

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

▶ 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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>JEANNETTE RANKIN FOUNDATION, INC</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>PO BOX 6653</p> <p>City or town, state or country, and ZIP + 4</p> <p>ATHENS, GA 30604</p>	<p>D Employer identification number</p> <p>58-1273122</p> <p>E Telephone number</p> <p>706-208-1211</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

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

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

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

G Website: ▶ **WWW.RANKINFOUNDATION.ORG**

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

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

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **485,650.**

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

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <p>a Contributions to donor advised funds 1a</p> <p>b Direct public support (not included on line 1a) 1b 225,619.</p> <p>c Indirect public support (not included on line 1a) 1c</p> <p>d Government contributions (grants) (not included on line 1a) 1d</p> <p>e Total (add lines 1a through 1d) (cash \$ 225,619. noncash \$ _____) ... 1e 225,619.</p> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2</p> <p>3 Membership dues and assessments 3 2,830.</p> <p>4 Interest on savings and temporary cash investments 4</p> <p>5 Dividends and interest from securities 5 24,335.</p> <p>6 a Gross rents 6a</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss). Subtract line 6b from line 6a 6c</p> <p>7 Other investment income (describe ▶ _____) 7</p> <p>8 a Gross amount from sales of assets other than inventory 8a</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(A) Securities</td> <td style="width:50%; text-align: center;">(B) Other</td> </tr> <tr> <td style="text-align: right;">198,327.</td> <td style="text-align: right;">8a</td> </tr> <tr> <td style="text-align: right;">183,641.</td> <td style="text-align: right;">8b</td> </tr> <tr> <td style="text-align: right;">14,686.</td> <td style="text-align: right;">8c</td> </tr> </table> <p>d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1 8d 14,686.</p> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p>a Gross revenue (not including \$ 34,730. of contributions reported on line 1b) ... 9a 33,760.</p> <p>b Less: direct expenses other than fundraising expenses 9b 29,462.</p> <p>c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2 9c 4,298.</p> <p>10 a Gross sales of inventory, less returns and allowances 10a</p> <p>b Less: cost of goods sold 10b</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c</p> <p>11 Other revenue (from Part VII, line 103) 11 779.</p> <p>12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 272,547.</p>	(A) Securities	(B) Other	198,327.	8a	183,641.	8b	14,686.	8c	
(A) Securities	(B) Other									
198,327.	8a									
183,641.	8b									
14,686.	8c									
Revenue										
	<p>13 Program services (from line 44, column (B)) 13 271,889.</p> <p>14 Management and general (from line 44, column (C)) 14 23,470.</p> <p>15 Fundraising (from line 44, column (D)) 15 24,722.</p> <p>16 Payments to affiliates (attach schedule) 16</p> <p>17 Total expenses. Add lines 16 and 44, column (A) 17 320,081.</p>									
Expenses										
	<p>18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 <47,534.></p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 768,671.</p> <p>20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 20 57,849.</p> <p>21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 778,986.</p>									
Net Assets										

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				STATEMENT 5
22b Other grants and allocations (attach schedule) (cash \$ <u>156,000</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	156,000.	156,000.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	50,461.	35,323.	7,569.	7,569.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	54,621.	40,093.	7,264.	7,264.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	7,691.	5,531.	1,080.	1,080.
30 Professional fundraising fees				
31 Accounting fees	1,070.		1,070.	
32 Legal fees				
33 Supplies	3,799.	2,987.	643.	169.
34 Telephone	2,876.	2,157.	431.	288.
35 Postage and shipping	3,298.	2,727.	114.	457.
36 Occupancy	13,557.	11,111.	1,774.	672.
37 Equipment rental and maintenance				
38 Printing and publications	3,397.	2,627.	154.	616.
39 Travel	1,704.	1,279.		425.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	1,392.	1,044.	348.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	20,215.	11,010.	3,023.	6,182.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	320,081.	271,889.	23,470.	24,722.

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 7

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a SEE STATEMENT 6

(Grants and allocations \$ 156,000.) If this amount includes foreign grants, check here

271,889.

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 (attach schedule)

(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) 271,889.

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	95,463.	45	61,820.
	46 Savings and temporary cash investments	54,429.	46	17,203.
	47 a Accounts receivable	47a 70.		
	b Less: allowance for doubtful accounts	47b	47c	70.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	662,297.	54a	754,201.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other	0.	56	0.
	57 a Land, buildings, and equipment: basis	57a 7,547.		
b Less: accumulated depreciation	57b 4,274.	4,857.	57c 3,273.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	817,046.	59	836,567.	
Liabilities	60 Accounts payable and accrued expenses	3,969.	60	7,436.
	61 Grants payable		61	
	62 Deferred revenue	22,667.	62	29,145.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SCHOLARSHIPS PAYABLE)	21,739.	65	21,000.
66 Total liabilities. Add lines 60 through 65	48,375.	66	57,581.	
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	1,593.	67	3,070.
	68 Temporarily restricted	34,758.	68	250,325.
	69 Permanently restricted	732,320.	69	525,591.
	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)	768,671.	73	778,986.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	817,046.	74	836,567.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Total revenue is 272,547.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Total expenses are 320,081.

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.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15			
b 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)	75b		X
c 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."	75c		X
If "Yes," attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d		X

(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
NONE				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If "Yes," attach a conformed copy of the changes.			
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a 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?	80a		X
b If "Yes," enter the name of the organization N/A			
_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures. (See line 81 instructions.)	81a		0.
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
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		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	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 GA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	4
91 a	The books are in care of SUE LAWRENCE Telephone no. 7062081211 Located at 2500 ATLANTA HWY, #410, ATHENS, GA ZIP + 4 30606		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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 Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					2,830.
95 Interest on savings and temporary cash investments ...					
96 Dividends and interest from securities					24,335.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					14,686.
101 Net income or (loss) from special events			01	4,298.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISC. REVENUE			01	779.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		5,077.	41,851.
105 Total (add line 104, columns (B), (D), and (E))					46,928.

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).
94	MEMBERSHIP DUES PROVIDE FUNDS THE EDUCATIONAL ASSISTANCE AND ADMINI-
96	INCOME ASSISTS WITH FUNDING OF EDUCATIONAL ASSISTANCE AND COSTS
100	INCOME ASSISTS WITH FUNDING OF EDUCATIONAL ASSISTANCE AND COSTS

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

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

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

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

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

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here	Signature of officer _____	Date _____	
	Type or print name and title _____		
Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 BATES CARTER & CO., LLP PO DRAWER 2396 GAINESVILLE, GA. 30503	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____	Phone no. 770-532-9131

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization

JEANNETTE RANKIN FOUNDATION, INC

Employer identification number

58 1273122

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

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

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

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

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

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

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

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	245,119.	205,557.	135,411.	132,415.	718,502.
16 Membership fees received	17,115.	12,016.	10,526.	17,285.	56,942.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	39,472.	55,818.	29,230.	34,541.	159,061.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18,007.	17,304.	15,346.	21,944.	72,601.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	319,713.	290,695.	190,513.	206,185.	1,007,106.
24 Line 23 minus line 17	280,241.	234,877.	161,283.	171,644.	848,045.
25 Enter 1% of line 23	3,197.	2,907.	1,905.	2,062.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 16,961.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 29,117.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 848,045.
d Add: Amounts from column (e) for lines: 18 <u>72,601.</u> 19 _____ 22 _____ 26b <u>29,117.</u>					26d 101,718.
e Public support (line 26c minus line 26d total)					26e 746,327.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.0056%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement. _____ _____		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF SECURITIES	198,327.	183,641.	0.	14,686.
TO FORM 990, PART I, LINE 8	198,327.	183,641.	0.	14,686.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER (1 EVENT)	41,180.	26,540.	14,640.	23,230.	<8,590.>
HIGH HAT TEA (1 EVENT)	16,018.	7,440.	8,578.	1,535.	7,043.
BOTTLE AUCTION (1 EVENT)	7,152.	75.	7,077.	2,725.	4,352.
OTHER - 2 EVENTS (CALENDAR, LECTURE, AUCTION)	4,140.	675.	3,465.	1,972.	1,493.
TO FM 990, PART I, LINE 9	68,490.	34,730.	33,760.	29,462.	4,298.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN	58,041.
PRIOR PERIOD ADJUSTMENT	<192.>
TOTAL TO FORM 990, PART I, LINE 20	57,849.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER EXPENSES	5,724.	746.	768.	4,210.
INVESTMENT EXPENSES	7,385.	7,385.		
BANK CHARGES	1,332.	666.	666.	
DUES AND SUBSCRIPTIONS	2,209.	1,657.	331.	221.
NETWORKING	1,112.	556.		556.
INSURANCE	1,258.		1,258.	
30TH ANNIVERSARY	1,195.			1,195.
TOTAL TO FM 990, LN 43	20,215.	11,010.	3,023.	6,182.

FORM 990	CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS	STATEMENT 5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS L. ALBERTSON 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS T. AYERS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS T.ANDRACH 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K.ASHLAN 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS T. AULTMAN 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS L. BELL 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. BARTHOLEMEW 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS A. BLAND 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS G. BOQUIST 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K. B. 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K. BUCHHOLZ 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS T. BUTLER 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. BUSH 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. CHARBONEAU 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS P. CHAPLIN 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS D. CHASE 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. CONERLY 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS D. DAVIS-KING 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. COPELAND 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS T. DELA CRUZ 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. DIAZ 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS E. DONEY 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS P. EATON 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS D. EBERLY 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K. DAVIS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS C. EMERY 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS W. FERENGE 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS C. FOUST 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS P. GARCIA 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS J. GARCIA 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. GIRON 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. GOMEZ 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. GRAVES 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. GRIER 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS D. GROOMES 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS C. GUARDIPEE 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS L. HAAS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS P. HARRIS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS J. HARRIS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS P. HOUGH 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS B. HUBBARD 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. JIRON 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS B. JOHNSON 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K. KOLHOFF 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS T. LAPPIN 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS D. LEDET 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS P. LEMEN 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K. LIEVERS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. LOCKHART 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K. MALONE 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. MCDONALD 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS K. MCROBERTS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS C. MEYER 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. MILLER 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS I. MINNIE 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS D. MINOR 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS L. MORGAN 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. NESS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS E. OPIELA 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS S. ORTNER 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS C. PAEGLOW 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS D. PEDERZANI 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS C. PICKETT 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS L. POWELL 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. PROVANCIAL 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS R. RIORDAN 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS A. ROGERS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. SALCHERT 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS C. SCOTT 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS E. SKINNER 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS R. SOUCY 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS D. STAUB 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS A. STEPHENS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS M. THOMAS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.
SCHOLARSHIPS R. TORREZ 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	NONE	2,000.

SCHOLARSHIPS	NONE	2,000.
L. VAN HOOK		
2500 WEST BROAD ST. SUITE 410		
ATHENS, GA 30606		
SCHOLARSHIPS	NONE	2,000.
C. WILSON		
2500 WEST BROAD ST. SUITE 410		
ATHENS, GA 30606		
SCHOLARSHIPS	NONE	2,000.
V. BALISTRERI		
2500 WEST BROAD ST. SUITE 410		
ATHENS, GA 30606		
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		156,000.

DESCRIPTION OF PROGRAM SERVICE ONE

THE JEANNETTE RANKIN FOUNDATION RAISES FUNDS AND PROVIDES SCHOLARSHIPS ANNUALLY TO LOW-INCOME WOMEN, THIRTY-FIVE YEARS OF AGE AND OLDER, WHO ARE IN AN UNDERGRADUATE OR VOCATIONAL TRAINING PROGRAM AND HAVE A VISION OF HOW THEIR EDUCATION WILL BENEFIT THEMSELVES, THEIR FAMILIES, AND THEIR COMMUNITIES.

SINCE JRF WAS CHARTERED IN 1976, THE FOUNDATION HAS BEEN WORKING TO ASSIST NON-TRADITIONAL STUDENTS TOWARD HIGHER EDUCATION BY PROVIDING SCHOLARSHIPS TO WOMEN ALL ACROSS THE UNITED STATES. THE NUMBER OF SCHOLARSHIPS THAT THE FOUNDATION PROVIDED INCREASED SLOWLY FROM THE ONE SCHOLARSHIP OF \$500 IN 1978 TO 25 SCHOLARSHIPS OF \$1500 EACH IN 2001. IN 2002, THE ORGANIZATION HIRED TWO PROFESSIONAL STAFF, AND THE PROGRAM ACCELERATED. THIRTY WOMEN RECEIVED GRANTS OF \$2000 EACH IN 2002, AND BY 2006, JRF PROVIDED 78 SCHOLARSHIPS OF \$2000 EACH TO HELP WOMEN SUCCEED THROUGH EDUCATION.

IN 2006, THE FOUNDATION RECEIVED 933 APPLICATIONS FROM WOMEN SEEKING FINANCIAL AID FOR COLLEGE. TO QUALIFY, WOMEN MUST BE 35 YEARS OF AGE OR OLDER, A U.S. CITIZEN, ENROLLED IN OR ACCEPTED TO A REGIONALLY ACCREDITED COLLEGE, AND LOW-INCOME ACCORDING TO THE U.S. DEPARTMENT OF LABOR'S LOWER LIVING STANDARD. APPLICATIONS ARE FIRST SCREENED AND MUST PASS THROUGH THREE LEVELS OF REVIEW AND SELECTION. THE SELECTION PROCESS IS ORGANIZED BY STAFF AND CARRIED OUT BY VOLUNTEERS AND BOARD MEMBERS USING FOUNDATION SELECTION GUIDELINES. THE SCHOLARSHIP PROGRAM IS MANAGED BY AN EXECUTIVE DIRECTOR, PROGRAM COORDINATOR, AND PROGRAM ASSISTANT. IN ADDITION, JRF USES A NETWORK OF VOLUNTEERS AND STUDENT INTERNS TO HELP NOT ONLY WITH THE APPLICATION REVIEW PROCESS BUT ALSO DAILY OPERATIONS.

THE VALUE OF A COLLEGE EDUCATION CAN BE QUANTIFIED BY LOOKING AT INCREASED EARNING POWER. ACCORDING TO THE U.S. BUREAU OF LABOR STATISTICS AND CENSUS BUREAU, 2007, THE MEDIAN SALARY FOR WOMEN IS: \$30,940 FOR A HIGH SCHOOL GRADUATE; \$37,492 FOR A WOMAN WITH AN ASSOCIATE'S DEGREE; AND \$50,024 FOR A WOMAN WITH A BACHELOR'S DEGREE.

JRF SUPPORTS SUCCESS: DATA FROM JRF SCHOLARS WHO RESPONDED

TO SURVEYS IN JANUARY, 2006 AND JANUARY, 2007 SHOW THAT 97.9% OF JEANNETTE RANKIN FOUNDATION RECIPIENTS HAVE GRADUATED OR ARE MAKING ACADEMIC PROGRESS. OF THE 78 WOMEN WHO RECEIVED GRANTS IN 2006, 58% ARE THE FIRST IN THEIR FAMILY TO GO TO COLLEGE. JRF SCHOLARS COMPLETE THEIR EDUCATION AND ENTER CAREERS THAT PROVIDE LIVING WAGES. THUS, THE JRF PROGRAM IS EFFECTIVE IN COMBATING POVERTY PERMANENTLY. THE JEANNETTE RANKIN FOUNDATION IS ONE OF THE FEW ORGANIZATIONS IN THE UNITED STATES WITH SCHOLARSHIPS TARGETED TO NON-TRADITIONAL WOMEN STUDENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	156,000.	271,889.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

PROVIDES ASSISTANCE, INCLUDING EDUCATIONAL GRANTS FOR POST-SECONDARY EDUCATION TO WOMEN 35 YEARS OF AGE AND OLDER IN CRITICAL FINANCIAL NEED.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PUBLICLY TRADED SECURITIES	FMV			754,201.	754,201.
TO FORM 990, LINE 54A, COL B				754,201.	754,201.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	29,462.
ROUNDING	4.
TOTAL TO FORM 990, PART IV-A	29,466.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
SPECIAL EVENT EXPENSES		29,462.	
ROUNDING		3.	
TOTAL TO FORM 990, PART IV-B		29,465.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUE LAWRENCE 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	EXECUTIVE DIRECTOR 40.00	47,863.	2,599.	0.
LAURA BIEREMA 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	PRESIDENT 2.00	0.	0.	0.
PETER APPEL 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
MARGARET BOTHWELL 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
JUNIPER BURROWS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	SECRETARY 1.00	0.	0.	0.
GERALDINE CLARKE 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
DONNA DRAKE-CLARK 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
KAREN HOLT 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.

TRACY MATHEWS 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	TREASURER 2.00	0.	0.	0.
LUCY ROWLAND 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
RON SCHWARTZ 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
LYA SORANO 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
NANCY STATON 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
JOYCE WALLER 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	VICE-PRESIDENT 1.00	0.	0.	0.
SUZI WONG 2500 WEST BROAD ST. SUITE 410 ATHENS, GA 30606	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		47,863.	2,599.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 12
PART III, LINE 3A

APPLICANT MUST BE A WOMAN, 35 OR OLDER, US CITIZEN, ATTENDING OR ACCEPTED TO AN ACCREDITED SCHOOL, PURSUING A TECHNICAL/VOCATIONAL EDUCATION, ASSOCIATE'S DEGREE OR A BACHELOR'S DEGREE. IN ADDITION, THE APPLICANT'S INCOME MUST MEET THE GUIDELINES SET BY THE FOUNDATION.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II			Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number		
	JEANNETTE RANKIN FOUNDATION, INC		58-1273122		
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 6653		For IRS use only		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATHENS, GA 30604					

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

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

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

- The books are in the care of **SUE LAWRENCE**
Telephone No. **7062081211** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**
- 5 For calendar year **2006**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME NECESSARY TO GATHER INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

8a 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.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

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

Signature _____ Title _____ Date _____

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

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

Director _____ By: _____ Date _____

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

Type or print	Name	BATES CARTER & CO., LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number	PO DRAWER 2396
	City or town, province or state, and country (including postal or ZIP code)	GAINESVILLE, GA. 30503