

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**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** and ending

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

**C Name of organization**  
**INTERNATIONAL JUSTICE MISSION**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 58147**  
 City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20037-8147**

**D Employer identification number**  
**54-1722887**

**E Telephone number**  
**703-465-5495**

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website:** WWW.IJM.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.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **15,180,650.**

**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 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**  
**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   |   |        |                 |             |            |
|--|---|--------|-----------------|-------------|------------|
| Revenue  | 1 Contributions, gifts, grants, and similar amounts received:                                       |        |                 |             |            |
|  | a Contributions to donor advised funds  | 1a     |                 |             |            |
|  | b Direct public support (not included on line 1a)   | 1b     | 10,820,105.     |             |            |
|  | c Indirect public support (not included on line 1a)   | 1c     |                 |             |            |
|  | d Government contributions (grants) (not included on line 1a)                                       | 1d     | 1,760,109.      |             |            |
|  | e Total (add lines 1a through 1d) (cash \$ 12,559,923. noncash \$ 20,291.)                          | 1e     |                 | 12,580,214. |            |
|  | 2 Program service revenue including government fees and contracts (from Part VII, line 93)          | 2      |                 | 64,364.     |            |
|  | 3 Membership dues and assessments   | 3      |                 |             |            |
|  | 4 Interest on savings and temporary cash investments  | 4      |                 |             |            |
|  | 5 Dividends and interest from securities  | 5      |                 | 93,923.     |            |
|  | 6 a Gross rents   | 6a     |                 |             |            |
|  | b Less: rental expenses   | 6b     |                 |             |            |
| c Net rental income or (loss). Subtract line 6b from line 6a   | 6c  |        |                 |             |            |
| 7 Other investment income (describe _____)   | 7   |        |                 |             |            |
| 8 a Gross amount from sales of assets other than inventory   | (A) Securities  | 8a     |                 |             |            |
|  | (B) Other   | 8b     | 4,515.          |             |            |
|  | b Less: cost or other basis and sales expenses  | 8b     | 17,524.         |             |            |
|  | c Gain or (loss) (attach schedule)  | 8c     | <4,515.>        |             |            |
| d Net gain or (loss). Combine line 8c, columns (A) and (B)   | 8d  | STMT 1 | STMT 2          | 13,009.     |            |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | a Gross revenue (not including \$ 1,779,971. of contributions reported on line 1b)                  | 9a     | 333,814.        |             |            |
|  | b Less: direct expenses other than fundraising expenses   | 9b     | 638,781.        |             |            |
|  | c Net income or (loss) from special events. Subtract line 9b from line 9a                           | 9c     | SEE STATEMENT 3 |             | <304,967.> |
| 10 a Gross sales of inventory, less returns and allowances   | 10a   |        |                 |             |            |
|  | b Less: cost of goods sold  | 10b    |                 |             |            |
|  | c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c    |                 |             |            |
| 11 Other revenue (from Part VII, line 103)   | 11  |        | 53,901.         |             |            |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11   | 12  |        | 12,500,444.     |             |            |
| Expenses   | 13 Program services (from line 44, column (B))  | 13     | 10,179,395.     |             |            |
|  | 14 Management and general (from line 44, column (C))  | 14     | 1,466,194.      |             |            |
|  | 15 Fundraising (from line 44, column (D))   | 15     | 1,584,185.      |             |            |
|  | 16 Payments to affiliates (attach schedule)   | 16     |                 |             |            |
|  | 17 Total expenses. Add lines 16 and 44, column (A)  | 17     |                 | 13,229,774. |            |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12   | 18  |        | <729,330.>      |             |            |
| Net Assets   | 19 Net assets or fund balances at beginning of year (from line 73, column (A))                      | 19     | 4,790,880.      |             |            |
|  | 20 Other changes in net assets or fund balances (attach explanation)                                | 20     | 0.              |             |            |
|  | 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20                         | 21     |                 | 4,061,550.  |            |

623001 01-18-07

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

Form 990 (2006)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.   | (A) Total   | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-------------|----------------------|----------------------------|-----------------|
| <b>22a</b> Grants paid from donor advised funds (attach schedule)<br>(cash \$ 0 • noncash \$ 0)<br>If this amount includes foreign grants, check here <input type="checkbox"/>  |             |                      |                            |                 |
| <b>22b</b> Other grants and allocations (attach schedule)<br>(cash \$ 0 • noncash \$ 0)<br>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 <b>STMT 5</b>  | 769,373.    | 430,320.             | 175,901.                   | 163,152.        |
| <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   | 4,091,473.  | 3,044,487.           | 531,051.                   | 515,935.        |
| <b>27</b> Pension plan contributions not included on lines 25a, b, and c  | 327,667.    | 234,235.             | 47,655.                    | 45,777.         |
| <b>28</b> Employee benefits not included on lines 25a-27  | 1,217,846.  | 870,585.             | 177,121.                   | 170,140.        |
| <b>29</b> Payroll taxes   | 380,560.    | 272,046.             | 55,348.                    | 53,166.         |
| <b>30</b> Professional fundraising fees   |             |                      |                            |                 |
| <b>31</b> Accounting fees   |             |                      |                            |                 |
| <b>32</b> Legal fees  |             |                      |                            |                 |
| <b>33</b> Supplies  |             |                      |                            |                 |
| <b>34</b> Telephone   | 241,034.    | 215,346.             | 11,693.                    | 13,995.         |
| <b>35</b> Postage and shipping  | 172,911.    | 76,281.              | 8,474.                     | 88,156.         |
| <b>36</b> Occupancy   | 838,678.    | 523,250.             | 188,763.                   | 126,665.        |
| <b>37</b> Equipment rental and maintenance  | 630,075.    | 127,827.             | 19,872.                    | 482,376.        |
| <b>38</b> Printing and publications   | 262,409.    | 83,735.              | 7,412.                     | 171,262.        |
| <b>39</b> Travel  | 1,228,355.  | 1,060,024.           | 42,765.                    | 125,566.        |
| <b>40</b> Conferences, conventions, and meetings  |             |                      |                            |                 |
| <b>41</b> Interest  | 90,234.     | 11,600.              | 11,850.                    | 66,784.         |
| <b>42</b> Depreciation, depletion, etc. (attach schedule)   | 301,271.    | 237,277.             | 25,237.                    | 38,757.         |
| <b>43</b> Other expenses not covered above (itemize):   |             |                      |                            |                 |
| a   |             |                      |                            |                 |
| b   |             |                      |                            |                 |
| c   |             |                      |                            |                 |
| d   |             |                      |                            |                 |
| e   |             |                      |                            |                 |
| f   |             |                      |                            |                 |
| g <b>SEE STATEMENT 4</b>  | 2,677,888.  | 2,992,382.           | 163,052.                   | <477,546.>      |
| <b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)                                   | 13,229,774. | 10,179,395.          | 1,466,194.                 | 1,584,185.      |

**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 8  | Program Service Expenses<br>(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 SEE STATEMENT 6   |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  | 8,236,598.  |
| b SEE STATEMENT 7   |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  | 1,942,797.  |
| c   |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  |   |
| d   |   |
| (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  |   |
| 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) ►  | 10,179,395.   |

**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)<br>Beginning of year | (B)<br>End of year |
|---|--|--------------------------|--------------------|
| <b>Assets</b>   | 45 Cash - non-interest-bearing   | 1,695,850.               | 2,485,376.         |
|   | 46 Savings and temporary cash investments  | 1,752,403.               | 1,159,759.         |
|   | 47 a Accounts receivable   | 122,190.                 |                    |
|   | b Less: allowance for doubtful accounts  |                          | 122,190.           |
|   | 48 a Pledges receivable  | 70,000.                  |                    |
|   | b Less: allowance for doubtful accounts  |                          | 70,000.            |
|   | 49 Grants receivable   |                          |                    |
|   | 50 a Receivables from current and former officers, directors, trustees, and key employees  |                          |                    |
|   | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                             |                          |                    |
|   | 51 a Other notes and loans receivable  |                          |                    |
|   | b Less: allowance for doubtful accounts  |                          |                    |
|   | 52 Inventories for sale or use   |                          |                    |
|   | 53 Prepaid expenses and deferred charges   | 124,499.                 | 260,862.           |
|   | 54 a Investments - publicly-traded securities <b>STMT 11</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV                             | 0.                       | 10,439.            |
| b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV |  |                          |                    |
| 55 a Investments - land, buildings, and equipment: basis                                    |  |                          |                    |
| b Less: accumulated depreciation  |  |                          |                    |
| 56 Investments - other  |  |                          |                    |
| 57 a Land, buildings, and equipment: basis  | 2,188,325.   |                          |                    |
| b Less: accumulated depreciation <b>STMT 9</b>  | 975,314.   | 1,213,011.               |                    |
| 58 Other assets, including program-related investments (describe <b>SEE STATEMENT 10</b> )  | 111,873.   | 339,275.                 |                    |
| 59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58                        | 5,293,880.   | 5,660,912.               |                    |
| <b>Liabilities</b>  | 60 Accounts payable and accrued expenses   | 318,000.                 | 587,781.           |
|   | 61 Grants payable  |                          |                    |
|   | 62 Deferred revenue  | 185,000.                 | 712,735.           |
|   | 63 Loans from officers, directors, trustees, and key employees   |                          |                    |
|   | 64 a Tax-exempt bond liabilities   |                          |                    |
|   | b Mortgages and other notes payable  |                          |                    |
|   | 65 Other liabilities (describe <b>DEFERRED RENT</b> )  |                          | 298,846.           |
| 66 <b>Total liabilities.</b> Add lines 60 through 65  | 503,000.   | 1,599,362.               |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.                |                          |                    |
|   | 67 Unrestricted  | 3,735,528.               | 3,212,413.         |
|   | 68 Temporarily restricted  | 1,055,352.               | 849,137.           |
|   | 69 Permanently restricted  |                          |                    |
|   | <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  |                          |                    |
|   | 71 Paid-in or capital surplus, or land, building, and equipment fund   |                          |                    |
|   | 72 Retained earnings, endowment, accumulated income, or other funds  |                          |                    |
|   | 73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 4,790,880.               | 4,061,550.         |
|   | 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73  | 5,293,880.               | 5,660,912.         |



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

Table with 3 columns: Question, Yes, No. Row 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 14. Row 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). Row 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." Row 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Row 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. Row 77: Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. Row 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Row 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. Row 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Row 80b: If "Yes," enter the name of the organization. Row 81a: Enter direct or indirect political expenditures. (See line 81 instructions.) Row 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form 990 (2006) with various sections (82a-91b) containing text, checkboxes, and numerical data. Includes sections for donated services, public inspection requirements, contributions, lobbying, and financial accounts.

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X  
 If "Yes," enter the name of the foreign country **SEE STATEMENT 15**

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)<br>Related or exempt<br>function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
|   | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |   |
| 93 Program service revenue:                                     |                           |               |                                      |               |   |
| a PUBLICATIONS  |                           |               |                                      |               | 64,364.                                     |
| 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                                   | 93,923.       |   |
| 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<br>other than inventory |                           |               | 18                                   | 13,009.       |   |
| 101 Net income or (loss) from special events                    |                           |               | 01                                   | <304,967.>    |   |
| 102 Gross profit or (loss) from sales of inventory              |                           |               |                                      |               |   |
| 103 Other revenue:  |                           |               |                                      |               |   |
| a REIMBURSED EXPENSES   |                           |               | 01                                   | 28,613.       |   |
| b ROYALTIES   |                           |               | 15                                   | 4,004.        |   |
| c OTHER INCOME  |                           |               | 01                                   | 21,284.       |   |
| d   |                           |               |                                      |               |   |
| e   |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                    |                           | 0.            |                                      | <144,134.>    | 64,364.                                     |
| 105 Total (add line 104, columns (B), (D), and (E))             |                           |               |                                      |               | <79,770.>                                   |

**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). |
|----------|---|
| 93A      | BOOK REVENUE IS INCOME EARNED ON THE SUGGESTED DONATION FROM VARIOUS PUBLICATIONS.  |

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

| (A)<br>Name, address, and EIN of corporation,<br>partnership, or disregarded entity | (B)<br>Percentage of<br>ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year<br>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

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes rows a, b, c and a Totals row.

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

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes rows a, b, c and a Totals row.

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: [Handwritten Signature] Date: [Blank]
Type or print name and title: Gary A. Hagen, President/CEO

Paid Preparer's Use Only

Preparer's signature: [Handwritten Signature] Date: 8/7/07 Check if self-employed: [ ] Preparer's SSN or PTIN: [ ]
Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC. 700 N. FAIRFAX STREET, STE. 400 ALEXANDRIA, VA 22314-2040
EIN: [ ] Phone no.: 703-549-7800