

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2006**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                      |   |  |
|---|----------------------|---|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) <br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <br/> <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year<br/><b>3,346,193.</b></p> | <p>Print or Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/><b>NORTHWEST YOUTH AND FAMILY SERVICES</b></p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.<br/><b>3490 LEXINGTON AVE N</b></p> <p>City or town, state, and ZIP code<br/><b>SHOREVIEW, MN 55126</b></p> <p><b>F</b> Group exemption number (see instructions for Block F.)</p> <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.)<br/><b>41-1284306</b></p> <p><b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.)<br/><b>531120</b></p> |
|---|----------------------|---|--|

**H** Describe the organization's primary unrelated business activity. **SEE STATEMENT 18**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsubsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **FRANCES J. SMITH** Telephone number **651-379-3402**

|   |                  | (A) Income | (B) Expenses | (C) Net   |
|---|------------------|------------|--------------|-----------|
| <b>1a</b> Gross receipts or sales   |                  |            |              |           |
| <b>b</b> Less returns and allowances  | <b>c</b> Balance |            |              |           |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>1c</b>        |            |              |           |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       | <b>2</b>         |            |              |           |
| <b>4a</b> Capital gain net income (attach Schedule D)                                     | <b>3</b>         |            |              |           |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | <b>4a</b>        |            |              |           |
| <b>c</b> Capital loss deduction for trusts  | <b>4b</b>        |            |              |           |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            | <b>4c</b>        |            |              |           |
| <b>6</b> Rent income (Schedule C)   | <b>5</b>         |            |              |           |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      | <b>6</b>         |            |              |           |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | <b>7</b>         | 69,485.    | 100,434.     | <30,949.> |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | <b>8</b>         |            |              |           |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   | <b>9</b>         |            |              |           |
| <b>11</b> Advertising income (Schedule J)   | <b>10</b>        |            |              |           |
| <b>12</b> Other income (See instructions; attach schedule.) <b>STATEMENT 19</b>           | <b>11</b>        | 7,019.     |              | 7,019.    |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>12</b>        | 76,504.    | 100,434.     | <23,930.> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |            |           |            |
|--|------------|-----------|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |            | <b>14</b> |            |
| <b>15</b> Salaries and wages   |            | <b>15</b> |            |
| <b>16</b> Repairs and maintenance  |            | <b>16</b> |            |
| <b>17</b> Bad debts  |            | <b>17</b> |            |
| <b>18</b> Interest (attach schedule)   |            | <b>18</b> |            |
| <b>19</b> Taxes and licenses   |            | <b>19</b> |            |
| <b>20</b> Charitable contributions (See instructions for limitation rules.)  |            | <b>20</b> |            |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |           |            |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |           | <b>22b</b> |
| <b>23</b> Depletion  |            | <b>23</b> |            |
| <b>24</b> Contributions to deferred compensation plans   |            | <b>24</b> |            |
| <b>25</b> Employee benefit programs  |            | <b>25</b> |            |
| <b>26</b> Excess exempt expenses (Schedule I)  |            | <b>26</b> |            |
| <b>27</b> Excess readership costs (Schedule J)   |            | <b>27</b> |            |
| <b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 20</b>   |            | <b>28</b> | 2,749.     |
| <b>29 Total deductions.</b> Add lines 14 through 28  |            | <b>29</b> | 2,749.     |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       |            | <b>30</b> | <26,679.>  |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)  |            | <b>31</b> | 0.         |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   |            | <b>32</b> | <26,679.>  |
| <b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions)  |            | <b>33</b> | 1,000.     |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 |            | <b>34</b> | <26,679.>  |

**Part III Tax Computation**

|   |            |    |
|---|------------|----|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                     |            |    |
| <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____   |            |    |
| <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____   |            |    |
| <b>c</b> Income tax on the amount on line 34  | <b>35c</b> | 0. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | <b>36</b>  |    |
| <b>37 Proxy tax.</b> See instructions   | <b>37</b>  |    |
| <b>38 Alternative minimum tax</b>   | <b>38</b>  |    |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies   | <b>39</b>  | 0. |

**Part IV Tax and Payments**

|  |            |     |
|--|------------|-----|
| <b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>40a</b> |     |
| <b>b</b> Other credits (see instructions)  | <b>40b</b> |     |
| <b>c</b> General business credit. Check here and indicate which forms are attached:<br><input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____   | <b>40c</b> |     |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)  | <b>40d</b> |     |
| <b>e Total credits.</b> Add lines 40a through 40d  | <b>40e</b> |     |
| <b>41</b> Subtract line 40e from line 39   | <b>41</b>  | 0.  |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>42</b>  |     |
| <b>43 Total tax.</b> Add lines 41 and 42   | <b>43</b>  | 0.  |
| <b>44a</b> Payments: A 2005 overpayment credited to 2006   | <b>44a</b> |     |
| <b>b</b> 2006 estimated tax payments   | <b>44b</b> |     |
| <b>c</b> Tax deposited with Form 8868  | <b>44c</b> |     |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)  | <b>44d</b> |     |
| <b>e</b> Backup withholding (see instructions)   | <b>44e</b> |     |
| <b>f</b> Credit for federal telephone excise tax paid (attach Form 8913)   | <b>44f</b> | 89. |
| <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total  | <b>44g</b> |     |
| <b>45 Total payments.</b> Add lines 44a through 44g  | <b>45</b>  | 89. |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | <b>46</b>  |     |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed   | <b>47</b>  |     |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   | <b>48</b>  | 89. |
| <b>49</b> Enter the amount of line 48 you want: <b>Credited to 2007 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | <b>49</b>  | 89. |

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

|  |     |    |
|--|-----|----|
| <b>1</b> At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here _____ | Yes | No |
| <b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.   |     | X  |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____  |     |    |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|   |           |  |   |          |    |
|---|-----------|--|---|----------|----|
| <b>1</b> Inventory at beginning of year | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |    |
| <b>2</b> Purchases                      | <b>2</b>  |  | <b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | <b>7</b> |    |
| <b>3</b> Cost of labor                  | <b>3</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes      | No |
| <b>4a</b> Additional section 263A costs | <b>4a</b> |  |   |          | X  |
| <b>b</b> Other costs (attach schedule)  | <b>4b</b> |  |   |          |    |
| <b>5 Total.</b> Add lines 1 through 4b  | <b>5</b>  |  |   |          |    |

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.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **EXECUTIVE DIRECTOR**  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**  
 Preparer's signature: **KIM HUNWARDSEN** Date: **10/18/07** Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP code: **EIDE BAILLY LLP**  
**5601 GREEN VALLEY DRIVE, STE 700**  
**MINNEAPOLIS, MN 55437-1145**  
 Preparer's SSN or PTIN: **P00484560**  
 EIN: **45-0250958**  
 Phone no.: **952-944-6166**  
 Form **990-T** (2006)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 20)

1 Description of property

|  |  |  |   |
|--|--|--|---|
| (1) <b>N/A</b>   |  |  |   |
| (2)  |  |  |   |
| (3)  |  |  |   |
| (4)  |  |  |   |
| <b>2 Rent received or accrued</b>  |  |  |   |
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) |  | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)  |  |  |   |
| (2)  |  |  |   |
| (3)  |  |  |   |
| (4)  |  |  |   |
| Total <b>0.</b>  |  | Total <b>0.</b>  |   |
| <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <b>0.</b>   |  |  | <b>Total deductions.</b> Enter here and on page 1, Part I, line 8, column (B) <b>0.</b> |

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 20)

|  |  |  |   |  |
|--|--|--|---|--|
| 1 Description of debt-financed property  |  | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property |  |
|  |  |  | (a) Straight-line depreciation (attach schedule)                            | (b) Other deductions (attach schedule)                             |
|  |  |  | <b>STATEMENT 21</b>   | <b>STATEMENT 22</b>  |
| (1) <b>BUILDING</b>  |  | <b>190,944.</b>  | <b>32,747.</b>  | <b>243,246.</b>  |
| (2)  |  |  |   |  |
| (3)  |  |  |   |  |
| (4)  |  |  |   |  |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5                             | 7 Gross income reportable (column 2 x column 6)                             | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) <b>290,762.</b>  | <b>798,968.</b>  | <b>36.39%</b>  | <b>69,485.</b>  | <b>100,434.</b>  |
| (2)  |  | %  |   |  |
| (3)  |  | %  |   |  |
| (4)  |  | %  |   |  |
| <b>Totals</b> <b>69,485.</b>   |  |  | <b>100,434.</b>   |  |
| <b>Total dividends-received deductions</b> included in column 8 <b>0.</b>                        |  |  |   |  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 21)

| 1 Name of Controlled Organization | 2 Employer Identification Number | Exempt Controlled Organizations                  |                                    |  |   |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
|                                   |                                  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| (1) <b>N/A</b>                    |                                  |  |                                    |  |   |
| (2)                               |                                  |  |                                    |  |   |
| (3)                               |                                  |  |                                    |  |   |
| (4)                               |                                  |  |                                    |  |   |

**Nonexempt Controlled Organizations**

| 7 Taxable Income        | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income   | 11 Deductions directly connected with income in column 10                             |
|-------------------------|--|------------------------------------|---|---|
| (1)                     |  |                                    |   |   |
| (2)                     |  |                                    |   |   |
| (3)                     |  |                                    |   |   |
| (4)                     |  |                                    |   |   |
| <b>Totals</b> <b>0.</b> |  |                                    | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b> | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b> |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 22)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1) N/A                 |                    |   |                                |  |
| (2)                     |                    |   |                                |  |
| (3)                     |                    |   |                                |  |
| (4)                     |                    |   |                                |  |
| <b>Totals</b>           | <b>0.</b>          |   |                                | <b>0.</b>  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions on page 22)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) N/A                             |  |  |   |  |                                     |   |
| (2)                                 |  |  |   |  |                                     |   |
| (3)                                 |  |  |   |  |                                     |   |
| (4)                                 |  |  |   |  |                                     |   |
| <b>Totals</b>                       | <b>0.</b>  | <b>0.</b>  |   |  |                                     | <b>0.</b>   |

**Schedule J - Advertising Income** (see instructions on page 23)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                       | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) N/A                                    | 0.                         | 0.                         |   |                      |                    |  |
| (2)  |                            |                            |   |                      |                    |  |
| (3)  |                            |                            |   |                      |                    |  |
| (4)  |                            |                            |   |                      |                    |  |
| <b>Totals (carry to Part II, line (5))</b> | <b>0.</b>                  | <b>0.</b>                  |   |                      |                    | <b>0.</b>  |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

|                                    |           |           |  |  |  |           |
|------------------------------------|-----------|-----------|--|--|--|-----------|
| (1) N/A                            |           |           |  |  |  |           |
| (2)                                |           |           |  |  |  |           |
| (3)                                |           |           |  |  |  |           |
| (4)                                |           |           |  |  |  |           |
| (5) <b>Totals from Part I</b>      | <b>0.</b> | <b>0.</b> |  |  |  | <b>0.</b> |
| <b>Totals, Part II (lines 1-5)</b> | <b>0.</b> | <b>0.</b> |  |  |  | <b>0.</b> |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

| 1 Name   | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| N/A  |         | %                                     |   |
|  |         | %                                     |   |
|  |         | %                                     |   |
|  |         | %                                     |   |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 |         |                                       | <b>0.</b>   |



FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 22

| DESCRIPTION                                  | ACTIVITY<br>NUMBER | AMOUNT  | TOTAL    |
|--|--------------------|---------|----------|
| SALARIES                                     |                    | 30,820. |          |
| PAYROLL TAXES/BENEFITS                       |                    | 11,343. |          |
| SUPPLIES                                     |                    | 3,838.  |          |
| INSURANCE                                    |                    | 14,223. |          |
| UTILITIES                                    |                    | 17,142. |          |
| MAINTENANCE                                  |                    | 58,461. |          |
| REAL ESTATE TAXES                            |                    | 2,367.  |          |
| INTEREST                                     |                    | 46,731. |          |
| PROFESSIONAL FEES                            |                    | 135.    |          |
| AMORTIZATION EXPENSE                         |                    | 56,686. |          |
| UNRELATED BUSINESS TAX                       |                    | 1,500.  |          |
| - SUBTOTAL -                                 | 1                  |         | 243,246. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) |                    |         | 243,246. |

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your income tax return.**

Name(s) as shown on your income tax return

Identifying number

**NORTHWEST YOUTH AND FAMILY SERVICES**

**41-1284306**

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

**Caution.** See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

**Amount of federal excise tax on long distance or bundled service only**

| (a) Bills dated during:   | (b) Long distance service | (c) Bundled service | (d) Tax credit or refund (add columns (b) and (c)) | (e) Interest (see instructions) |
|---|---------------------------|---------------------|--|---------------------------------|
| 1 March, April, and May 2003  | \$                        | \$                  | \$ 4.  | \$ 1.                           |
| 2 June, July, and August 2003   |                           |                     | 4.   | 1.                              |
| 3 September, October, and November 2003   |                           |                     | 4.   | 1.                              |
| 4 December 2003; January and February 2004  |                           |                     | 5.   | 1.                              |
| 5 March, April, and May 2004  |                           |                     | 6.   | 1.                              |
| 6 June, July, and August 2004   |                           |                     | 6.   | 1.                              |
| 7 September, October, and November 2004   |                           |                     | 6.   | 1.                              |
| 8 December 2004; January and February 2005  |                           |                     | 6.   | 1.                              |
| 9 March, April, and May 2005  |                           |                     | 7.   | 1.                              |
| 10 June, July, and August 2005  |                           |                     | 7.   | 1.                              |
| 11 September, October, and November 2005  |                           |                     | 7.   | 1.                              |
| 12 December 2005; January and February 2006   |                           |                     | 6.   | 1.                              |
| 13 March, April, and May 2006   |                           |                     | 5.   | 1.                              |
| 14 June and July 2006   |                           |                     | 3.   |                                 |
| <b>15</b> Add lines 1 - 14 in columns (d) and (e) .....   |                           |                     | \$ 76.   | \$ 13.                          |
| <b>16</b> Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns ..... |                           |                     |  | \$ 89.                          |

LHA For Paperwork Reduction Act Notice, see the instructions.

Form **8913** (2006)