

Filing Instructions

Prepared for:

HHT FOUNDATION INTERNATIONAL, INC.
C/O MARIANNE CLANCY
P.O. BOX 329
MONKTON, MD 21111

Prepared by:

MCLEAN, KOEHLER, SPARKS & HAMMOND
11311 MCCORMICK ROAD, SUITE 100
HUNT VALLEY, MD 21031

2006 FORM 990

PLEASE SIGN AND MAIL ON OR BEFORE FEBRUARY 15, 2008.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

2006 CALIFORNIA FORM 199

NO PAYMENT IS REQUIRED.

THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

PLEASE MAIL ON OR BEFORE JUNE 16, 2008.

MAIL TO - FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0700

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable:

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

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

C Name of organization
HHT FOUNDATION INTERNATIONAL, INC.
C/O MARIANNE CLANCY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 329

City or town, state or country, and ZIP + 4
MONKTON, MD 21111

D Employer identification number
22-3115041

E Telephone number
410-357-9932

F Accounting method: Cash Accrual
 Other (specify) **▶**

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

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶ N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **▶ WWW.HHT.ORG**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **▶ N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1,807,683.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a) 773,162.											
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)											
e Total (add lines 1a through 1d) (cash \$ 732,992. noncash \$ 40,170.) 773,162.											
2 Program service revenue including government fees and contracts (from Part VII, line 93) 82,585.											
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments											
5 Dividends and interest from securities 65,862.											
6 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 a Gross amount from sales of assets other than inventory											
		(A) Securities		(B) Other							
		848,924.		8a							
b Less: cost or other basis and sales expenses		789,935.		8b							
c Gain or (loss) (attach schedule)		58,989.		8c							
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1										8d 58,989.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ 0. of contributions reported on line 1b) 37,150.											
b Less: direct expenses other than fundraising expenses 10,063.											
c Net income or (loss) from special events. Subtract line 9b from line 9a										9c SEE STATEMENT 2 27,087.	
10 a Gross sales of inventory, less returns and allowances											
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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 1,007,685.											
13 Program services (from line 44, column (B)) 502,456.											
14 Management and general (from line 44, column (C)) 215,803.											
15 Fundraising (from line 44, column (D)) 24,009.											
16 Payments to affiliates (attach schedule)											
17 Total expenses. Add lines 16 and 44, column (A)										17 742,268.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12 265,417.											
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 1,450,431.											
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3										20 68,197.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										21 1,784,045.	

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 5	
22b Other grants and allocations (attach schedule) (cash \$ <u>116,500</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	116,500.	116,500.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	90,000.	81,138.	6,155.	2,707.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	124,011.	111,800.	8,481.	3,730.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	5,173.		5,173.	
29 Payroll taxes	15,222.	10,258.	3,436.	1,528.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone	7,624.	3,816.	3,600.	208.
35 Postage and shipping				
36 Occupancy	6,600.	3,300.	3,300.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	4,285.	1,768.	2,293.	224.
40 Conferences, conventions, and meetings				
41 Interest	2,137.		2,137.	
42 Depreciation, depletion, etc. (attach schedule)	5,472.		5,472.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	365,244.	173,876.	175,756.	15,612.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	742,268.	502,456.	215,803.	24,009.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a RESEARCH - THE RESEARCH PROGRAM IS SUPPORTIVE IN FUNDING RESEARCH, IN UNDERSTANDING THE MECHANISM OF HHT DISEASE, NOVEL THERAPEUTIC APPROACHES TO TREATMENT AND MANAGEMENT, AND TRANSLATIONAL RESEARCH. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	239,910.
b PUBLIC INFORMATION - THE GOAL OF THE PUBLIC INFORMATION PROGRAM IS TO INCREASE PUBLIC, PRIVATE AND GOVERNMENTAL AWARENESS OF THE HHT DISORDER THROUGH THE PRESS AND MEDIA. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	40,592.
c EDUCATION - THE GOAL OF THE EDUCATION PROGRAM IS TO PROMOTE EDUCATION, DIAGNOSIS, AND BEST PRACTICE TREATMENTS RELATED TO HHT THROUGH ITS SUPPORT OF CONFERENCE, MEETINGS, AND COMPREHENSIVE HHT CLINICAL CENTERS OF EXCELLENCE. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	139,811.
d ADVOCACY - THE GOAL OF THE ADVOCACY PROGRAM IS TO ADVOCATE FOR AND SUPPORT THOSE WITH HHT BY PURSUING RECOGNITION AND FUNDING. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	82,143.
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	502,456.

HHT FOUNDATION INTERNATIONAL, INC.
C/O MARIANNE CLANCY

Form 990 (2006)

22-3115041 Page 4

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	312,919.	46 501,912.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 215,368.	
	b Less: allowance for doubtful accounts	48b	48c 215,368.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees	6,128.	50a 3,228.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	2,756.	53 2,441.
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,206,705.	54a 899,777.
	b Investments - other securities		54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 34,958.	
b Less: accumulated depreciation STMT 7	57b 28,602.	57c 6,356.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)	1,723.	58 199,179.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,589,455.	59 1,828,261.	
Liabilities	60 Accounts payable and accrued expenses	30,844.	60 12,139.
	61 Grants payable		61
	62 Deferred revenue	102,985.	62 10,000.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ PAYROLL LIABILITIES)	5,195.	65 22,077.
66 Total liabilities. Add lines 60 through 65	139,024.	66 44,216.	
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	-128,593.	67 515,037.
	68 Temporarily restricted	1,574,024.	68 1,250,168.
	69 Permanently restricted	5,000.	69 18,840.
	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 and column (B) must equal line 21)	1,450,431.	73 1,784,045.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,589,455.	74 1,828,261.	

Form 990 (2006)

HHT FOUNDATION INTERNATIONAL, INC.
C/O MARIANNE CLANCY

Form 990 (2006)

22-3115041 Page 7

Part VI 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.) 82b 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? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 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 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 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 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a 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.) 87b N/A		
88 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ MD		
b	Number of employees employed in the pay period that includes March 12, 2006 90b 4		
91 a	The books are in care of ▶ MARISA JOYNT Telephone no. ▶ 410-879-3930 Located at ▶ STREAMLINE ACCOUNTING, 134 N. MAIN ST., STE 203, ZIP + 4 ▶ 21014		
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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Form 990 (2006)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONFERENCE REVENUE					82,585.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	65,862.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	58,989.	
101 Net income or (loss) from special events			01	27,087.	
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))		0.		151,938.	82,585.
105 Total (add line 104, columns (B), (D), and (E))					234,523.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 11

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

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

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

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here	Signature of officer _____ Date _____ Type or print name and title _____			
Paid Preparer's Use Only	Preparer's signature _____ Date 02/08/08 Firm's name (or yours if self-employed), address, and ZIP + 4 MCLEAN, KOEHLER, SPARKS & HAMMOND 11311 MCCORMICK ROAD, SUITE 100 HUNT VALLEY, MD 21031	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____ Phone no. 410-296-6200	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2006

Name of the organization **HHT FOUNDATION INTERNATIONAL, INC.** Employer identification number **22 3115041**
C/O MARIANNE CLANCY

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? SEE STATEMENT 12	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ►	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►	0.	

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

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

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

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

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

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

HHT FOUNDATION INTERNATIONAL, INC.

Schedule A (Form 990 or 990-EZ) 2006 C/O MARIANNE CLANCY

22-3115041 Page 4

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	422,341.	819,538.	545,245.	459,676.	2,246,800.
16 Membership fees received		58,291.	62,591.	54,397.	175,279.
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	17,322.	11,199.			28,521.
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	47,242.	24,793.	9,084.	9,766.	90,885.
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	486,905.	913,821.	616,920.	523,839.	2,541,485.
24 Line 23 minus line 17	469,583.	902,622.	616,920.	523,839.	2,512,964.
25 Enter 1% of line 23	4,869.	9,138.	6,169.	5,238.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 50,259.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,512,964.
d Add: Amounts from column (e) for lines: 18 90,885. 19 22					26d 90,885.
e Public support (line 26c minus line 26d total)					26e 2,422,079.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.3834%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
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?		
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 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.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
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?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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	

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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 page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, 51a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

HHT FOUNDATION INTERNATIONAL, INC.
C/O MARIANNE CLANCY

Employer identification number

22-3115041

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization HHT FOUNDATION INTERNATIONAL, INC. C/O MARIANNE CLANCY	Employer identification number 22-3115041
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARGOSY FOUNDATION <hr/> 555 EAST WELLS ST., SUITE 1650 <hr/> MILWAUKEE, WI 53202	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARY VANN <hr/> 22023 NE COUCH STREET <hr/> GRESHAM, OR 97030	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JENNIFER L. BLEVINS <hr/> 359 RIDGEWOOD AVENUE <hr/> GLEN RIDGE, NJ 07028	\$ 58,699.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CHARLES AND ORANEE ABBOTT <hr/> 4411 N. SHEFFIELD DRIVE <hr/> PROVO, UT 84604	\$ 23,849.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HHT FOUNDATION INTERNATIONAL, INC. C/O MARIANNE CLANCY	Employer identification number 22-3115041
--	---

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	STOCK <hr/> <hr/> <hr/> <hr/>	\$ 23,849.	VARIOUS
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	<hr/>

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
----------	---	-----------	---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	848,924.	789,935.	0.	58,989.
TO FORM 990, PART I, LINE 8	848,924.	789,935.	0.	58,989.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BASS GOLF TOURNAMENT	15,158.		15,158.	7,929.	7,229.
JASINSKI UNDER THE GRAPE EVENT	14,395.		14,395.	1,114.	13,281.
DRYSDALE OSCAR EVENT	5,132.		5,132.	0.	5,132.
NISSAN FUNDRAISING EVENT	2,440.		2,440.	0.	2,440.
LONG BEACH MARATHON	25.		25.	0.	25.
SAN DIEGO GOLF TOURNAMENT	0.			1,020.	-1,020.
TO FM 990, PART I, LINE 9	37,150.		37,150.	10,063.	27,087.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
----------	--	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED APPRECIATION ON ASSETS	58,197.
PRIOR PERIOD ADJUSTMENT	10,000.
TOTAL TO FORM 990, PART I, LINE 20	68,197.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONFERENCE	168,209.	103,257.	64,952.	
PROFESSIONAL SERVICES	78,582.	20,250.	51,508.	6,824.
OFFICE SUPPLIES	19,390.	3,837.	14,401.	1,152.
PRINTING DESIGN	23,385.	12,249.	7,114.	4,022.
BOARD OF DIRECTORS MEETINGS	28,416.	25,432.	1,804.	1,180.
POSTAGE	13,507.	8,026.	3,047.	2,434.
BANK FEES	7,258.		7,258.	
MISCELLANEOUS	6,127.		6,127.	
LIFE INSURANCE PAYMENTS	15,772.		15,772.	
INSURANCE	3,773.		3,773.	
DUES AND SUBSCRIPTIONS	825.	825.		
TOTAL TO FM 990, LN 43	365,244.	173,876.	175,756.	15,612.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
----------	--	-----------	---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SOFTWARE	8,910.	6,865.	2,045.
COMPUTERS	24,312.	20,435.	3,877.
FURNITURE AND FIXTURES	1,736.	1,302.	434.
TOTAL TO FORM 990, PART IV, LN 57	34,958.	28,602.	6,356.

FORM 990	OTHER ASSETS	STATEMENT	8
----------	--------------	-----------	---

DESCRIPTION	AMOUNT
PLEDGES RECEIVABLE-NET OF CURRENT PORTION	164,951.
CASH SURRENDER VALUE OF LIFE INSURANCE	34,228.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	199,179.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	9
----------	---------------------------	-----------	---

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			899,777.	899,777.
TO FORM 990, LINE 54A, COL B				899,777.	899,777.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES ABBOTT PO BOX 329 MONKTON, MD 21111	PRESIDENT 40.00	0.	0.	0.
BETH PLAHN PO BOX 329 MONKTON, MD 21111	PAST PRESIDENT 0.00	0.	0.	0.
BRADLEY BLEVINS PO BOX 329 MONKTON, MD 21111	TREASURER 0.00	0.	0.	0.
CHERYL WILSON PO BOX 329 MONKTON, MD 21111	SECRETARY 0.00	0.	0.	0.
ORANEE ABBOTT PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.	0.	0.
ROBERT BERKAMN PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.	0.	0.
DEBRA DRYSDALE PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.	0.	0.
JULIE JASINSKI PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.	0.	0.
JOHN MCMAHON PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.	0.	0.
PARKS MOSS PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.	0.	0.
MICHAEL NOLAN PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.	0.	0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 12

THE FOUNDATION LEASES OFFICE SPACE FROM ITS EXECUTIVE DIRECTOR FOR \$550 PER MONTH ON A MONTH-TO-MONTH AGREEMENT. RENT EXPENSE TOTALED \$6,600 FOR THE YEAR.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization HHT FOUNDATION INTERNATIONAL, INC. C/O MARIANNE CLANCY	Employer identification number 22-3115041
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 329	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONKTON, MD 21111	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **MARISA JOYNT**

Telephone No. ▶ **410-879-3930** FAX No. ▶ _____

• 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.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

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

3a 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.	3a	\$	
b 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.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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.

YEAR
2006

California Exempt Organization Annual Information Return

199

MONTH For calendar or fiscal year beginning JULY	DAY 1	YEAR 2006	MONTH and ending JUNE	DAY 30	YEAR 2007.
IMPORTANT: Your number is required.					
California corporation number		Federal employer identification number (FEIN) 22-3115041			
Corporation/Organization name HHT FOUNDATION INTERNATIONAL, INC. C/O MARIANNE CLANCY					
Address including Suite, Room, or PMB no. P.O. BOX 329 City State ZIP Code MONKTON, MD 21111					
A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date					
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120					
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/>					
D Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
E Accounting method used ACCRUAL					
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 d (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust					

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	1,034,521.
	2	Gross dues and assessments from members and affiliates	•	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions STMT 1	•	3	773,162.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	•	4	1,807,683.
	5	Cost of goods sold	•	5	
	6	Cost or other basis, and sales expenses of assets sold	•	6	789,935.
	7	Total costs. Add line 5 and line 6	•	7	789,935.
	8	Total gross income. Subtract line 7 from line 4	•	8	1,017,748.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	752,331.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	265,417.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	•	11	N/A
	12	Penalty for failure to file on time. See General Instruction L	•	12	
	13	Use tax. See "General Instruction M"	•	13	
	14	Balance due. Add line 11, line 12, and line 13	•	14	

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of MARISA JOYNT Daytime telephone 410-879-3930

located at **STREAMLINE ACCOUNTING, 134 N. MAIN ST., STE 203, BEL AIR, MD 21014**

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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address			

Signature: _____ Date: **02/08/08** Title: _____ Daytime telephone: _____
 Firm's name: **MCLEAN, KOEHLER, SPARKS & HAMMOND** FEIN: **52-0547375**
 Address: **11311 MCCORMICK ROAD, SUITE 100 HUNT VALLEY, MD 21031** Daytime telephone: **410-296-6200**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

628951/12-21-06

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	37,150.
	2	Interest	2	
	3	Dividends	3	65,862.
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	848,924.
	7	Other income	7	82,585.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,034,521.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	116,500.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees	11	90,000.
	12	Other salaries and wages	12	124,011.
	13	Interest	13	2,137.
	14	Taxes	14	15,222.
	15	Rents	15	6,600.
	16	Depreciation and depletion	16	5,472.
	17	Other	17	392,389.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	752,331.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		312,919.		501,912.
2	Net accounts receivable				
3	Net notes receivable STMT 7		6,128.		3,228.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans)				
9	Other investments STMT 8		1,206,705.		899,777.
10 a	Depreciable assets	34,317.		34,958.	
b	Less accumulated depreciation	(23,130.)	11,187.	(28,602.)	6,356.
11	Land				
12	Other assets STMT 9		52,516.		416,988.
13	Total assets		1,589,455.		1,828,261.
Liabilities and net worth					
14	Accounts payable		30,844.		12,139.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 10		108,180.		32,077.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,450,431.		1,784,045.
22	Total liabilities and net worth		1,589,455.		1,828,261.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	265,417.	
2	Federal income tax		
3	Excess of capital losses over capital gains		
4	Income not recorded on books this year		
5	Expenses recorded on books this year not deducted in this return		
6	Total. Add line 1 through line 5	265,417.	
7	Income recorded on books this year not included in this return		
8	Deductions in this return not charged against book income this year		
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		265,417.

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ARGOSY FOUNDATION	555 EAST WELLS ST., SUITE 1650 MILWAUKEE, WI 53202		90,000.
EPISTAXIS - RESEARCH INVESTMENT ACCOUNT	CANADA CANADA		5,000.
TCK INTEGRATION SERVICES, LLC	13873 PARK CENTER ROAD HERNDON, VA 20171		10,000.
ARTHUR V. AND PAM LEWIS	101 STONEHURST CT, MARTINEZ, CA 94553		5,000.
COOK, INC	P.O. BOX 489, BLOOMINGTON, IN 47402		5,000.
MARK AND LAURA WILLES	4343 SHEFFIELD DRIVE PROVO, UT 84604		5,000.
ARMIN AND ESTHER HIRSCH FOUNDATION	231 SUMMERFIELD ROAD NORTHBROOK, IL 60062		14,000.
MARY VANN	22023 NE COUCH STREET GRESHAM, OR 97030		20,000.
JANE AND STEPHEN SILK	14219 PINWOOD DRIVE DEL MAR, CA 92014		5,000.
SHIRLEY SAHLIE	490 DEFUNIACK STREET SANTA ROSA BEACH, FL 32459		10,000.
ROBERT AND LEORA BERKMAN	8 COOPER COURT, BLUFTON, SC 29910		10,000.
JENNIFER L. BLEVINS	359 RIDGEWOOD AVENUE GLEN RIDGE, NJ 07028		58,699.
JAMES GOSSAGE	3720 FOXFIRE PLACE MARTINEZ, GA 30907		5,000.
REBECCA MAGUIRE	15812 HAMPTON PARK CIRCLE CHESTERFIELD, VA 23830		5,000.
TOTAL INCLUDED ON LINE 3			<u>247,699.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CHARLES ABBOTT PO BOX 329 MONKTON, MD 21111	PRESIDENT 40.00	0.
BETH PLAHN PO BOX 329 MONKTON, MD 21111	PAST PRESIDENT 0.00	0.
BRADLEY BLEVINS PO BOX 329 MONKTON, MD 21111	TREASURER 0.00	0.
CHERYL WILSON PO BOX 329 MONKTON, MD 21111	SECRETARY 0.00	0.
ORANEE ABBOTT PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.
ROBERT BERKAMN PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.
DEBRA DRYSDALE PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.
JULIE JASINSKI PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.
JOHN MCMAHON PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.
PARKS MOSS PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.
MICHAEL NOLAN PO BOX 329 MONKTON, MD 21111	MEMBER 0.00	0.

NANCY SHERMOEN PO BOX 329 MONKTON, MD 21111	MEMBER	0.00	0.
DENNIS SPRECHER PO BOX 329 MONKTON, MD 21111	MEMBER	0.00	0.
DAVID STONER PO BOX 329 MONKTON, MD 21111	MEMBER	0.00	0.
MARIANNE CLANCY PO BOX 329 MONKTON, MD 21111	EXECUTIVE DIRECTOR	40.00	90,000.
TOTAL TO FORM 199, PART II, LINE 11			90,000.

FORM 199	OTHER EXPENSES	STATEMENT	6
DESCRIPTION		AMOUNT	
CONFERENCE		168,209.	
PROFESSIONAL SERVICES		78,582.	
OFFICE SUPPLIES		19,390.	
PRINTING DESIGN		23,385.	
BOARD OF DIRECTORS MEETINGS		28,416.	
POSTAGE		13,507.	
BANK FEES		7,258.	
MISCELLANEOUS		6,127.	
LIFE INSURANCE PAYMENTS		15,772.	
INSURANCE		3,773.	
DUES AND SUBSCRIPTIONS		825.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		10,063.	
OTHER EMPLOYEE BENEFITS		5,173.	
TELEPHONE		7,624.	
TRAVEL		4,285.	
TOTAL TO FORM 199, PART II, LINE 17			392,389.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LOANS TO OFFICERS, DIRECTORS, TRUSTEES AND OTHER KEY EMPLOYEES	6,128.	3,228.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	6,128.	3,228.	

FORM 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
MUTUAL FUNDS	1,164,198.	899,777.	
EQUITIES	42,507.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,206,705.	899,777.	

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES RECEIVABLE	48,037.	215,368.	
PREPAID EXPENSES AND DEFERRED CHARGES	2,756.	2,441.	
PLEDGES RECEIVABLE-NET OF CURRENT PORTION	1,723.	164,951.	
CASH SURRENDER VALUE OF LIFE INSURANCE	0.	34,228.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	52,516.	416,988.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYROLL LIABILITIES	5,195.	22,077.	
DEFERRED REVENUE	102,985.	10,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	108,180.	32,077.	

FORM 199	FUND BALANCES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	-128,593.	515,037.	
TEMPORARILY RESTRICTED ASSETS	1,574,024.	1,250,168.	
PERMANENTLY RESTRICTED ASSETS	5,000.	18,840.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,450,431.	1,784,045.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 22-3115041

Corporation name

**HHT FOUNDATION INTERNATIONAL, INC.
C/O MARIANNE CLANCY**

California corporation number

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 SOFTWARE	VARIOUS	8,910.	3,895.		3.00	2,970.	
2 COMPUTERS	VARIOUS	24,312.	18,181.		5.00	2,254.	
3 FURNITURE AND FIXTURES	VARIOUS	1,736.	1,054.		7.00	248.	
TOTALS		34,958.	23,130.				
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	5,472.				

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	5,472.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	5,472.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22				