

Return of Organization Exempt From Income Tax

2005

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

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 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

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

Minnesota School Boards Association Insurance Trust 1900 West Jefferson Avenue St. Peter, MN 56082

D Employer Identification Number 41-6160028 E Telephone number F Accounting method: Cash [X] Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only one) [X] 501(c) 4 (insert no.) 4947(a)(1) or 527

K Check here if the 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.

I Group Exemption Number M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... 41,212,103.

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

Table with columns for line numbers, descriptions, and amounts. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21). Total revenue is 41,212,103 and total expenses is 46,263,950.

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch) .St. 3	24	39,201,303.	39,201,303.		
25 Compensation of officers, directors, etc.	25	2,730	0.	2,730.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	22,962		22,962.	
32 Legal fees	32	849,167.	833,988.	15,179.	
33 Supplies	33	1,128		1,128.	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	8,524.		8,524.	
40 Conferences, conventions, and meetings	40	2,029.		2,029.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	6,176,107.	5,502,847.	673,260.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	46,263,950.	45,538,138.	725,812.	0.

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 \$ _____.

BAA

Part III Statement of Program Service Accomplishments

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 5
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) organizations and 4947(a)(1) trusts; but optional for others.)

a Provides an insurance pool and the benefits of large group procurement for approximately 500 school districts.

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

45,538,138.

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. (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) ▶ 45,538,138.

BAA

Part IV Balance Sheets (See Instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	8,232,124.	45	6,200,753.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	6,522,055.		
	b Less: allowance for doubtful accounts			
	47b			
	48a Pledges receivable	5,144,166.	47c	6,522,055.
	b Less: allowance for doubtful accounts			
	48b			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts			
	51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,755,315.	53	1,878,338.
	54 Investments – securities (attach schedule). See St. 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	88,309,593.	54	92,503,974.
	55a Investments – land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
	55b		55c	
56 Investments – other (attach schedule)	See Stmt. 7.	56	3,368,985.	
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)				
57b		57c		
58 Other assets (describe ▶ See Statement 8)	539,346.	58	660,879.	
59 Total assets (must equal line 74). Add lines 45 through 58	103,980,544.	59	111,134,984.	
LIABILITIES	60 Accounts payable and accrued expenses	1,826,274.	60	1,479,482.
	61 Grants payable		61	
	62 Deferred revenue	7,744,533.	62	7,759,718
	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 9)	74,578,188.	65	87,835,573.
66 Total liabilities. Add lines 60 through 65	84,148,995.	66	97,074,773.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	19,831,549.	67	14,060,211.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <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 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)	19,831,549.	73	14,060,211.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	103,980,544.	74	111,134,984.	

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	41,212,103.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	41,212,103.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	41,212,103.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	46,263,950.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	46,263,950.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	46,263,950.

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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 10		0.	0.	2,730.

Part VII Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82 b _____ N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84 b _____ N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
	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.		
	85 c _____ N/A		
d	Section 162(e) lobbying and political expenditures.		
	85 d _____ N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		
	85 e _____ N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		
	85 f _____ N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
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 nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		
	86 a _____ N/A		
b	Gross receipts, included on line 12, for public use of club facilities.		
	86 b _____ N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.		
	87 a _____ N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87 b _____ N/A		
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.		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ N/A ; section 4912 ▶ _____ N/A ; section 4955 ▶ _____ N/A		
b	501(c)(3) and 501(c)(4) organizations. 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.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ _____ 0.		
90 a	List the states with which a copy of this return is filed ▶ <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	0
91 a	The books are in care of ▶ <u>Denise Drill</u> Telephone number ▶ <u>507-934-2450</u> Located at ▶ <u>1900 West Jefferson, St. Peter MN</u> ZIP + 4 ▶ <u>56082</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b	X
	If 'Yes,' enter the name of the foreign country. ... ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91 c	X
	If 'Yes,' enter the name of the foreign country. ... ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 _____ 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 Premiums					39,401,529.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.			14	3,999,709.	
96 Dividends & interest from securities					
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 pers prop			18	-2,189,135.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,810,574.	39,401,529.
105 Total (add line 104, columns (B), (D), and (E))					41,212,103.

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 (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).
93a	Provides the necessary funding to fulfill our exempt purpose.

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).

Please Sign Here

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.

Signature of officer: Robert Meeks, Treasurer Date: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: JAN 30 2007

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Larson, Allen, Weishair & Co., LLP
209 South Second Street, Suite 407
Mankato, MN 56001

EIN: N/A

Phone no.: (507) 388-1641

Statement 1
Form 990, Part I, Line 7
Other Investment Income

Unrealized invest. loss.....		\$ -2,189,135.
	Total	<u>\$ -2,189,135.</u>

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Adjustment related to change in estimate of reserve for loss.....		\$ -719,491.
	Total	<u>\$ -719,491.</u>

Statement 3
Form 990, Part II, Line 24
Benefits Paid To or For Members

Death, Sickness, Hospitalization or Disability.....		\$ 39,201,303.
	Total	<u>\$ 39,201,303.</u>

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Acquisition costs <i>Commissions</i>	2,155,109.	2,155,109.		
Administration	1,441,826.	1,441,826.		
Advertising	3,955.		3,955.	
Appraisal Services	38,314.	38,314.		
Bad Debts	1,838.	1,838.		
Consultant Services	205,601.	205,601.		
Contracted services	642,476.		642,476.	
Insurance	26,829.		26,829.	
Medical Review	94,268.	94,268.		
Miscellaneous	41,407.	41,407.		
Special compensation fund	1,524,484.	1,524,484.		
Total	<u>\$ 6,176,107.</u>	<u>\$ 5,502,847.</u>	<u>\$ 673,260.</u>	<u>\$ 0.</u>

Statement 5
Form 990, Part III
Organization's Primary Exempt Purpose

To provide member school districts with property and casualty and workers' compensation insurance at a cost directly related to their loss experience.

Statement 6
Form 990, Part IV, Line 54
Investments - Securities

Corporate Bonds	Valuation Method	Amount
Corporate Bonds	Market Value	\$ 26,210,396.
	Total	\$ <u>26,210,396.</u>
Other Publicly Traded Securities	Valuation Method	Amount
Common Stock	Market Value	4,464,144.
Equity Funds	Market Value	3,171,938.
	Total	\$ <u>7,636,082.</u>
U.S. Government Obligations	Valuation Method	Amount
Government Bonds	Market Value	58,657,496.
	Total	\$ <u>58,657,496.</u>
Total Investments - Securities		\$ <u><u>92,503,974.</u></u>

Statement 7
Form 990, Part IV, Line 56
Investments - Other

Description of Investment	Valuation Method	Book Value
Certificates of Deposit	Market Value	\$ 3,368,985.
Commercial Paper	Market Value	
	Total	\$ <u><u>3,368,985.</u></u>

Statement 8
Form 990, Part IV, Line 58
Other Assets

Interest Receivable.....	\$ 660,879.
	Total \$ <u><u>660,879.</u></u>

Statement 9
Form 990, Part IV, Line 65
Other Liabilities

Reserve For Losses..... \$ 87,835,573.
Total \$ 87,835,573.

Statement 10
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
William Higgs 30664 615th Ave Wadena, MN 56482	Chairman 1	\$ 0.	\$ 0.	\$ 260.
Arlene Bush 8788 Walton Oaks Drive Bloomington, MN 55438	Vice Chair 1	0.	0.	260.
Robert Meeks 1900 West Jefferson St. Peter, MN 56082	Secretary/Treas 1	0.	0.	0.
Gary Lee 11880 360th Street SW Fertile, MN 56540	Trustee 1	0.	0.	325.
Joanne McCabe 868 Goves Way Madelia, MN 56062	Trustee 1	0.	0.	325.
Roy Nelson HC4 Box 47A Blackduck, MN 56630	Trustee 1	0.	0.	585.
Bruce Peterson 311 N 6th Street Goodhue, MN 55027	Trustee 1	0.	0.	325.
Keith Young PO Box 18 Gilbert, MN 55741	Trustee 1	0.	0.	650.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 2,730.</u>

IRS e-file Signature Authorization for an Exempt Organization

2005

For calendar year 2005, or tax year beginning 7/01, 2005, and ending 6/30, 2006.

Do not send to the IRS. Keep for your records. See instructions.

Department of the Treasury
Internal Revenue Service

Return ID (20-digit number) ▶ 41209120060300500027

Name of exempt organization **Minnesota School Boards Association Insurance Trust**

Employer identification number
41-6160028

Name and title of officer
Robert Meeks **Treasurer**

Part I Tax 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 5a below and the amount on that line for the return for which you are 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. . . . **b Total revenue**, if any (Form 990, line 12)..... **1b** 41,212,103.
- 2a Form 990-EZ check here. . . . **b Total revenue**, if any (Form 990-EZ, line 9)..... **2b** _____
- 3a Form 1120-POL check here. . . . **b Total tax** (Form 1120-POL, line 22)..... **3b** _____
- 4a Form 990-PF check here. . . . **b Tax Based on Investment Income** (Form 990-PF, Part VI, line 5)..... **4b** _____
- 5a Form 8868 check here. . . . **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 2005 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 (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date 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 Larson, Allen, Weishair & Co., LLP to enter my PIN 50490 as my signature
ERO firm name do not enter all zeros

on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) 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 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) 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 ▶ Robert Meeks Date ▶ 2/8/07

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN..... 41209150490
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2005 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**