

PUBLIC  
INSPECTION  
COPY

**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)

Open to Public Inspection

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

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

<b>B</b> Check if applicable: Address change Name change Initial return Final return Amended return Application pending	<b>C</b> Name of organization <b>DIVISION FOR LEARNING DISABILITIES                  OF THE COUNCIL FOR EXCEPTIONAL CHILDREN</b>	<b>D</b> Employer identification number <b>54-1562220</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>* KIMBERLY BRIGHT, 233 SHIPPPEN HALL, SHI</b>	<b>E</b> Telephone number <b>717-477-1440</b>
	City or town, state or country, and ZIP + 4 <b>SHIPPENSBURG, PA 17257</b>	<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> 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).

H and 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

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

I Group Exemption Number N/A

**G** Website: WWW.TEACHINGLD.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.

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 228,691.

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	80,380.	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 80,380. noncash \$ )	<b>1e</b>	80,380.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	42,809.	
	<b>3</b> Membership dues and assessments	<b>3</b>	98,139.	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	6,791.	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b> Other investment income (describe )	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>8a</b>			
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	572.		
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	228,691.		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	145,540.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	48,846.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	194,386.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	34,305.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	400,383.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0.	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	434,688.	

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**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
<b>22a</b> 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"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	29,583.	16,300.	13,283.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	4,971.		4,971.	
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone				
<b>35</b> Postage and shipping	998.		998.	
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	23,159.	23,159.		
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings	110,974.	83,863.	27,111.	
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	3,696.	3,482.	214.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> _____				
<b>g</b> <b>SEE STATEMENT 1</b>	21,005.	18,736.	2,269.	
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	194,386.	145,540.	48,846.	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 \$ 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

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**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? ▶ <b>TO SERVE TEACHERS OF STUDENTS WITH LEARNING DISABILITIES</b>	<b>Program Service Expenses</b> (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.)	
<b>a JOURNALS, NEWSLETTERS, WEBSITE &amp; ALERTS PROVIDE TEACHERS OF STUDENTS WITH LD THE MOST CURRENT RESEARCH AND PRACTICE INFORMATION.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ ;	<b>57,349.</b>
<b>b AWARDS RECOGNIZE OUTSTANDING WORK IN THE FIELD OF LEARNING DISABILITIES.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ ;	<b>3,390.</b>
<b>c CONVENTION AND MEETINGS PROVIDE TEACHERS OF STUDENTS WITH LEARNING DISABILITIES THE OPPORTUNITY FOR INTENSIVE TRAINING WITH EXPERTS IN THE FIELD AND OPPORTUNITY TO NETWORK WITH PEERS.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ ;	<b>83,863.</b>
<b>d SUBDIVISION AND MEMBER SUPPORT PROVIDES SUPPORT TO MEMBERS AT A STATE LEVEL TO PROVIDE A VEHICLE THAT ENCOURAGES MEMBERS TO NETWORK AND PARTICIPATE IN INNOVATIVE PROJECTS IN LD.</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ ;	<b>938.</b>
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ ;	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>145,540.</b>

Form **990** (2006)

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**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	
<b>Assets</b>	45	Cash - non-interest-bearing .....	9,575.	45	16,264.
	46	Savings and temporary cash investments .....	371,471.	46	402,293.
	47 a	Accounts receivable .....	350.		
	b	Less: allowance for doubtful accounts .....		47c	350.
	48 a	Pledges receivable .....			
	b	Less: allowance for doubtful accounts .....		48c	
	49	Grants receivable .....		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees .....		50a	
	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 .....			
	b	Less: allowance for doubtful accounts .....		51c	
	52	Inventories for sale or use .....		52	
	53	Prepaid expenses and deferred charges .....		53	
	54 a	Investments - publicly-traded securities .....	▶ Cost FMV		54a
	b	Investments - other securities .....	▶ Cost FMV		54b
	55 a	Investments - land, buildings, and equipment: basis .....			
	b	Less: accumulated depreciation .....		55c	
	56	Investments - other .....		56	
	57 a	Land, buildings, and equipment: basis .....	36,847.		
b	Less: accumulated depreciation <b>STMT 2</b> .....	21,066.			
58	Other assets, including program-related investments (describe ▶ _____ )				
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	400,383.	59	434,688.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses .....		60	
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	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 ▶ _____ )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	0.	66	0.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>X</b> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	400,383.	67	434,688.
	68	Temporarily restricted .....		68	
	69	Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....	400,383.	73	434,688.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	400,383.	74	434,688.

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<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b> 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? .....	82a		X
<b>b</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
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	83a	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	83b	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	84a		N/A
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	84b		N/A
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? .....	85a		N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	85b		N/A
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	85c		N/A
<b>d</b> Section 162(e) lobbying and political expenditures .....	85d		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	85e		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	85f		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	85g		N/A
<b>h</b> 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? .....	85h		N/A
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12 .....	86a		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	86b		N/A
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders .....	87a		N/A
<b>b</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
<b>88 a</b> 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 .....	88a		X
<b>b</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 .....	88b		X
<b>89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911</b> <u>0.</u> ; <b>section 4912</b> <u>0.</u> ; <b>section 4955</b> <u>0.</u> .....			
<b>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 .....</b>	89b		X
<b>c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....</b>			0.
<b>d Enter: Amount of tax on line 89c, above, reimbursed by the organization .....</b>			0.
<b>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....</b>	89e		X
<b>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....</b>	89f		X
<b>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? .....</b>	89g		X
<b>90 a</b> List the states with which a copy of this return is filed <b>▶ NONE</b> .....			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 .....	90b		0
<b>91 a</b> The books are in care of <b>▶ DR. KIMBERLY BRIGHT, ASSISTANT PROF</b> Telephone no. <b>▶ (717) 477-1440</b> Located at <b>▶ 233 SHIPPEN HALL, SHIPPENSBURG UNIVERSITY, SHIPP</b> ZIP + 4 <b>▶ 17257</b> .....			
<b>b</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)? .....	91b		X
If "Yes," enter the name of the foreign country <b>▶ N/A</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			

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<b>Part VI</b>	<b>Other Information</b> <i>(continued)</i>	<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <b>N/A</b>		91c	<input checked="" type="checkbox"/>
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	<b>N/A</b>

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <b>CONVENTION</b>					41,872.
b <b>PUBLICATIONS</b>					937.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					98,139.
95 Interest on savings and temporary cash investments			14	6,791.	
96 Dividends and 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 personal property					
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>MISCELLANEOUS</b>			01	572.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		7,363.	140,948.
105 Total (add line 104, columns (B), (D), and (E))					148,311.

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

<b>Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes</b> <i>(See the instructions.)</i>	
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).
▼	<b>SEE STATEMENT 3</b>

<b>Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities</b> <i>(See the instructions.)</i>				
(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	%			
	%			
	%			
	%			

<b>Part X Information Regarding Transfers Associated with Personal Benefit Contracts</b> <i>(See the instructions.)</i>			
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>Yes</b>	<input checked="" type="checkbox"/> <b>No</b>
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>Yes</b>	<input checked="" type="checkbox"/> <b>No</b>

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





**DIVISION FOR LEARNING DISABILITIES**

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		<b>Yes</b>	<b>No</b>
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 <u>J</u> \$ _____ \$ _____ (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.	1	<b>X</b>
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	<b>X</b>
b	Lending of money or other extension of credit? .....	2b	<b>X</b>
c	Furnishing of goods, services, or facilities? .....	2c	<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	2d	<b>X</b>
e	Transfer of any part of its income or assets? .....	2e	<b>X</b>
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.) .....	3a	<b>X</b>
	b Did the organization have a section 403(b) annuity plan for its employees? .....	3b	<b>X</b>
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	<b>X</b>
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	<b>X</b>
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	<b>X</b>
	b Did the organization make any taxable distributions under section 4966? .....	4b	N/A
	c Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
	d Enter the total number of donor advised funds owned at the end of the tax year .....	J	N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	J	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 .....	J	0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	J	0.

**DIVISION FOR LEARNING DISABILITIES**

**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**  J \_\_\_\_\_
- 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	
<b>Total</b> .....					<u> J</u>

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

**DIVISION FOR LEARNING DISABILITIES**

**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) <b>J</b>	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	71,973.	54,482.	45,329.	21,500.	193,284.
<b>16</b> Membership fees received	108,298.	129,513.	140,579.	152,211.	530,601.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	35,895.	26,419.	38,221.	38,938.	139,473.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,107.	6,250.	7,578.	8,852.	29,787.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	316.	261.	SEE STATEMENT 5	185.	762.
<b>23</b> Total of lines 15 through 22	223,589.	216,925.	231,707.	221,686.	893,907.
<b>24</b> Line 23 minus line 17	187,694.	190,506.	193,486.	182,748.	754,434.
<b>25</b> Enter 1% of line 23	2,236.	2,169.	2,317.	2,217.	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 <b>J</b> <b>26a</b>					N/A
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts <b>J</b> <b>26b</b>					N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) <b>J</b> <b>26c</b>					N/A
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ <b>J</b> <b>26d</b>					N/A
<b>e</b> Public support (line 26c minus line 26d total) <b>J</b> <b>26e</b>					N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) <b>J</b> <b>26f</b>					N/A %
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) <u>71,290.</u> (2004) <u>54,482.</u> (2003) <u>45,329.</u> (2002) <u>20,000.</u>					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the 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: (2005) <u>0.</u> (2004) <u>0.</u> (2003) <u>0.</u> (2002) <u>0.</u>					
<b>c</b> Add: Amounts from column (e) for lines: 15 <u>193,284.</u> 16 <u>530,601.</u> 17 <u>139,473.</u> 20 _____ 21 _____ <b>J</b> <b>27c</b>					863,358.
<b>d</b> Add: Line 27a total <u>191,101.</u> and line 27b total <u>0.</u> <b>J</b> <b>27d</b>					191,101.
<b>e</b> Public support (line 27c total minus line 27d total) <b>J</b> <b>27e</b>					672,257.
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <b>J</b> <b>27f</b>				893,907.	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) <b>J</b> <b>27g</b>					75.2044%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) <b>J</b> <b>27h</b>					3.3322%
<b>28 Unusual Grants:</b> 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

**DIVISION FOR LEARNING DISABILITIES**

**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? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	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? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	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? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
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 .....		

**DIVISION FOR LEARNING DISABILITIES**

**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.

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

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

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

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

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

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

**SEE STATEMENT 6**



**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

DIVISION FOR LEARNING DISABILITIES  
OF THE COUNCIL FOR EXCEPTIONAL CHILDREN

Employer identification number

54-1562220

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)

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
3	WEBSITE DEVELOPMENT	06/30/02		120M		HY43	34,819.				34,819.	15,669.		3,482.	19,151.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES						34,819.				34,819.	15,669.		3,482.	19,151.
	MANAGEMENT AND GENERAL														
1	COMPUTER	11/26/01	SL	5.00		HY16	1,605.				1,605.	1,445.		160.	1,605.
2	SOFTWARE	02/04/02	SL	5.00		HY16	283.				283.	256.		27.	283.
4	QUICKBOOKS SOFTWARE	12/15/06	SL	3.00		HY16	140.				140.			27.	27.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL						2,028.				2,028.	1,701.		214.	1,915.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT						36,847.				36,847.	17,370.		3,696.	21,066.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AWARDS	3,390.	3,390.		
CEC SHARED EXPENSE	6,305.	6,305.		
DUES AND SUBSCRIPTIONS	625.		625.	
MISCELLANEOUS AND OFFICE EXPENSE	2,048.	404.	1,644.	
REBATES TO SUBDIVISIONS	938.	938.		
WEBSITE ADMIN, CONTENT AND MAINTENANCE	7,199.	7,199.		
INSURANCE	500.	500.		
<b>TOTAL TO FM 990, LN 43</b>	<b>21,005.</b>	<b>18,736.</b>	<b>2,269.</b>	

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 2

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	1,605.	1,605.	0.
SOFTWARE	283.	283.	0.
WEBSITE DEVELOPMENT	34,819.	19,151.	15,668.
QUICKBOOKS SOFTWARE	140.	27.	113.
TOTAL TO FORM 990, PART IV, LN 57	36,847.	21,066.	15,781.



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FOOTNOTES

STATEMENT 4

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SCHEDULE A, PAGE 6, PART VI-B: LOBBYING ACTIVITY BY  
 NONELECTING PUBLIC CHARITIES:  
 LINE G: DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF,  
 GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY:

DIVISION FOR LEARNING DISABILITIES' CHILDREN AND YOUTH  
 ACTION COMMITTEE CHAIR VISITS WITH CONGRESSMEN AND THEIR  
 STAFF TO DISCUSS AND EXPLAIN EDUCATION ISSUES CONCERNING  
 CHILDREN WITH LEARNING DISABILITIES.



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SCHEDULE A            STATEMENT OF LOBBYING ACTIVITIES - PART VI-B            STATEMENT    6

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DIVISION FOR LEARNING DISABILITIES' CHILDREN AND YOUTH ACTION COMMITTEE MEMBERS MEET TO DISCUSS ISSUES TO PROMOTE EDUCATION ISSUES CONCERNING CHILDREN WITH LEARNING DISABILITIES. THEY CONTACT CONGRESSIONAL STAFF TO PROMOTE THESE ISSUES.

**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

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

Name(s) shown on return <b>DIVISION FOR LEARNING DISABILITIES OF THE COUNCIL FOR EXCEPTIONAL CHILDREN</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>54-1562220</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

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

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

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

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	214.

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

**Section A**

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

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

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

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

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

**Part IV Summary** (see instructions)

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	214.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**DIVISION FOR LEARNING DISABILITIES**

Form 4562 (2006)

**OF THE COUNCIL FOR EXCEPTIONAL CHILDREN**

**54-1562220 Page 2**

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use .....							25			
26 Property used more than 50% in a qualified business use:										
		%								
		%								
		%								
27 Property used 50% or less in a qualified business use:										
		%				S/L -				
		%				S/L -				
		%				S/L -				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								29		

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles) .....												
31 Total commuting miles driven during the year .....												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....												
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year .....				43	3,482.
44 Total. Add amounts in column (f). See the instructions for where to report .....				44	3,482.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>DIVISION FOR LEARNING DISABILITIES OF THE COUNCIL FOR EXCEPTIONAL CHILDREN</b>	Employer identification number <b>54-1562220</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>% KIMBERLY BRIGHT, 233 SHIPPPEN HALL, SHIPPEN</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SHIPPENSBURG, PA 17257</b>	

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

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

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

- The books are in the care of  **DR. KIMBERLY BRIGHT, ASSISTANT PROF**  
Telephone No.  **(717) 477-1440** 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 is for.

4 I request an additional 3-month extension of time until MAY 15, 2008.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2006, and ending JUN 30, 2007.

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO OBTAIN NECESSARY INFORMATION FROM THIRD PARTIES IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

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

Signature  Title  Date

**Notice to Applicant. (To Be Completed by the IRS)**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>WILHELM &amp; ASSOCIATES, LTD.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>256R N. WASHINGTON STREET</b>
	City or town, province or state, and country (including postal or ZIP code) <b>FALLS CHURCH, VA 22046</b>

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK EXECUTIVE</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIBUTIONS</u>	<u>EXPENSE ACCOUNT</u>
CHARLES HUGHES 227 CEDAR PENN STATE UNIVERSITY UNIVERSITY PARK, PA 16802	DIRECTOR 10 hours	26,583	-	-
JOHN W. LLOYD 2198 TOM MOUNTAIN ROAD NORTH GARDEN, VA 22959	PAST-PRESIDENT 2-4 hours	-	-	-
KAREN ROONEY EDUCATIONAL ENTERPRISES, INC. 3108 NORTH PARHAM RD, SUITE RICHMOND, VA 23294	PRESIDENT 2-4 hours	-	-	-
KATHLEEN MARSHALL 235 F. WARDLAW UNIVERSITY OF SOUTH CAROLINA COLUMBIA, SC 29208	PRESIDENT- ELECT 2-4 hours	-	-	-
ROLLONDA O'CONNOR 1207 SPROUL HALL UNIVERSITY OF CA RIVERSIDE RIVERSIDE, CA 82521	VICE-PRESIDENT 1-2 hours	-	-	-
SHANNON GORMLEY-BUDIN BUFFALO STATE UNIVERSITY 216 KETCHEM HALL BUFFALO, NY 14222	SECRETARY 1 - 2 hours	-	-	-
KIMBERLY BRIGHT SHIPPENSBURG UNIVERSITY 233 SHIPPEN HALL 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257	TREASURER 2-4 hours	-	-	-
ELIZABETH PARRETT KENNETT HIGH SCHOOL 12 REGENTS COURT KENNETT SQUARE, PA 19348	COMMITTEE CHAIR 1 - 2 hours	-	-	-
MICHAEL GERBER 2327 PHELPS HALL GEVIRTZ GRADUATE SCHOOL OF EDUCATION UNIVERSITY OF CALIFORNIA SANTA BARBARA, CA 93106	COMMITTEE CHAIR 1 - 2 hours	-	-	-
JUDY ENGELHARD COASTAL CAROLINA UNIVERSITY SPADONI COLLEGE OF EDUCATION 215C KEARNS HALL CONWAY, SC 29528	COMMITTEE CHAIR 1 - 2 hours	-	-	-

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIBUTIONS</u>	<u>EXPENSE ACCOUNT</u>
MARGO MASTROPIERI 5406 HAMPTON FOREST WAY FAIRFAX, VA 22030	COMMITTEE CHAIR 1 - 2 hours	-	-	-
PAMELA STECKLER CLEMSON UNIVERSITY 409F TILLMAN HALL CLEMSON, SC	COMMITTEE CHAIR 3 - 4 hours	-	-	-
YVONNE BUI SCHOOL OF EDUCATION UNIVERSITY OF SAN FRANCISCO 2130 FULTON STREET SAN FRANCISCO, CA 94117	COMMITTEE CHAIR 1 - 2 hours	-	-	-
STUDENT				
CATHY GRIFFITH C/O KIMBERLY BRIGHT 1871 OLD MAIN DRIVE SHIPPENSBURG UNIVERSITY SHIPPENSBURG, PA 17257	REPRESENTATIVE 1 - 2 hours	-	-	-
CHARLES HUGHES 227 CEDAR PENN STATE UNIVERSITY UNIVERSITY PARK, PA 16802	JOURNAL EDITOR 5 - 10 hours	-	-	-
JOHN W. LLOYD 2198 TOM MOUNTAIN ROAD NORTH GARDEN, VA 22959	WEB ADMINISTRATOR 5 - 10 hours	3,000	-	-
MARGARET WEISS 4693 SUSANNAH DRIVE BLACKSBURG, VA 24060	WEB ADMINISTRATOR 5 - 10 hours	-	-	-
			29,583	-