

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

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

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning, 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Traditional Values Coalition. D Employer Identification Number: 33-0055498. E Telephone number: (714) 520-0300. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: www.traditionalvalues.org

J Organization type (check only one): [X] 501(c) 4 (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: 5,689,807.

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

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes rows for Contributions (1e: 5,689,807), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-c), Other investment income (7), Gross amount from sales of assets (8a-c), Special events (9a-c), Gross sales of inventory (10a-c), Other revenue (11), Total revenue (12: 5,689,807), Program services (13: 4,033,959), Management and general (14: 817,688), Fundraising (15: 1,523,014), Payments to affiliates (16), Total expenses (17: 6,374,661), Excess or deficit (18: -684,854), Net assets at beginning (19: -3,603,297), Other changes (20), Net assets at end of year (21: -4,288,151).

SCANNED JUL 25 2007

RECEIVED JUN 25 2007

G10 16

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 |
|---|----------------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt | 25a 88,033. | 73,203. | 9,257. | 5,573. |
| b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch) | 25b | | | |
| c 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) (attach schedule) | 25c | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 65,707. | 60,182. | 3,683. | 1,842. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 | | | |
| 28 Employee benefits not included on lines 25a - 27 | 28 25,700. | 22,297. | 2,163. | 1,240. |
| 29 Payroll taxes | 29 12,801. | 11,106. | 1,077. | 618. |
| 30 Professional fundraising fees | 30 590,178. | 381,460. | 52,039. | 156,679. |
| 31 Accounting fees | 31 16,896. | 0. | 16,896. | 0. |
| 32 Legal fees | 32 4,820. | 0. | 4,820. | 0. |
| 33 Supplies | 33 13,201. | 11,423. | 1,114. | 664. |
| 34 Telephone | 34 14,187. | 12,251. | 1,185. | 751. |
| 35 Postage and shipping | 35 1,651,564. | 1,031,030. | 133,994. | 486,540. |
| 36 Occupancy | 36 31,648. | 27,458. | 2,664. | 1,526. |
| 37 Equipment rental and maintenance | 37 7,051. | 6,117. | 594. | 340. |
| 38 Printing and publications | 38 2,341,345. | 1,525,207. | 209,421. | 606,717. |
| 39 Travel | 39 51,642. | 50,831. | 406. | 405. |
| 40 Conferences, conventions, and meetings | 40 | | | |
| 41 Interest | 41 146,166. | 94,079. | 10,365. | 41,722. |
| 42 Depreciation, depletion, etc (attach schedule) | 42 37,039. | 32,135. | 3,118. | 1,786. |
| 43 Other expenses not covered above (itemize) | | | | |
| a Computer Services | 43a 8,588. | 7,451. | 723. | 414. |
| b Insurance | 43b 7,440. | 6,455. | 626. | 359. |
| c Repairs and Maintenance | 43c 3,787. | 3,285. | 319. | 183. |
| d Mailing List Rental | 43d 841,070. | 552,831. | 81,855. | 206,384. |
| e Bank Charges | 43e 30,539. | 4. | 30,533. | 2. |
| f Research | 43f 9,043. | 9,043. | 0. | 0. |
| g See Other Expenses Stmt | 43g 376,216. | 116,111. | 250,836. | 9,269. |
| 44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | 44 6,374,661. | 4,033,959. | 817,688. | 1,523,014. |

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 \$ 5,530,099. ; (ii) the amount allocated to Program services \$ 3,544,866. ; (iii) the amount allocated to Management and general \$ 485,825. ; and (iv) the amount allocated to Fundraising \$ 1,499,408. .

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? PUBLIC EDUCATION & LOBBYING
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)
Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a NEWSLETTERS - PUBLISHED & DISTRIBUTED NEWSLETTERS TO INFORM PUBLIC ABOUT VARIOUS ISSUES RELATED TO TRADITIONAL VALUES; VOTERS GUIDE - PUBLISHED & DISTRIBUTED NON-PARTISAN VOTERS GUIDE; LOBBYING

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here

4,033,959.

b

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

c

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

d

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

e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 4,033,959.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

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

| | | (A) Beginning of year | | (B) End of year | |
|---|---|--|-------------|--------------------|-------------|
| ASSETS | 45 Cash – non-interest-bearing | 56,761. | 45 | 101,935. | |
| | 46 Savings and temporary cash investments | | 46 | | |
| | 47a Accounts receivable | 62,833. | | | |
| | b Less: allowance for doubtful accounts | | 47c | 62,833. | |
| | 48a Pledges receivable | | | | |
| | b Less: allowance for doubtful accounts | | 48c | | |
| | 49 Grants receivable | | 49 | | |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | | |
| | 51a Other notes and loans receivable (attach schedule) | | | | |
| | b Less allowance for doubtful accounts | | 51c | | |
| | 52 Inventories for sale or use | | 52 | | |
| | 53 Prepaid expenses and deferred charges | | 53 | | |
| | 54a Investments – publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54a | |
| | b Investments – other securities (attach sch) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | |
| | 55a Investments – land, buildings, & equipment: basis | | | | |
| | b Less. accumulated depreciation (attach schedule) | | 55c | | |
| | 56 Investments – other (attach schedule) | | 56 | | |
| | 57a Land, buildings, and equipment: basis | 711,428. | | | |
| b Less. accumulated depreciation (attach schedule) L-57 Stmt | 244,525. | 503,942. | 57c | 466,903. | |
| 58 Other assets, including program-related investments (describe ► See Line 58 Stmt) | | 2,686. | 58 | 2,686. | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | | 673,727. | 59 | 634,357. | |
| LIABILITIES | 60 Accounts payable and accrued expenses | 3,928,807. | 60 | 4,598,789. | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | | 62 | | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | 7,500. | 63 | 9,000. | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | | |
| | b Mortgages and other notes payable (attach schedule) | 340,717. | 64b | 314,719. | |
| | 65 Other liabilities (describe ►) | | 65 | | |
| 66 Total liabilities. Add lines 60 through 65 | | 4,277,024. | 66 | 4,922,508. | |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| | 67 Unrestricted | -3,603,297. | 67 | -4,288,151. | |
| | 68 Temporarily restricted | | 68 | | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) | | -3,603,297. | 73 | -4,288,151. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 673,727. | 74 | 634,357. |

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

| | | | | |
|----------|--|-----------|----------|------------|
| a | Total revenue, gains, and other support per audited financial statements | | a | 5,689,807. |
| b | Amounts included on line a but not on Part I, line 12: | | | |
| | 1 Net unrealized gains on investments | b1 | | |
| | 2 Donated services and use of facilities | b2 | | |
| | 3 Recoveries of prior year grants | b3 | | |
| | 4 Other (specify): _____ | b4 | | |
| | Add lines b1 through b4 | | b | |
| c | Subtract line b from line a | | c | 5,689,807. |
| d | Amounts included on Part I, line 12, but not on line a: | | | |
| | 1 Investment expenses not included on Part I, line 6b | d1 | | |
| | 2 Other (specify): _____ | d2 | | |
| | Add lines d1 and d2 | | d | |
| e | Total revenue (Part I, line 12) Add lines c and d | | e | 5,689,807. |

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

| | | | | |
|----------|---|-----------|----------|------------|
| a | Total expenses and losses per audited financial statements | | a | 6,374,661. |
| b | Amounts included on line a but not on Part I, line 17: | | | |
| | 1 Donated services and use of facilities | b1 | | |
| | 2 Prior year adjustments reported on Part I, line 20 | b2 | | |
| | 3 Losses reported on Part I, line 20 | b3 | | |
| | 4 Other (specify): _____ | b4 | | |
| | Add lines b1 through b4 | | b | |
| c | Subtract line b from line a | | c | 6,374,661. |
| d | Amounts included on Part I, line 17, but not on line a: | | | |
| | 1 Investment expenses not included on Part I, line 6b | d1 | | |
| | 2 Other (specify): _____ | d2 | | |
| | Add lines d1 and d2 | | d | |
| e | Total expenses (Part I, line 17) Add lines c and d | | e | 6,374,661. |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | (E) Expense account and other allowances |
|--|--|---|---|--|
| Rev. Louis P. Sheldon 100 S. ANAHEIM BLVD., STE. 350 ANAHEIM, CA 92805 | CEO/CHAIRMAN 30 | 18,900. | 6,096. | 0. |
| Mary E. Buzzone 100 S. ANAHEIM BLVD, STE. 350 ANAHEIM, CA 92805 | CFO/Non-BOARD MEMBER PT | 14,733. | 0. | 0. |
| Christina Williams 100 S. ANAHEIM BLVD., STE. 350 ANAHEIM, CA 92805 | SECRETARY PT | 0. | 0. | 0. |
| Andrea Lafferty 139 C Street, S.E., Washington, D.C. 20003 | Executive Dir/BOARD MEMB. 27 | 54,400. | 15,296. | 0. |
| Rev. Terry Cantrell 100 S. Anaheim Blvd., Ste. 350 Anaheim, CA 92805 | BOARD MEMBER PT | 0. | 0. | 0. |
| Less fringe benefits allocated to Other Employee Benefits on Page 2 | | 0. | -21,392. | 0. |

| Part VI Other Information (continued) | | Yes | No |
|---------------------------------------|--|-----|-----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| 82 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.) | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83 b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | X | |
| 84 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | X | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | X | |
| | b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | X | |
| | If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| 85 c | Dues, assessments, and similar amounts from members | | N/A |
| 85 d | Section 162(e) lobbying and political expenditures | | N/A |
| 85 e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | N/A |
| 85 f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | N/A |
| 85 g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A |
| 85 h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A |
| 86 | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 | | |
| 86 a | | | N/A |
| 86 b | Gross receipts, included on line 12, for public use of club facilities | | N/A |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | | |
| 87 a | | | N/A |
| 87 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | N/A |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | X |
| 88 b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI | | X |
| 89 a | 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____ | | |
| 89 b | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | | X |
| 89 c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0. | | |
| 89 d | Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____ 0. | | |
| 89 e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89 f | All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89 g | For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 90 a | List the states with which a copy of this return is filed <input type="checkbox"/> <u>See attached list.</u> | | |
| 90 b | Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) | | 7 |
| 91 a | The books are in care of <input type="checkbox"/> <u>The Organization</u> Telephone number <input type="checkbox"/> <u>(714) 520-0300</u> Located at <input type="checkbox"/> <u>100 S. Anaheim Blvd. #350 CA</u> ZIP + 4 <input type="checkbox"/> <u>92805</u> | | |
| 91 b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <input type="checkbox"/> _____ | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts | | |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

| | | |
|------|-----|----|
| | Yes | No |
| 91 c | | X |

If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | | | |
| 96 Dividends & interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | |

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) |
|----------|--|
| ▼ | N/A |
| | |
| | |

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

N/A

| (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 |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

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?

| | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

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

N/A

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

| | |
|-----|----|
| Yes | No |
| | |

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

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

| | |
|-----|----|
| Yes | No |
| | |

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

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

| | |
|-----|----|
| Yes | No |
| | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

▶ Louis P. Sheldon Signature of officer Date June 18, 2007

▶ LOUIS P. SHELDON CHAIRMAN Type or print name and title

Paid Preparer's Use Only

| | | | | | | |
|---|----------------------------------|------|----------|------------------------|-------------------------------------|--|
| Preparer's signature | ▶ <u>Robert D. Ben-Kori, CPA</u> | Date | 06/16/07 | Check if self-employed | <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction W) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | ▶ <u>Robert D. Ben-Kori, CPA</u> | | EIN | | | |
| | ▶ <u>7214 Hadlow Drive</u> | | ▶ | | | |
| | ▶ <u>Springfield VA 22152</u> | | Phone no | | ▶ <u>(703) 451-9136</u> | |

BAA

Name as Shown on Return
Traditional Values Coalition

Employer Identification No.
33-0055498

Compensation

| Name | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| Rev. Louis P. Sheldon | 18,900. | 15,120. | 1,890. | 1,890. |
| Mary E. Buzzone | 14,733. | 3,683. | 7,367. | 3,683. |
| Andrea Lafferty | 54,400. | 54,400. | 0. | 0. |
| Total Compensation Received | 88,033. | 73,203. | 9,257. | 5,573. |

Contributions to Employee Benefit Plans & Deferred Compensation Plans

| Name | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|--------------|----------------------------|----------------------------------|--------------------|
| Rev. Louis P. Sheldon | 6,096. | 4,877. | 610. | 609. |
| Andrea Lafferty | 15,296. | 15,296. | 0. | 0. |
| Less fringe benefits allocated to | -21,392. | -20,173. | -610. | -609. |
| Total Contributions to Employee Benefit Plans & Deferred Compensation Plans | 0. | 0. | 0. | 0. |

Expense Account and Other Allowances

| Name | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--------------|----------------------------|----------------------------------|--------------------|
| Total Expense Account and Other Allowances | | | | |
| Total to Part II, Line 25a | 88,033. | 73,203. | 9,257. | 5,573. |

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

| Other expenses not covered above (itemize): | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-----------------|-------------------------|-------------------------------|--------------------|
| Licences and Taxes | 17,209. | 9,825. | 7,176. | 208. |
| Others | 14,304. | 6,617. | 4,176. | 3,511. |
| Internet Costs | 3,351. | 2,907. | 282. | 162. |
| Caging | 228,458. | 0. | 228,458. | 0. |
| Dues and Subscriptions | 11,391. | 9,873. | 960. | 558. |
| Contract Services | 101,503. | 86,889. | 9,784. | 4,830. |
| Total | 376,216. | 116,111. | 250,836. | 9,269. |

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

| | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|------------------------|-------------------------|---------------------------------|-------------------|
| Building | 463,059. | 138,918. | 324,141. |
| Land | 100,532. | 0. | 100,532. |
| Furniture and Fixtures | 24,904. | 23,194. | 1,710. |
| Office Equipment | 80,009. | 69,537. | 10,472. |
| Vehicle | 42,924. | 12,876. | 30,048. |
| Total | 711,428. | 244,525. | 466,903. |

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

| Line 58 - Other Assets: | Beginning of Year | End of Year |
|-------------------------|-------------------|---------------|
| Security Deposit | 2,686. | 2,686. |
| Total | 2,686. | 2,686. |

Explanation Statement

Form/Line. Form 990, Part V-Aline 75bExplanation of: Relationship of Officers, Trustees, & Highly Compensated EmployeesAndrea Lafferty is the daughter of Rev. Louis P. Sheldon.

Supporting Statement of:

Form 990 p 4/Line 63, column (A)

| Description | Amount |
|--|---------------|
| Non-interest bearing advances from Louis and Beverly Sheldon | 7,500. |
| Total | <u>7,500.</u> |

Supporting Statement of:

Form 990 p 4/Line 63, column (B)

| Description | Amount |
|--|---------------|
| Non-interest bearing advances from Louis and Beverly Sheldon | 9,000. |
| Total | <u>9,000.</u> |

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

| Description | Amount |
|---|-----------------|
| Mortgage Note Payable at 6% interest | 306,930. |
| Installment Note Payable at 1% interest | 33,787. |
| Total | <u>340,717.</u> |

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

| Description | Amount |
|---|-----------------|
| Mortgage Note Payable at 6% interest | 286,140. |
| Installment Note Payable at 1% interest | 28,579. |
| Total | <u>314,719.</u> |

Additional Information For Tax Return

Traditional Values Coalition

33-0055498

Form 990 p 2: Line 42 column (A)

Depreciation is computed on the straight- line basis over the estimated useful lives of the assets.

Traditional Values Coalition

States in which Traditional Values is registered:

| | |
|----------------|---|
| Alabama - | Exempt |
| Alaska - | Alaska Department of Law Attorney General's Office 1031 W. 4th Ave., Suite 200 Anchorage, AK 99501-1994 |
| Arizona - | Office of the Secretary of State State Capitol West Wing 1700 West Washington Phoenix, AZ 85007-2808 |
| Arkansas - | Office of the Attorney General State of Arkansas 200 Tower Building 323 Center Street Little Rock, AR 72201 |
| California - | State of California Department of Justice 1300 I Street, Suite 1130 Sacramento, CA 94203 |
| Connecticut - | State of Connecticut Department of Consumer Protection Public Charities Unit c/o Office of the Attorney General 55 Elm Street Hartford, CT 06106 |
| Colorado | Secretary of State www.sos.state.co.us |
| Florida - | Florida Department of Agriculture and Consumer Services Division of Consumer Services Room 208A, Mayo Building Tallahassee, FL 32399-0800 |
| Pinellas, FL - | Dept. of Consumer Protection Regulatory Section 14500 - 49 th Street North, Suite 100 Clearwater, FL 33762 |
| Georgia - | Secretary of State |

**Business Services and Regulation
2 Martin Luther King Jr. Drive
Suite 315, West Tower
Atlanta, GA 30334**

Kansas -

**Secretary of State
Corporation Division
2nd Floor, State Capitol
Topeka, KS 66612-1594**

Illinois -

**Office of the Attorney General
Charitable Trust & Solicitations Division
12th Floor
100 West Randolph Street
Chicago, IL 60601**

Kentucky -

**Consumer Protection Division
Attorney General's Office
1024 Capitol Center Drive
Frankfort, KY 40601-8204**

Jefferson County -

**Department of Public Protection
810 Barret Avenue, Suite 128
Louisville, KY 40204**

Louisiana -

**Department of Justice
Public Protection Section
One American Place
301 Main Street, Suite 1250
Baton Rouge, LA 70801**

Maine -

**State of Maine
Dept. of Professional and Financial Regulation
Charitable Solicitations
35 State House Station
Augusta, ME 04333**

Maryland -

**State of Maryland
Maryland Secretary of State
Charitable Division
State House
Annapolis, MD 21401**

Michigan -

Exempt

Massachusetts -

Exempt

Minnesota -

**State of Minnesota
Office of the Attorney General
445 Minnesota Street
St. Paul, MN 55101**

Mississippi -

Office of the Secretary of State

P.O. Box 136
Jackson, MS 39205

Missouri - Attorney General of Missouri
PO Box 800
Jefferson City, MO 65102

New Hampshire - Attorney General
State of New Hampshire
33 Capitol Street
Concord, NH 03301

New Jersey - Division of Consumer Affairs
Charities Registration Section
124 Halsey Street
Newark, NJ 07101

New York - State of New York
Office of the Attorney General
Department of Law
120 Broadway
New York, NY 10271

New Mexico - Office of the Attorney General
P.O. Drawer 1508
Santa Fe, NM 87504

North Carolina - Department of Health and Human Services
Solicitation Licensing Branch
Division of Facility Services
701 Barbour Drive
Raleigh, NC 27626-0530

North Dakota - Office of the Secretary of State
600 East Boulevard Avenue
Bismarck, ND 58505

Ohio - Office of the Attorney General
Charitable Foundations Section
101 E. Town Street, 4th Floor
Columbus, OH 43215

Oklahoma - Office of the Secretary of State
2300 North Lincoln Blvd., Room 101
Oklahoma City, OK 73105-4897

Oregon - Department of Justice
1515 SW 5th Avenue
Suite 410
Portland, OR 97201

Pennsylvania - Commonwealth of Pennsylvania

Department of State
Bureau of Charitable Organizations
308 North Office Building
Harrisburg, PA 17120

Rhode Island -

State of Rhode Island
Dept. of Business Regulation
Securities Division
233 Richmond Street, Ste. 232
Providence, RI 02903-4232

South Carolina -

State of South Carolina
Office of the Secretary of State
PO Box 11350
Columbia, SC 29211

Tennessee -

Department of State
Charitable Solicitations
James K. Polk Building
Suite 1700
Nashville, TN 37243-0308

Utah -

Department of Commerce
Division of Consumer Protection
160 East 300 South
P.O. Box 45804
Salt Lake City, Utah 84145-0804

Virginia -

State Division of Consumer Affairs
1100 Bank Street
Richmond, VA 23219

Washington -

Office of the Secretary of State
Charitable Solicitations Program
Corporations Division
505 E. Union Avenue
Olympia, WA 98504-0234

West Virginia -

Office of the Secretary of State
Building 1, Suite 157-K
1900 Kanawha Boulevard, E
Charleston, WV 25305

Wisconsin -

Department of Regulation & Licensing
1400 E. Washington Avenue
Madison, WI 53703

Traditional Values Coalition Education
Form 990: Part V-A; line 75c
Receipt of Compensation from Other Companies

Organization that provided compensation: Traditional Values Coalition Education; EIN 33-0625188
Relationship: Common paymaster and shared facilities and employees
Compensation provided:

| <u>Name</u> | <u>Compensation</u> | <u>Contributions to Employee Benefit Plans and Deferred Compensation Plan</u> | <u>Expense Account and Other Allowances</u> |
|-----------------|---------------------|---|---|
| Louis P Sheldon | 27,600 00 | - | - |
| Mary E Buzzone | 7,367 00 | - | - |
| Andrea Lafferty | 27,200 00 | - | - |
| | <u>62,167 00</u> | <u>-</u> | <u>-</u> |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

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

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

| | | |
|---|---|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization Traditional Values Coalition | Employer identification number 33-0055498 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. 100 S. Anaheim Blvd. #350, | |
| | City, town or post office. For a foreign address, see instructions. Anaheim | |
| | state CA | ZIP code 92805 |

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

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

● The books are in the care of ▶ The Organization -----

Telephone No. ▶ (714) 520-0300 FAX No. ▶ (714) 520-9602

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Aug 15, 2007, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

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

| | | | |
|---|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.