

# 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)

**2006**

Open to Public Inspection

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** 2006, **and ending** 2006

<p><b>B</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><b>C</b></p> <p>Please use IRS label or print or type. See specific instructions.</p> <p>Interfaith Hospitality Network of Greater Cincinnati, Inc. 2110 Saint Michael St. Cincinnati, OH 45204-1916</p>	<p><b>D Employer Identification Number</b></p> <p>31-1335474</p>	<p><b>E Telephone number</b></p> <p>513-471-1100</p>	<p><b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual</p> <p><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).

**H and I are not applicable to section 527 organizations.**

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

**H (b)** If 'Yes,' enter number of affiliates: \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No (If 'No,' attach a list. See instructions.)

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

**G Web site:** www.ihncincinnati.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:** \_\_\_\_\_

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

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 621,567.

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

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received:</p> <p><b>a</b> Contributions to donor advised funds <span style="float:right">1 a</span></p> <p><b>b</b> Direct public support (not included on line 1a) <span style="float:right">1 b 340,398.</span></p> <p><b>c</b> Indirect public support (not included on line 1a) <span style="float:right">1 c 40,393.</span></p> <p><b>d</b> Government contributions (grants) (not included on line 1a) <span style="float:right">1 d 225,395.</span></p> <p><b>e</b> Total (add lines 1a through 1d) (cash \$ <u>606,186.</u> noncash \$ _____) <span style="float:right">1 e 606,186.</span></p>																											
	<p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) <span style="float:right">2</span></p> <p><b>3</b> Membership dues and assessments <span style="float:right">3</span></p> <p><b>4</b> Interest on savings and temporary cash investments <span style="float:right">4 1,682.</span></p> <p><b>5</b> Dividends and interest from securities <span style="float:right">5</span></p>																											
	<p><b>6a</b> Gross rents <span style="float:right">6 a</span></p> <p><b>b</b> Less: rental expenses <span style="float:right">6 b</span></p> <p><b>c</b> Net rental income or (loss). Subtract line 6b from line 6a <span style="float:right">6 c</span></p>																											
	<p><b>7</b> Other investment income (describe: _____) <span style="float:right">7</span></p>																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"></td> <td style="width:10%; text-align:center;">(A) Securities</td> <td style="width:10%;"></td> <td style="width:10%; text-align:center;">(B) Other</td> <td style="width:15%;"></td> </tr> <tr> <td><b>8a</b> Gross amount from sales of assets other than inventory <span style="float:right">8 a</span></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>b</b> Less: cost or other basis and sales expenses <span style="float:right">8 b</span></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>c</b> Gain or (loss) (attach schedule) <span style="float:right">8 c</span></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <span style="float:right">8 d</span></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		(A) Securities		(B) Other		<b>8a</b> Gross amount from sales of assets other than inventory <span style="float:right">8 a</span>					<b>b</b> Less: cost or other basis and sales expenses <span style="float:right">8 b</span>					<b>c</b> Gain or (loss) (attach schedule) <span style="float:right">8 c</span>					<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <span style="float:right">8 d</span>						
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	<p><b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p><b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b) <span style="float:right">9 a 13,165.</span></p> <p><b>b</b> Less: direct expenses other than fundraising expenses <span style="float:right">9 b 8,016.</span></p> <p><b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a. <span style="float:right">9 c 5,149.</span> Statement 1</p>																											
	<p><b>10a</b> Gross sales of inventory, less returns and allowances <span style="float:right">10 a</span></p> <p><b>b</b> Less: cost of goods sold <span style="float:right">10 b</span></p> <p><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a. <span style="float:right">10 c</span></p>																											
	<p><b>11</b> Other revenue (from Part VII, line 103) <span style="float:right">11 534.</span></p> <p><b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. <span style="float:right">12 613,551.</span></p>																											
EXPENSES	<p><b>13</b> Program services (from line 44, column (B)) <span style="float:right">13 341,174.</span></p> <p><b>14</b> Management and general (from line 44, column (C)) <span style="float:right">14 60,983.</span></p> <p><b>15</b> Fundraising (from line 44, column (D)) <span style="float:right">15 31,151.</span></p> <p><b>16</b> Payments to affiliates (attach schedule) <span style="float:right">16</span></p> <p><b>17 Total expenses.</b> Add lines 16 and 44, column (A) <span style="float:right">17 433,308.</span></p>																											
ASSETS	<p><b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12. <span style="float:right">18 180,243.</span></p> <p><b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <span style="float:right">19 228,577.</span></p> <p><b>20</b> Other changes in net assets or fund balances (attach explanation) <span style="float:right">20</span></p> <p><b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20. <span style="float:right">21 408,820.</span></p>																											

**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 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)	25a	55,426.	44,894.	7,205.	3,327.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
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	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	190,852.	154,591.	24,811.	11,450.
27 Pension plan contributions not included on lines 25a, b, and c	27	4,761.	3,856.	619.	286.
28 Employee benefits not included on lines 25a - 27	28	22,050.	16,554.	4,270.	1,226.
29 Payroll taxes	29	29,385.	23,802.	3,820.	1,763.
30 Professional fundraising fees	30				
31 Accounting fees	31	4,217.		4,217.	
32 Legal fees	32				
33 Supplies	33	6,245.	5,058.	812.	375.
34 Telephone	34	6,470.	5,241.	841.	388.
35 Postage and shipping	35	5,847.	4,736.	760.	351.
36 Occupancy	36	23,117.	18,725.	3,005.	1,387.
37 Equipment rental and maintenance	37	1,786.	1,447.	232.	107.
38 Printing and publications	38	6,355.	5,148.	826.	381.
39 Travel	39	36,335.	36,075.	178.	82.
40 Conferences, conventions, and meetings	40	2,042.		2,042.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	15,547.	12,593.	2,021.	933.
43 Other expenses not covered above (itemize): a See Statement 2	43a	22,873.	8,454.	5,324.	9,095.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	433,308.	341,174.	60,983.	31,151.

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 \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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? ▶ <u>See Statement 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>PROVIDE TEMPORARY HOUSING AND LIVING SUPPORT FOR HOMELESS FAMILIES IN THE GREATER CINCINNATI AREA FOR 333 PEOPLE FROM 100 FAMILIES IN 2005. TRANSPORTATION, MEALS AND SOCIAL SERVICE ASSISTANCE WERE ALSO PROVIDED TO THE HOMELESS FAMILIES SERVED.</u>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	341,174.
<b>b</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)..... ▶	341,174.

BAA

**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	149,509.	45	128,010.
	46	Savings and temporary cash investments		46	125,354.
	47 a	Accounts receivable		47 a	
	b	Less: allowance for doubtful accounts		47 b	47 c
	48 a	Pledges receivable	83,602.	48 a	
	b	Less: allowance for doubtful accounts		48 b	48 c
	49	Grants receivable	8,786.	49	11,632.
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	83,602.
	51 a	Other notes and loans receivable (attach schedule)		51 a	
	b	Less: allowance for doubtful accounts		51 b	51 c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	2,945.
	54 a	Investments — publicly-traded securities		54 a	
	b	Investments — other securities (attach sch)		54 b	
	55 a	Investments — land, buildings, & equipment: basis	157,727.	55 a	
	b	Less: accumulated depreciation (attach schedule) <b>Statement 4</b>	99,633.	55 b	55 c
	56	Investments — other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis		57 a	
b	Less: accumulated depreciation (attach schedule)		57 b	57 c	
58	Other assets, including program-related investments (describe _____)		58		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	229,520.	59	409,637.	
LIABILITIES	60	Accounts payable and accrued expenses	943.	60	817.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a	Tax-exempt bond liabilities (attach schedule)		64 a	
	b	Mortgages and other notes payable (attach schedule)		64 b	
	65	Other liabilities (describe _____)		65	
66	<b>Total liabilities.</b> Add lines 60 through 65	943.	66	817.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	215,178.	67	294,782.
	68	Temporarily restricted	13,399.	68	114,038.
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	228,577.	73	408,820.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	229,520.	74	409,637.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	613,551.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	613,551.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	613,551.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	433,308.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	433,308.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	433,308.

**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
See Statement 5		55,426.	1,663.	0.



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
<b>82 b</b>	N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	X	
<b>83 b</b>			
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>84 b</b>	N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? .....		
<b>85 a</b>	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
<b>85 b</b>	N/A		
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members. ....		
<b>85 c</b>	N/A		
<b>d</b>	Section 162(e) lobbying and political expenditures. ....		
<b>85 d</b>	N/A		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. ....		
<b>85 e</b>	N/A		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e). ....		
<b>85 f</b>	N/A		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		
<b>85 g</b>	N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		
<b>85 h</b>	N/A		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12. ....		
<b>86 a</b>	N/A		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities. ....		
<b>86 b</b>	N/A		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders. ....		
<b>87 a</b>	N/A		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>87 b</b>	N/A		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX. ....		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI. ....		X
<b>88 b</b>			
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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
<b>89 b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... ▶ <u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization. .... ▶ <u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		X
<b>89 e</b>			
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		X
<b>89 f</b>			
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		X
<b>89 g</b>			
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>OH</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) .....		10
<b>90 b</b>			
<b>91 a</b>	The books are in care of ▶ <u>Ann Dempsey</u> Telephone number ▶ <u>513-471-1100</u> Located at ▶ <u>2110 Saint Michael St.,</u> ZIP + 4 ▶ <u>45204-1916</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>91 b</b>			
	If 'Yes,' enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

