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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2007

Open to Public Inspection

Α	For the	2007 calend	lar year	, or tax year beginning	9/1/2007	, and ending	8/3	31/2008		
В	Check if a	ıpplıcable	Please	C Name of organization				D Emplo	yer id	entification number
V	Address of	change	use IRS label or	HIP HOP CONGRESS INC	:			95	:	4822739
	Name cha	•	print or	Number and street (or P O bo		vered to street address)	Boom/suite	E Telep	hone n	
	Initial retu		type	4308 Constance Street	.,			(314		704-0447
닏	Final retu		See Specific					`		
님	Amended	-	Instruc-	City or town, state or country,	and ZIP + 4		i	F Group		ption
므		on pending	tions.	New Orleans, LA 70115				Numb		
	 Secti 	ion 501(c)(3)		ations and 4947(a)(1) nonexe		trusts must attach	G Accou	_		☑ Cash ☐ Accrual
_			a con	mpleted Schedule A (Form 99	0 or 990-EZ).		Other	(specify)	<u> </u>	
							H Check	< ▶ □	if the	organization
ł	Websit	te: ► <u>www</u>	v.nipno	pcongress.com			1	required		
J	Organiz	zation type (d	check or	nly one)— 🗹 501(c) (3) ◀ (ın	sert no) 4	947(a)(1) or 🔲 527	Sched	lule B (Fo	om 99	0, 990-EZ, or 990-PF)
		_		on is not a section 509(a)(3) sup		tion and its gross rece	ents are norr	nally not	more t	han \$25,000. A return is
			_	ization chooses to file a return,		•	ipio aio non	, 1101		11011 420,000 71101011110
_				ne 9 to determine gross receipts,			ad of Form 9	90-EZ .	▶ \$	47,375
	art I	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		nses, and Changes in I						
						i i una balances	(Oce pag	3 77 01	4	47,375
	1			s, grants, and similar amounts						
	2	Program s	ervice i	revenue including governme	ent fees and co	ontracts			2	0
	3	Membersh	ip dues	s and assessments					3	0
	4	Investment	t incom	ne					4	0
	5a	Gross amo	ount fro	m sale of assets other than	inventory .	. 5a		0		
	Ь	Less: cost	or othe	er basis and sales expenses	, 	5b		0		
	С			n sale of assets other than		· -	ach schedi	راوا	5c	0
ě	6	-	-	d activities (attach schedule)				, 		
Revenue		-		ot including \$	· · · · · · · · · · · · · · · · · · ·		ok nore >		476	
ě	a					6a		0		
Œ.	١.	reported o		•		6b		0	***	
	b		•	nses other than fundraising	•					0
	С		•	ss) from special events and	•	1 1			6c	
	7a	Gross sale	s of inv	ventory, less returns and all	owances .	. 7a		0		
	b	Less: cost	of goo	ds sold		. 7b		0		
	С	•	•	oss) from sales of inventory	(line 7a less lin	ne 7b)			7c	<u> </u>
	8	Other reve)	8	0
_	9	Total reve	nue (ac	dd lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8)	DENE	;	,▶	9	47,375
	10	Grants and	d sımıla	r amounts paid (attach scho	edule)		v. とし	. .	10	
	11	Benefits pa	aid to c	or for members			7	ပ္ကါ .	11	0
S	12	Salaries, o	ther co	mpensation, and employee	benefits .	S OCT 0 S	2010.	$S_{\rm c}$	12	24,074
S	13			and other payments to inde		& UCF 0 8	2010		13	750
Expenses	14			utilities, and maintenance		,	i	<u> </u>	14	2,390
ũ	15			ons, postage, and shipping		OGDEN	1 ! 17	Ι΄.	15	1,757
	16			describe > See Statemen		. + + + + + + + + + + + + + + + + + + +	, 0 1	; ;	16	18,271
	17			add lines 10 through 16)					17	47,242
	18) for the year (line 9 less line					18	133
Assets	_									
SS	19			nd balances at beginning o			(must agre	e with	19	0
7				e reported on prior year's r					20	<u> </u>
Net	20			net assets or fund balance d balances at end of year (21	133
Б		_						2000 100	_	
	art II	Dalatice .		s—If Total assets on line 25		ire \$250,000 or mor				
			•	See page 51 of the instruction	ons)		(A) Beg	inning of y		(B) End of year
22	2 Casl	h, savings, a	and inv	estments			<u> </u>		0 2	
23							<u> </u>		0 2	
24	Other assets (describe ►)						0 2			
25	7 Total assets						0 2			
26	5 Tota	al liabilities	(descrit	ne 🕨		1			0 2	
27	7 Net	assets or f	und ba	alances (line 27 of column (B) must agree	with line 21) .			0 2	
Fo	r Privac	y Act and Pa	aperwoi	rk Reduction Act Notice, see	the separate in	structions.	Cat No 1	06421		Form 990-EZ (2007)

GIL

Pa	rt III Statement of Program Service Accom	plishments (See page 5	of the instruction	ns.)		Expe	nses	
Wha	at is the organization's primary exempt purpose?				op (R	equired fo		
Des	cribe what was achieved in carrying out the organiz cribe the services provided, the number of persons be	ation's exempt purposes Ir	n a clear and cond	ise manne	er, an	nd 4947(a otional for	i)(1) tr	usts,
28	See Statement 2							
						İ		
					<u>.</u>			
	(Grants \$) If this amount incl					<u>a </u>	3	2,579
29 .								
	(Grants \$) If this amount incl							
						3		
3 0 .								
•	(Grants \$) If this amount includes foreign grants, check here							
j	(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ [30a	а		
	Other program services (attach schedule)		•					
	(Grants \$) If this amount incl	udes foreign grants, check	here .	▶_[31:	а		
								2,579
Pa	TEV List of Officers, Directors, Trustees, and Key			,				
	(A) Name and address	hours per week	(If not paid,	employee ben	efit plans	& acc	Expension ar	nd
Sac	Statement 3		enter -0)	deterred cor	npensatio	1 other	allowar	nces
366	, otalement o							
						1		
	·							
						1		
							,	
Pa	rt V Other Information (Note the statemer	nt requirement in Genera	I Instruction V.)				Yes	No
33	Did the organization engage in any activity not pri	• •		n a detaile	ed			
						33		
34	Were any changes made to the organizing or gov		reported to the IF	RS? If "Ye	s,"	34		.,
	attach a conformed copy of the changes					34		7
35	If the organization had income from business activities, seeported on Form 990-T, attach a statement explaining y				out not			
•	Did the organization have unrelated business gros	· · · · · · · · · · · · · · · · · · ·			n and			ليست
a	proxy tax requirements?			s, reportin	y, anu	35a		~
b	If "Yes," has it filed a tax return on Form 990-T for					35b		
36	Was there a liquidation, dissolution, termination, of		uring the year? (if	"Yes," at	tach a			
	statement.)					36		~
	Enter amount of political expenditures, direct or ind		structions > 37	a L		0	 	لــــا
	Did the organization file Form 1120-POL for this	•			<i>.</i>	37b	 	~
38a	Did the organization borrow from, or make any loa							
_	any such loans made in a prior year and still unpa			return?		38a		~
b	If "Yes," attach the schedule specified in the line		r the amount 38	<u>, </u>		0		
39	involved		30	* 		Ť		
	Initiation fees and capital contributions included o	on line 9	39	а				
	Gross receipts, included on line 9, for public use		39	+		\neg	1	

	Fo	orm 990-E	Z (2007)										Pag	ge 3
	E	Part V	Other Info	ormation (N	ote the state	ement require	ement in (General Insti	ruction \	V.) (Con	tınued)			
	40					mposed on the				nder:	0		· -	
						engage in any ansaction from						40b	Yes	No V
	the y	year ur	ider sections	4912, 4955,	and 4958 .		• • • •	persons duri	• .			<u>o</u>	*	
					•	ne organizatio			. ▶ _	··· - · · · · · · · · · · · · · · · · ·		_		
	trans	saction	7			was the orga	anization :	a party to a	prohibite	ed tax s	helter	40e		
			es with which								•	044.70		
			are in care of ▶ 4308 Con			ane IA				phone (ZIP + 4		314-704 701		
0 4	acco If "Yo See t At ar If "Yo	unt)? es," en the ins ny time es," en	ter the name tructions for during the cater the name	of the foreig exceptions a alender year of the foreig	in country: and filling requ did the organic ountry:	anization mair	Form TD	F 90-22.1.	of the U	J.8:?		42b 42c	Yes	No V
3 3	and e	enter ti	ne amount of	tax-exempt	interest rece	ng Form 990- ived or accru	ed during	the tax year	r		43			► ⊔
leas ign ere	:e	Si S	r penalties of perceived, it is tole, or pressure of officer harmako Nob	le, Executiv		ned this return, in on of preparer (o	nckiding according that of	companying sch (ficer) is based o	adules año on all infor	d state ine mation of Date	rits, and to the five first transfer of the first transfer of transfer of transfer of transfer of the first transfer of tran	e best of marer has an	ny know ny knowi	ledge ledge.
eid epar	'er's	Prepa signat	ure /	In f	whole	y	C	Date /0/5/10	Check if self- emptoyee	d⊁□	Preparers S	Norphing 2176	_	
se O		Firm's	name (or yours employed).	Easy/Of				//	, i	EIN' .	√ .			
	,	1 -44	47. 400 July	4464 14	of Dhor Str	ant Suita 220	J. police d	0.00702		<u> </u>	200	20	7.4777	,

Form 990-EZ (2007)

SCHEDULE A

(Form 990 or 990-EZ)

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.)

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

HIP HOP CONGRESS INC				95 ;	4822739
		st Paid Employees C st each one. If there a			and Trustees
(a) Name and address of each employee than \$50,000	paid more	(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		0	* * 1/2	· 数 · 40 · * · · · · · · · · · · · · · · · · ·	, / 👌 🥻
Part II-A Compensation of the (See page 2 of the instance)		st Paid Independent (each one (whether indiv			
(a) Name and address of each inde	pendent contractor p	oald more than \$50,000	(b) Typ	e of service	(c) Compensation
None					
			-		
				-	911 - 113 4111
			•		
Total number of others receiving over professional services		0	* *		
	who performe	st Paid Independent (ed services other than e." See page 2 of the i	professional sei	Other Services vices, whether inc	dividuals or
(a) Name and address of each indep	pendent contractor p	aid more than \$50,000	(b) Typ	e of service	(c) Compensation
None					
_					
		••••			
Total number of other contractors rece \$50,000 for other services	eiving over	0			
			<u> </u>		

Pa	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 \$\bigsim \bigsim	V)	/
	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.		
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)		
а	Sale, exchange, or leasing of property?		~
b	Lending of money or other extension of credit?		
С	Furnishing of goods, services, or facilities?		~
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		~
е	Transfer of any part of its income or assets?		~
За	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)		V
b	Did the organization have a section 403(b) annuity plan for its employees?		~
С	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		~
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		~
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		V
b	Did the organization make any taxable distributions under section 4966?		<u> </u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?		~
đ	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax 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 held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt I\	Reason for Non-Private	e Foundation	Status (See pages 4	through 7 c	of the instruc	tions.)
l cer	tıfy t	that the organization is not a priva	te foundation bed	cause it is (Please check	k only ONE ap	plicable box)	
5		A church, convention of churches	s, or association (of churches Section 170	O(b)(1)(A)(ı)		
6		A school Section 170(b)(1)(A)(ii)	(Also complete Pa	art V)			
7		A hospital or a cooperative hospi	tal service organi	zation. Section 170(b)(1)	(A)(III)		
8		A federal, state, or local government	ent or governme	ntal unit Section 170(b)(1)(A)(v)		
9		A medical research organization of and state ▶	pperated in conjur	nction with a hospital Se	ection 170(b)(1))(A)(III) Enter th	ne hospital's name, city
10		An organization operated for the b (Also complete the Support Scheo		or university owned or o	perated by a g	overnmental ur	nit Section 170(b)(1)(A)(iv)
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	1b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)						
12		An organization that normally rece from activities related to its charit from gross investment income ar organization after June 30, 1975	able, etc , function and unrelated busi	ns—subject to certain ex ness taxable income (le	cceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3% of its support sinesses acquired by the
13		An organization that is not contrrequirements of section 509(a)(3)	Check the box to	hat describes the type o	of supporting o		and otherwise meets the
		☐ Type II ☐ Type II	□Type	III-Functionally Integrate	ed [Type III-Othe	er
		Provide the following info	rmation about th	ne supported organizat	i ons. (See pag	je 7 of the inst	ructions)
Na	me(s	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the so organizati the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support
		- "			Yes	No	
Tota							
· Uta			<u> </u>	· · · ·	•	🟲	0
14		An organization organized and op	erated to test for	public safety Section 5	09(a)(4). (See	page 7 of the	instructions)

	e: You may use the worksheet in the instructions					
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants. See line 28).	0	0	0		0
16	Membership fees received	0	0	0	C	0
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.	0	0	0	C	0
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	0	0	0	c	0
19	Net income from unrelated business			- _		
	activities not included in line 18	0	0	0	<u> </u>	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	o	0
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.	0	0	0	0	
22	Other income. Attach a schedule Do not				U	•
	include gain or (loss) from sale of capital assets	ol	o	0	o	0
23	Total of lines 15 through 22 ,	0	0	0	0	<u> </u>
24	Line 23 minus line 17	0	0	0	0	
25	Enter 1% of line 23	0	0	0	0	ļ
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in columi	n (e) line 24	▶ 26a	1
b	Prepare a list for your records to show the name governmental unit or publicly supported organizations.	ne of and amount	contributed by	each person (oth	er than a	
	amount shown in line 26a Do not file this list w	ith your return. Er	nter the total of all	these excess am	ounts ▶ 26b	
С	Total support for section 509(a)(1) test Enter lin	ne 24, column (e)			▶ 26c	
d	Add Amounts from column (e) for lines 18	0	19			
		0	19 26b	<u> </u>	. ▶ <u>26d</u>	T
e	Public support (line 26c minus line 26d total)				. ▶ <u>26e</u>	
f 27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	r amounts includ	ed in lines 15, 1 total amounts rec	6, and 17 that vertically each year	. P 26f vere received from ar from, each "dis	0 % om a "disqualified squalified person"
	(2006) (2005)		(2004)		. (2003)	
b	For any amount included in line 17 that was received when hame of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	year, that was mor 5 through 11b, as w the larger amount	e than the larger of well as individuals) described in (1) of	of (1) the amount of Do not file this list or (2), enter the so	on line 25 for the st with your retu um of these diffe	year or (2) \$5,000. rn. After computing rences (the excess
	(2006) (2005)	•••••	(2004)		. (2003)	• • • • • • • • • • • • • • • • • • • •
С	Add Amounts from column (e) for lines 15		16			
·	17 20		21		▶ 27c	
d		and line 27b total			▶ 27d	1
e	Public support (line 27c total minus line 27d to				▶ 27e	† · · · · · ·
f	Total support for section 509(a)(2) test Enter a					
g	Public support percentage (line 27e (numera				▶ 27g	%
h	Investment income percentage (line 18, colu		•	**	· · · —	%
28	Unusual Grants: For an organization describe	d in line 10, 11	or 12 that receive	ed any unusual		

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(To be completed ONET by schools that checked the box of line of it Fart ty)			
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?	29	Yes	No
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?	30		
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?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following	3	3	
а	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	4.	y 5 3
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	A Section of the sect		
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
a e	Scholarships or other financial assistance?	33e	_	
ŭ	Eddoundrial policies			
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		3
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		4	3.
	•••••••••••••••••••••••••••••••••••••••			
34a	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?	34ь		 ,
	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		

Pa	rt VI-A Lobbying Expenditures by E (To be completed ONLY by a					ns.)
Che	ck ▶ a ☐ if the organization belongs to an affili	ated group. Che	eck ▶ b ☐ if	you checked "a'	and "limited conti	rol" provisions apply
	Limits on Lobbyi	ng Expenditur	es		(a) Affiliated grou totals	(b) To be completed for all electing
	(The term "expenditures" mea	ins amounts paid	or incurred.)			organizations
36	Total lobbying expenditures to influence public		,	3		
37	Total lobbying expenditures to influence a legi		ct lobbying) .	3		
38	Total lobbying expenditures (add lines 36 and	37)		3	_	
39	Other exempt purpose expenditures			3		
40	Total exempt purpose expenditures (add lines	•		. 4		\$30 1981 1388 1380 1014
41	Lobbying nontaxable amount Enter the amount		•			
		obbying nontaxa			1	
	Not over \$500,000 20%			1 172	The State of the State of	The sign of the
		000 plus 15% of ti		00,000	- 	<u>- </u>
		000 plus 10% of th		00,000 } 4		
		000 plus 5% of the 0,000	e excess over \$1,5	00,000	· Proproject	
42	Grassroots nontaxable amount (enter 25% of I	ine 41)		4	2	
43	Subtract line 42 from line 36 Enter -0- if line 4	2 is more than lir	ne 36 .	4	3	
44	Subtract line 41 from line 38 Enter -0- if line 4	l1 is more than lir	пе 38	4		
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	20.	n Charles Contract	
	(Some organizations that made a section See the instructions f	or lines 45 throug		of the instruct	tions)	
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))		\$ \$ \$ · 4			k
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))	· ·,	¥ 4 .	-	* * *	K.
50	Grassroots lobbying expenditures					
Pa	rt VI-B Lobbying Activity by Nonelection (For reporting only by organization)			Part VI-A) (Se	ee page 13 of	the instructions.)
Dur	ng the year, did the organization attempt to influ	ience national, st	ate or local legisl	ation, including	any Yes N	o Amount
atte	mpt to influence public opinion on a legislative r	natter or referend	um, through the	use of:	<u> </u>	
а	Volunteers					
b	Paid staff or management (Include compensation	on in expenses re	eported on lines (through h.).	·	/
C	Media advertisements				· ·	
d	Mailings to members, legislators, or the public				· · 	<u> </u>
е	Publications, or published or broadcast statem	ients				/
f	Grants to other organizations for lobbying purp	ooses				
g	Direct contact with legislators, their staffs, gov	emment officials,	or a legislative b	ody	•	
h	Rallies, demonstrations, seminars, conventions				<u> </u>	/
i	Total lobbying expenditures (Add lines c through f"Yes" to any of the above, also attach a state	gh h.) ement giving a de	etailed description	n of the lobby	. L ng activities	0

Pa	rt VI		n Regarding T ganizations (Se	ransfers To and Transa ee page 13 of the instruction	ctions and Relat	ionships With	Nonc	chari	table
51				r indirectly engage in any of the 01(c)(3) organizations) or in secti				d in s	ection
а	Tra	nsfers from the rep	orting organization	to a noncharitable exempt orga	anization of			Yes	No
	(i)	Cash					51a(i)		1
	(ii)	Other assets					a(ii)	<u> </u>	~
b	Oth	er transactions.							
	(i)	Sales or exchang	es of assets with a	noncharitable exempt organiza	tion		b(i)	<u> </u>	V
	(ii)			ritable exempt organization .			b(ii)	ļ	V
	(iti)			her assets			b(iii)		V
	(iv)	Reimbursement a	rrangements .				b(iv)		~
	(v)	Loans or loan gua	arantees				b(v)	ļ	~
	(vi)	Performance of se	ervices or member	ship or fundraising solicitations			b(vi)		V
С				sts, other assets, or paid emplo			c		~
d 	goo	ds, other assets, o	r services given by	complete the following schedule to the reporting organization if the column (d) the value of the good	he organization receive	ed less than fair r	market narket v	value /alue	of the in any
	a)	(b)		(c)		(d)			
Line	no	Amount involved	Name of none	charitable exempt organization	Description of transfers	, transactions, and st	nanng arra	angem	ents
									
				· · · · · · · · · · · · · · · · · · ·					
					·-··				
	des	cribed in section 50 es," complete the	01(c) of the Code (•	☐ Yes		No
		(a) Name of organiz	ation	(b) Type of organization	Des	(c) cription of relationship)		
_									
								_	
			· -						
		-							
			<u> </u>	<u> </u>		<u> </u>			
_									
_									
				l	i				

Statement 4
Form 990 EZ
Page None
Part None
Question None

HIP HOP CONGRESS INC 95-4822739

Reasonable Cause Explanation

Reasonable Cause Explanation

Statement 1 Form 990 EZ Page 1 Part I Question 16

HIP HOP CONGRESS INC 95-4822739

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Supplies	\$6,369 00			
Travel	\$5,513 00			
Meals	\$2,915 00			
Telephone and Telecommunications	\$2,455 00			
Other expenses	\$711 00			
Bank charges and fees	\$308 00			
Tatali	£19 271 00		· · · · · · · · · · · · · · · · · · ·	

Total:

\$18,271.00

Statement 2
Form 990 EZ
Page 2
Part. III
Question

HIP HOP CONGRESS INC 95-4822739

Program Services

Achievement		Pgm. Svc. Exp.
universities to inspire young peo	Congress has developed over 30 chapters at high schools and ple to get involved in social action, civic service, and cultural creativity s, speeches, exhibitions, awareness festivals, etc (30 chapters) \$37,500.00 This amount includes foreign grants: No	\$32,579 00
	Total:	\$32.579.00

Statement 3
Form 990 EZ
Page 2
Part. IV

Question

HIP HOP CONGRESS INC 95-4822739

Officers, Directors, Trustees, and Key Employees

Name and Address Ron Gubitz		Ave. Hrs/week	Comp.	Benefits \$0 00	Expenses \$0 00
		4			
Title	Board Member				
Addr 1 Addr 2	4308 Constance Street				
CSZ	New Orleans, LA 70115				
Country	United States				
Ahmer Ahmed		35	\$0 00	\$0.00	\$0.00
Title	Board Member				
Addr 1	1724 Scio Ridge Road				
Addr 2	A A MI 40400				
CSZ Country	Ann Arbor, MI 48103 United States				
Country	Officed States				
Kristine Wright PhD		4	\$0 00	\$0 00	\$0.00
Title	Board Member				
Addr 1	Los Angeles SW College				
Addr 2	1600 West Imperial Highway				
CSZ	Los Angeles, CA 90047-4899				
Country	United States				
Sarah Harris		2	\$0 00	\$0 00	\$0.00
Title	Board Member				
Addr 1	1517 MacArthur Blvd				
Addr 2	Apt 7				
CSZ	Oakland, CA 94602				
Country	United States				
Jordan Bromley		2	\$0 00	\$0 00	\$0.00
Title	Board Member				
Addr 1	Manatt Phelps and Phillips LLP				
Addr 2	11355 West Olympic Blvd				
CSZ	Los Angeles, CA 90064				
Country	United States				
Shamako Noble			\$9,824 00	\$0 00	\$0.00

Title Addr 1 Exec Director/CEO

Addr 1 988 Lena Street

Addr 2

CSZ Atlanta, GA 31314 Country United States

Name and Address Darcel Labne		Ave. Hrs/week	Comp. \$9,000 00	Benefits \$0 00	Expenses \$0 00
		10			
Title	Regional Director				
Addr 1 Addr 2	234 Lamonte Lane				
CSZ	Tracy, CA 95377				
Country	United States				
AAron Berkowitz		2	\$2,000 00	\$0 00	\$0 00
Title	Website Coordinator				
Addr 1	1500 East Riverside				
Addr 2	Apt 116				
CSZ	Austin, TX 78741				
Country	United States				
Krista Keating		2	\$3,250 00	\$0 00	\$0 00
Title	Executive Administrator				
Addr 1 Addr 2	5086 Elrose Avenue				
CSZ	San Jose, CA 95124				
Country	United States				
TOTALS			\$24,074.00	\$0.00	\$0.00

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