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# 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)

**2007**

**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 2007 calendar year, or tax year beginning** , and ending

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

**C Name of organization**  
**LEADERSHIP FOR EDUCATION EQUITY**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**315 WEST 36TH STREET, 6TH FLOOR**

City or town State or country ZIP + 4  
**NEW YORK NY 10018**

**D Employer identification number**  
**20-8848357**

**E Telephone number**  
**(212) 279-2080**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ **www.educationalequity.org**

**J Organization type** (check only one) ▶  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

- 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
- I** Group Exemption Number ▶

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **150,613**

**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 (See the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>		0
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	150,100	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	0	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	0	
<b>e</b>	Total (add lines 1a through 1d) (cash \$ 150,100 noncash \$ 0)	<b>1e</b>		150,100
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		0
<b>3</b>	Membership dues and assessments	<b>3</b>		0
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		513
<b>5</b>	Dividends and interest from securities	<b>5</b>		0
<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		0
<b>7</b>	Other investment income (describe )	<b>7</b>		0
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		0	0	<b>8a</b> 0
<b>b</b>	Less: cost or other basis and sales expenses	0	0	<b>8b</b> 0
<b>c</b>	Gain or (loss) (attach schedule)	0	0	<b>8c</b> 0
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)			<b>8d</b> 0
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including contributions reported on line 1b)	<b>9a</b>		0
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		0
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		0
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		0
<b>b</b>	Less: cost of goods sold	<b>10b</b>		0
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>		0
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		0
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		150,613
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		25,000
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		9,253
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		0
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		0
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		34,253
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		116,360
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		0
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		116,360

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**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. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b> 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"/>	<b>22a</b> 0	0		
<b>22 b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 0	0		
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b> 0	0		
<b>25 a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 0	0	0	0
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0	0	0	0
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b> 0	0	0	0
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 0			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 0			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 0			
<b>29</b> Payroll taxes	<b>29</b> 0			
<b>30</b> Professional fundraising fees	<b>30</b> 0			
<b>31</b> Accounting fees	<b>31</b> 0			
<b>32</b> Legal fees	<b>32</b> 9,189		9,189	
<b>33</b> Supplies	<b>33</b> 0			
<b>34</b> Telephone	<b>34</b> 0			
<b>35</b> Postage and shipping	<b>35</b> 0			
<b>36</b> Occupancy	<b>36</b> 0			
<b>37</b> Equipment rental and maintenance	<b>37</b> 0			
<b>38</b> Printing and publications	<b>38</b> 0			
<b>39</b> Travel	<b>39</b> 0			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 0			
<b>41</b> Interest	<b>41</b> 0			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 0	0	0	0
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> BANK FEES	<b>43a</b> 64	0	64	0
<b>b</b> WEBSITE DEVELOPMENT	<b>43b</b> 25,000	25,000	0	0
<b>c</b>	<b>43c</b> 0	0	0	0
<b>d</b>	<b>43d</b> 0	0	0	0
<b>e</b>	<b>43e</b> 0	0	0	0
<b>f</b>	<b>43f</b> 0	0	0	0
<b>g</b>	<b>43g</b> 0	0	0	0
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 34,253	25,000	9,253	0

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 \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**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)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	0	45		
	46	Savings and temporary cash investments		46	116,360	
	47 a	Accounts receivable	47a	0		
	b	Less: allowance for doubtful accounts	47b	0	47c	0
	48 a	Pledges receivable	48a	0		
	b	Less allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable		49		
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b	0
	51 a	Other notes and loans receivable (attach schedule)	51a	0		
	b	Less: allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		53		
	54 a	Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b	Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a	Investments—land, buildings, and equipment: basis	55a	0		
	b	Less accumulated depreciation (attach schedule)	55b	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment: basis	57a	0		
b	Less accumulated depreciation (attach schedule)	57b	0	57c	0	
58	Other assets, including program-related investments (describe _____)		0	58	0	
59	<b>Total assets (must equal line 74) Add lines 45 through 58</b>		0	59	116,360	
Liabilities	60	Accounts payable and accrued expenses		60	0	
	61	Grants payable		61	0	
	62	Deferred revenue		62	0	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe _____)		0	65	0
66	<b>Total liabilities. Add lines 60 through 65</b>		0	66	0	
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		0	67	116,360
	68	Temporarily restricted		0	68	0
	69	Permanently restricted		0	69	0
	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		0	70	0
	71	Paid-in or capital surplus, or land, building, and equipment fund		0	71	
	72	Retained earnings, endowment, accumulated income, or other funds		0	72	
73	<b>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)</b>		0	73	116,360	
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		0	74	116,360	

**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>	N/A
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**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>	N/A
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**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 & deferred compensation plans	(E) Expense account and other allowances
Name WENDY S. KOPP Str 315 WEST 36TH ST City NEW YORK ST NY ZIP 10018	Title DIRECTOR Hr/WK	0	0	0
Name FRANK ROTHMAI Str 224 EAST 13TH ST City NEW YORK ST NY ZIP 10003	Title DIRECTOR Hr/WK	0	0	0
Name JOHN COLLINS Str 194 EAST 2ND ST City NEW YORK ST NY ZIP 10009	Title DIRECTOR Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

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

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. <span style="float: right;">3</span>		
<b>b</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).	<b>75b</b>	X
<b>c</b> 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." If "Yes," attach a statement that includes the information described in the instructions	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	X

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

(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
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information (See the instructions.)**

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

**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)		
	82b	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>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?		
	84b		
<b>85</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
<b>b</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.		X
<b>c</b>	Dues, assessments, and similar amounts from members	85c	0
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	0
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
<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?	85h	X
<b>86</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
<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.)	87b	
<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	88a	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	88b	X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. 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	89b	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacktriangleright$ N/A		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization $\blacktriangleright$ N/A		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	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?	89g	X
<b>90 a</b>	List the states with which a copy of this return is filed $\blacktriangleright$ DC		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	0
<b>91 a</b>	The books are in care of $\blacktriangleright$ Name LEADERSHIP FOR EDUCATIONAL EQUITY Telephone no $\blacktriangleright$ (212) 279-2080 Located at $\blacktriangleright$ 315 WEST 36TH STREET, 6TH City NEW YORK ST NY ZIP + 4 $\blacktriangleright$ 10018		
<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)? If "Yes," enter the name of the foreign country $\blacktriangleright$ 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)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes  No  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** 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) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	513	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		513	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))					513

**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)**

(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
	%		0	0
	%		0	0
	%		0	0
	%		0	0

**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).

<b>106</b>	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
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

<b>107</b>	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
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

<b>108</b>	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
			X

**Please Sign Here**

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

Signature of officer: Wendy Pop Date: 6/11/2010

Type or print name and title: CEO & Founder

**Paid Preparer's Use Only**

Preparer's signature: Diane A. Duncan Date: 5/17/2010 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): 250-06-5592

Firm's name (or yours if self-employed), address, and ZIP + 4: DUNCAN CONSULTING EIN:

3550 N SOMERSET STREET ARLINGTON VA 22213 Phone no: 703-534-2723

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Contributions to Donor Advised Funds</b> . . . . .		
<hr/>		
<b>Line 1b - Direct public support</b>		
1 Contributions . . . . .	150,100	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4
5 _____		5
6 _____		6
7 _____		7
8 _____		8
9 _____		9
10 Total . . . . .	150,100	10 0
<b>Line 1c - Indirect public support</b> . . . . .		
<b>Line 1d - Government contributions (grants)</b> . . . . .		