr>
<tr>
<td>32 Legal fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Supplies</td>
<td>1,497</td>
<td>1,288</td>
<td>195</td>
<td>14</td>
</tr>
<tr>
<td>34 Telephone</td>
<td>5,064</td>
<td>4,355</td>
<td>658</td>
<td>51</td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td>3,860</td>
<td>3,243</td>
<td>617</td>
<td></td>
</tr>
<tr>
<td>36 Occupancy</td>
<td>12,866</td>
<td>11,064</td>
<td>1,673</td>
<td>129</td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Printing and publications</td>
<td>4,364</td>
<td>4,336</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>39 Travel</td>
<td>2,224</td>
<td>2,224</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>41 Interest</td>
<td></td>
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</tr>
<tr>
<td>42 Depreciation, depletion, etc. (attach schedule)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>43 Other expenses not covered above (itemize):</td>
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</tr>
<tr>
<td>a See Statement 3</td>
<td>83,981</td>
<td>70,585</td>
<td>8,977</td>
<td>4,419</td>
</tr>
<tr>
<td>b</td>
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<tr>
<td>c</td>
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<td>d</td>
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<tr>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td>387,082</td>
<td>344,199</td>
<td>37,058</td>
<td>5,825</td>
</tr>
</tbody>
</table>

**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? [X] Yes [ ] No

If "Yes," enter (I) the aggregate amount of these joint costs $3,466, (II) the amount allocated to Program services $3,119, (III) the amount allocated to Management and general $347, and (IV) the amount allocated to Fundraising $347.

Form 990 (2005)
<table>
<thead>
<tr>
<th>Program Service Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Required for 501(c)(3) &amp; (4) orgs. &amp; 4947(a)(1) trusts, but optional for others)</td>
</tr>
</tbody>
</table>

| a. Community Education Program educates women on federal policy priorities. |
| ☑ 196,873 |

| b. Women Legislators Education educates legislators on the impact of federal policies on women. |
| ☑ 113,707 |

| c. Other program services including Will Conference, WAND Action, and Lobbying. |
| ☑ 12,820 |

| d. WAND Chapters are autonomous regional organization and operate independently of WAND direction or supervision. |
| ☑ 20,799 |

| e. Other program services (attach schedule) |
| ☑ |

| f. Total of Program Service Expenses (should equal line 44, column (B), Program services) |
| ☑ 344,199 |
### Balance Sheets

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash-non-interest-bearing</td>
<td>182,944</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td></td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: allowance for doubtful accounts</td>
<td>2,716</td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>12,000</td>
</tr>
<tr>
<td>b</td>
<td>Less. allowance for doubtful accounts</td>
<td>48c</td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Receivables from officers, directors, trustees, and key employees (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable (attach schedule)</td>
<td>See Worksheet</td>
</tr>
<tr>
<td>b</td>
<td>Less: allowance for doubtful accounts</td>
<td>26,751</td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>5,183</td>
</tr>
<tr>
<td>54</td>
<td>Investments-securities</td>
<td></td>
</tr>
<tr>
<td>55a</td>
<td>Investments-land, buildings, and equipment: basis</td>
<td>Cost</td>
</tr>
<tr>
<td>b</td>
<td>Less: accumulated depreciation (attach schedule)</td>
<td>55b</td>
</tr>
<tr>
<td>56</td>
<td>Investments-other (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment: basis</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: accumulated depreciation (attach schedule)</td>
<td>57b</td>
</tr>
<tr>
<td>58</td>
<td>Other assets (describe ▶ See Statement 4)</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74), Add lines 45 through 58</td>
<td>218,994</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>8,707</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Mortgages and other notes payable (attach schedule)</td>
<td>64b</td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe ▶ )</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities, Add lines 60 through 65</td>
<td>8,707</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here ▶ X and complete lines**

- 67 through 69 and lines 73 and 74.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>Unrestricted</td>
<td>210,287</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>68</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td>69</td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 70 through 74.**

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Capital stock, trust principal, or current funds</td>
<td>70</td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</td>
<td>210,287</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets/fund balances, Add lines 66 and 73</td>
<td>218,994</td>
</tr>
</tbody>
</table>

Part IV-A  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the N/A instructions.)

<table>
<thead>
<tr>
<th>(a) Total revenue, gains, and other support per audited financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Amounts included on line a but not on Part I, line 12:</td>
</tr>
<tr>
<td>1 Net unrealized gains on investments</td>
</tr>
<tr>
<td>2 Donated services and use of facilities</td>
</tr>
<tr>
<td>3 Recoveries of prior year grants</td>
</tr>
<tr>
<td>4 Other (specify):</td>
</tr>
<tr>
<td>(b1)</td>
</tr>
<tr>
<td>(b2)</td>
</tr>
<tr>
<td>(b3)</td>
</tr>
<tr>
<td>(b4)</td>
</tr>
<tr>
<td>Add lines b1 through b4</td>
</tr>
<tr>
<td>(b)</td>
</tr>
<tr>
<td>(c) Subtract line b from line a</td>
</tr>
<tr>
<td>(c)</td>
</tr>
<tr>
<td>(d) Amounts included on Part I, line 12, but not on line a:</td>
</tr>
<tr>
<td>1 Investment expenses not included on Part I, line 6b</td>
</tr>
<tr>
<td>2 Other (specify):</td>
</tr>
<tr>
<td>(d1)</td>
</tr>
<tr>
<td>(d2)</td>
</tr>
<tr>
<td>Add lines d1 and d2</td>
</tr>
<tr>
<td>(d)</td>
</tr>
<tr>
<td>(e) Total revenue (Part I, line 12). Add lines c and d</td>
</tr>
<tr>
<td>(e)</td>
</tr>
</tbody>
</table>

Part IV-B  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

<table>
<thead>
<tr>
<th>(a) Total expenses and losses per audited financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Amounts included on line a but not Part I, line 17:</td>
</tr>
<tr>
<td>1 Donated services and use of facilities</td>
</tr>
<tr>
<td>2 Prior year adjustments reported on Part I, line 20</td>
</tr>
<tr>
<td>3 Losses reported on Part I, line 20</td>
</tr>
<tr>
<td>4 Other (specify):</td>
</tr>
<tr>
<td>(b1)</td>
</tr>
<tr>
<td>(b2)</td>
</tr>
<tr>
<td>(b3)</td>
</tr>
<tr>
<td>(b4)</td>
</tr>
<tr>
<td>Add lines b1 through b4</td>
</tr>
<tr>
<td>(b)</td>
</tr>
<tr>
<td>(c) Subtract line b from line a</td>
</tr>
<tr>
<td>(c)</td>
</tr>
<tr>
<td>(d) Amounts included on Part I, line 17, but not on line a:</td>
</tr>
<tr>
<td>1 Investment expenses not included on Part I, line 6b</td>
</tr>
<tr>
<td>2 Other (specify):</td>
</tr>
<tr>
<td>(d1)</td>
</tr>
<tr>
<td>(d2)</td>
</tr>
<tr>
<td>Add lines d1 and d2</td>
</tr>
<tr>
<td>(d)</td>
</tr>
<tr>
<td>(e) Total expenses (Part I, line 17). Add lines c and d</td>
</tr>
<tr>
<td>(e)</td>
</tr>
</tbody>
</table>

Part V-A  Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Statement 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DAA
Form 990 (2005) Women's Action For New 04-2777891

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings  
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation</th>
<th>(D) Contrib to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</tbody>
</table>

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?

If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

78b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

81b Did the organization file Form 1120-POL for this year?

N/A
Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge
  or at substantially less than fair rental value?
  b If "Yes," you may indicate the value of these items here. Do not include this
  amount as revenue in Part I or as an expense in Part II.
  (See instructions in Part III.)

82b

83a Did the organization comply with the public inspection requirements for returns and exemption applications?

83b

84a Did the organization solicit any contributions or gifts that were not tax deductible?
  b If "Yes," did the organization include with every solicitation an express statement that such contributions or
  gifts were not tax deductible?

84b

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues non deductible by members?
  b Did the organization make only in-house lobbying expenditures of $2,000 or less?
    If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization
    received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members

d Section 162(e) lobbying and political expenditures

e Aggregate non deductible amount of section 6033(e)(1)(A) dues notices

85f

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f
  to its reasonable estimate of dues allocable to non deductible lobbying and political expenditures for the
  following tax year?

85h

86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on
  line 12
  b Gross receipts, included on line 12, for public use of club facilities

87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
  b Gross income from other sources. (Do not net amounts due or paid to other
  sources against amounts due or received from them)

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or
  partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2
  and 301 7701-3? If "Yes," complete Part IX

89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:
  section 4911
  b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction
  during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach
  a statement explaining each transaction
  c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year
  sections 4912, 4955, and 4958
  d Enter: Amount of tax on line 89c, above, reimbursed by the organization

90a List the states with which a copy of this return is filed  MA, CA, DC, NY

90b Telephone no. 781-643-6740

91a The books are in care of The Corporation
  691 Mass Ave
  Located at Arlington, MA

91b

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
  and enter the amount of tax-exempt interest received or accrued during the tax year
### Part VII  Analysis of Income-Producing Activities

<table>
<thead>
<tr>
<th>Note: Enter gross amounts unless otherwise indicated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 Program service revenue:</td>
</tr>
<tr>
<td>a. Rental fees</td>
</tr>
<tr>
<td>b. Service fees</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>94 Membership dues and assessments</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>95 Interest on savings and temporary cash investments</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>96 Dividends and interest from securities</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>97 Net rental income or (loss) from real estate.</td>
</tr>
<tr>
<td>a. debt-financed property</td>
</tr>
<tr>
<td>b. not debt-financed property</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>98 Net rental income or (loss) from personal property</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>99 Other investment income</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>100 Gain or (loss) from sales of assets other than inventory</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>101 Net income or (loss) from special events</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>102 Gross profit or (loss) from sales of inventory</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>103 Other revenue.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>104 Subtotal (add columns (B), (D), and (E))</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>105 Total (add line 104, columns (B), (D), and (E))</td>
</tr>
</tbody>
</table>

#### Unrelated business income

<table>
<thead>
<tr>
<th>(A) Business code</th>
<th>(B) Amount</th>
<th>(C) Exclusion code</th>
<th>(D) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4,424</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>21,525</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19,797</td>
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<tr>
<td></td>
<td></td>
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<td>4,654</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>45,746</td>
</tr>
</tbody>
</table>

#### Related or exempt function income

<table>
<thead>
<tr>
<th>(E) Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td>50,400</td>
</tr>
</tbody>
</table>

#### Note:

Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

### Part VIII  Relationship of Activities to the Accomplishment of Exempt Purposes

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).

See Statement 6

### Part IX  Information Regarding Taxable Subsidiaries and Disregarded Entities

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>(B) Percentage of ownership interest</th>
<th>(C) Nature of activities</th>
<th>(D) Total income</th>
<th>(E) End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part X  Information 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?  

Yes [X]  No

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

Yes [X]  No

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

#### Please Sign Here

Signature of officer:  

Pam Godchaux  
Chairman  
Date:  

#### Paid Preparer's Use Only

Preparer's signature:  

Theresa J. Creed, CPA  
Date: 5/10/07  
Check if self-employed: [ ]

Preparer's SSN or PTIN:  

(See Gen Instr W)  
442-50-8250  
EIN:  
04-3195921  
Phone:  
781-344-0850  
331 PAGE STREET, 2nd FLOOR  
STOUGHTON, MA 02072  

DAA
Other Notes and Loans Receivable

Forms 990 / 990-PF

For calendar year 2005, or tax year beginning 7/01/05 and ending 6/30/06

Name
Women's Action For New Directions, Inc.

Employer Identification Number
04-2777891

Form 990, Part IV, Line 51a - Additional Information

<table>
<thead>
<tr>
<th>Name of borrower</th>
<th>Relationship to disqualified person</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Due from WAND Education, Inc.</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original amount borrowed</th>
<th>Date of loan</th>
<th>Maturity date</th>
<th>Repayment terms</th>
<th>Interest rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(4)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Security provided by borrower</th>
<th>Purpose of loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<td>(6)</td>
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<tr>
<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consideration furnished by lender</th>
<th>Balance due at beginning of year</th>
<th>Balance due at end of year</th>
<th>Fair market value (990-PF only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>26,751</td>
<td>19,820</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
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<td></td>
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<td>(8)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>26,751</td>
<td>19,820</td>
<td></td>
</tr>
</tbody>
</table>
**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>$19,797</td>
</tr>
<tr>
<td>Total</td>
<td>$19,797</td>
</tr>
</tbody>
</table>
# Federal Statements

## Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Org</th>
<th>Class of Activity</th>
<th>Date of Gift</th>
<th>Description of Property</th>
<th>Cash Contrib</th>
<th>NonCash Contrib</th>
<th>Book Value</th>
<th>BV Explantn</th>
<th>FMV Explantn</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAND Education, Inc.</td>
<td>Affiliated</td>
<td>Public education</td>
<td></td>
<td></td>
<td>$100,000</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>691 Massachusetts Avenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arlington, MA, 02476</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$100,700</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $100,700 $0 $0
### Federal Statements

**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Mgt &amp; General</th>
<th>Fund-Raising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>500</td>
<td></td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Bank Charges</td>
<td>1,571</td>
<td>141</td>
<td>1,430</td>
<td></td>
</tr>
<tr>
<td>Consultants</td>
<td>4,544</td>
<td>544</td>
<td>4,000</td>
<td></td>
</tr>
<tr>
<td>Dues and subscriptions</td>
<td>4,190</td>
<td></td>
<td>4,190</td>
<td></td>
</tr>
<tr>
<td>Events</td>
<td>56,156</td>
<td>56,156</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filing fees</td>
<td>640</td>
<td></td>
<td>640</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>769</td>
<td></td>
<td>769</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>392</td>
<td></td>
<td>392</td>
<td></td>
</tr>
<tr>
<td>Office expense</td>
<td>9,977</td>
<td>8,780</td>
<td>798</td>
<td>399</td>
</tr>
<tr>
<td>PAC</td>
<td>3,254</td>
<td>3,254</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>1,988</td>
<td>1,710</td>
<td>258</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$83,981</strong></td>
<td><strong>$70,585</strong></td>
<td><strong>$8,977</strong></td>
<td><strong>$4,419</strong></td>
</tr>
</tbody>
</table>
Statement 4 - Form 990, Part IV, Line 58 - Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposits</td>
<td>$ 1,400</td>
<td>$ 1,400</td>
</tr>
<tr>
<td>Total</td>
<td>$ 1,400</td>
<td>$ 1,400</td>
</tr>
</tbody>
</table>
### Federal Statements

#### Statement 5 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State, Zip</th>
<th>Address</th>
<th>Title</th>
<th>Average Hours</th>
<th>Compensation</th>
<th>Benefits</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Shaer</td>
<td>Arlington MA 02174</td>
<td>15 Stevens Terrace</td>
<td>Exec. Dir.</td>
<td>10</td>
<td>10,681</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pan Godchaux</td>
<td>Birmingham MI 48009</td>
<td>624 West Lincoln</td>
<td>Chairman</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jo Carson</td>
<td>Fort Smith AR 72901</td>
<td>115 North 10th St</td>
<td>Vice-Chair</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Carlotta Tyler</td>
<td>Salem MA 01970</td>
<td>7 Hamilton St, #1</td>
<td>Treasurer</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Elizabeth Hinton</td>
<td>Ann Arbor MI 48103</td>
<td>747 Rose Dr.</td>
<td>Secretary</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bettieanne Hart</td>
<td>Atlanta GA 30311</td>
<td>1195 Tuckawanna Dr</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Karen A. Jacob</td>
<td>Bristol IN 46507</td>
<td>55462 County Rd 31</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sen. Ellie Kinnaird</td>
<td>Carrboro NC 27510</td>
<td>207 W. Poplar Av.</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dorothy Rupert</td>
<td>Boulder CO 80302</td>
<td>1850 Folsom, #602</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charletha Tavares</td>
<td>Columbus OH 43215</td>
<td>90 W. Broad St.</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suleyken Walker</td>
<td>Boston MA 02109</td>
<td>357 Commer St #103</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kathryn Bowers</td>
<td>Memphis TN 38116</td>
<td>1458 Timothy St.</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Susan Cundiff</td>
<td>Eugene OR 97403</td>
<td>1515 Sylvan St.</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jean Gordon</td>
<td>Little Rock AR 72212</td>
<td>2510 Hidden Valley</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fern Katz</td>
<td>Southfield MI 48076</td>
<td>27065 Fairfax St.</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alice Lynch</td>
<td>Minneapolis MN 55411</td>
<td>1830 James Ave.</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lane Stone</td>
<td>Alexandria VA 22304</td>
<td>203 Yoakum Pkwy</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Name</td>
<td>City, State, Zip</td>
<td>Title</td>
<td>Average Hours</td>
<td>Compensation</td>
<td>Benefits</td>
<td>Expenses</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------</td>
<td>------------</td>
<td>---------------</td>
<td>--------------</td>
<td>----------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Federica Wilson</td>
<td>Miami FL 33169</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Catherine Barrett</td>
<td>Cincinnati OH 45224</td>
<td>Director</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
### Statement 6 - Form 990, Part VIII - Relationship of Activities

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93a</td>
<td>Rental fees are charged at cost to a 501(c)(3) entity that provides education.</td>
</tr>
<tr>
<td>93b</td>
<td>Service fees provide for liaison and education to members of Congress on relevant public interest issues.</td>
</tr>
<tr>
<td>94</td>
<td>Membership dues provide outreach through the distribution of educational materials.</td>
</tr>
</tbody>
</table>
Form 990, Part I, Line 1a - Direct Public Support

<table>
<thead>
<tr>
<th>Description</th>
<th>Cash</th>
<th>Noncash</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions from Schedule B</td>
<td>$304,150</td>
<td></td>
<td>$304,150</td>
</tr>
<tr>
<td>Total</td>
<td>$304,150</td>
<td>$0</td>
<td>$304,150</td>
</tr>
</tbody>
</table>
Application for Extension of Time To File an Exempt Organization Return

Part I  Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/eFile.

Type or print

Name of Exempt Organization

Women's Action For New
Directions, Inc.

Employer Identification number

04-2777891

File by the due date for filing your return. See instructions.

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

691 Massachusetts Avenue

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Arlington MA 02476

Check type of return to be filed (file a separate application for each return):

X Form 990

Form 990-BL

Form 990-EZ

Form 990-PF

Form 990-T (corporation)

Form 990-T (sec. 401(a) or 408(a) trust).

Form 990-T (trust other than above)

Form 1041-A

Form 4720

Form 5227

Form 6069

Form 8870

The books are in the care of The Corporation

Telephone No. 781-643-6740 FAX No. 781-643-6744

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 2/15/07, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

calendar year

tax year beginning 7/01/05 and ending 6/30/06

If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

Balance Due. Subtract line b from line a. Include your payment with this form, or, if required, deposit with a tax deposit or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

DAA

Form 8868 (Rev. 12-2004)
Form 8868 (Rev. 12-2004)

Part II  Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print
Name of Exempt Organization
Women's Action For New Directions, Inc.

Employer identification number
04-2777891

File by the extended due date for filing the return. See instructions.
Number, street, and room or suite no. If a P.O. box, see instructions.
691 Massachusetts Avenue

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Arlington MA 02476

Check type of return to be filed (File a separate application for each return):

Form 990 □ Form 990-T (sec. 401(a) or 408(a) trust) □ Form 5227
Form 990-BL □ Form 990-T (trust other than above) □ Form 6069
Form 990-EZ □ Form 1041-A □ Form 8870
Form 990-PF □ Form 4720

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of The Corporation
Telephone No. 781-643-6740 FAX No. 781-643-6744

If the organization does not have an office or place of business in the United States, check this box □

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until 5/15/07.

5 For calendar year , or other tax year beginning , ending 6/30/06.
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 5003, enter the tentative tax, less any nonrefundable credits. See instructions $

8b If this application is for Form 990-PF, 990-T, 4720, or 5003, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTDA coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature □ Title □ Date 1/16/07

We have approved this application. Please attach this form to the organization’s return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization’s return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization’s return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name
SANDBERG, GONZALEZ & CREEDEN, P.C.

Number and street (include suite, room, or apt. no.) or a P.O. box number
331 PAGE STREET, 2nd FLOOR

City or town, province or state, and country (including postal or ZIP code)
STOUGHTON MA 02072

DAA