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990-EZ

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For	the	e 2008 <u>calendar year</u> , or tax year beginning 10/	01 , 2008, and ending		09/30/2009
В	Check	if ap	pplicable Please C Name of organization		D E	Employer identification number
Г		dres ange				
\vdash	_	-			5	2-1659777
\vdash			return type. Number and street (or P O box, if mail is not delivered to street addr	ess) Room/suite		Telephone number
\vdash	⊣┈		See		1	•
-		nend	Specific Specific City or town, state or country, and ZIP + 4		4~	202) 326-5974
<u> </u>	ref	tum	instruc-			Group Exemption
1_	pe	ndin	g Lagis: I WASHINGTON, DC 20005			Number · · · ▶
	•	Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must	attach G Accour	ting m	ethod. Cash X Accrual
			a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	>
				H Check	▶	if the organization is not
, ,	Web	sit	te: > N/A	require	d to att	ach Schedule B (Form 990,
			ration type (check only one) - X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ	or 990	-PF).
	Chec			· 		
			equired, but if the organization chooses to file a return, be sure to file a complete	• .	iuny iiu	2111010 111011 420,000 711012111
			s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 9		-	275,080.
	art I		Revenue, Expenses, and Changes in Net Assets or Fun			
ш.		-				
	1		Contributions, gifts, grants, and similar amounts received		1	50,000.
	2		Program service revenue including government fees and contracts		2	180,300.
	3		Membership dues and assessments		3	
	4		Investment income	1	4	44,780.
	5	а	Gross amount from sale of assets other than inventory 5a]	
	1	b	Less cost or other basis and sales expenses			
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a) (attach schedule) .	5c	
92	6		Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming,	check here		
/en	1	а	Gross revenue (not including \$ of contribution	• • • • • • • • • • • • • • • • • • • •	_	
Revenue	1		reported on line 1) 6a		{	
_		b	Less. direct expenses other than fundraising expenses 6b		1 1	
•			Net income or (loss) from special events and activities (Subtract line 6b from	line 6a)	6c	
5	1 -		Gross sales of inventory, less returns and allowances	mie oa)		
>	'					
Ē					7c	
	.		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
)	8		Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and C.F.)		8	025 000
3 —	9		10tal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8]	9	275,080.
5	10		Grants and similar amounts paid (attach schedule) STMT 13	J	10	92,825.
>	11		Benefits paid to or for members) [11	
98 98	12		Calaries, other compensation, and employee apricing	£	12	NONE
يڙد	13	3	Professional fees and other payments to independent contractors		13	2,634.
Şξ	14	,	Occupancy, rent, utilities, and maintenande UGDEN 11T	1	14	
Ш	15	5	Printing, publications, postage, and shipping	1	15	·
	16	i	Other expenses (describe ► STMT	2)	16	139,062.
	17	<u>, </u>	Total expenses. Add lines 10 through 16	>	17	234,521.
Ø	18	}	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	40,559.
Net Assets	19)	Net assets or fund balances at beginning of year (from line 27, column (A)) (
Ass			end-of-year figure reported on prior year's return)		19	1,183,352.
et.	20)	Other changes in net assets or fund balances (attach explanation) STMT		20	31,218.
Z	21		Net assets or fund balances at end of year. Combine lines 18 through 20		21	1,255,129.
P:	art	_	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,00			
_		_	(See the instructions for Part II)	(A) Beginning of year	1	(B) End of year
22	r	aeh	n, savings, and investments STMT 4	1,186,012	. 22	1,255,229.
23					23	1,200,220.
23 24			I and buildings	9,593		26.000
24 25			er assets (describe STMT 5		\neg	26,900.
			al assets	1,195,605	- $ -$	1,282,129.
26 27			al liabilities (describe STMT 6) assets or fund balances (line 27 of column (B) must agree with line 21)	12,253		27,000.
<u>27</u>			For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for	1,183,352	. 27	1,255,129.

Form 990-EZ (2008) •			52-	165977	7 Page 2
Part III - Statement of Program Service Accomplishme	nts (See the instruct	ions for Part III.)			enses
What is the organization's primary exempt purpose? STMT 7			}		for 501(c)(3) organizations
Describe what was achieved in carrying out the organization's exe				and 4947	'(a)(1) trusts,
describe the services provided, the number of persons benefited, or o	other relevant information	for each program titl	е	optional f	or others)
28 SEE STATEMENT 8					
			_		
			_1	Ì	
(Grants \$ NONE) if this amount include	s foreign grants, check hei	e ▶	28a		132,684
29 MICRO GRANTS- PROGRAM TO ENCOURAGE INNO	VATION IN INVEST	ror		}	
EDUCATION WITHIN THE GREATER WASHINGTON,	DC AREA.				
				ļ	
(Grants \$ 63,575.) If this amount include	s foreign grants, check hei	re ▶	29a		64,031
30 EDUCATION GRANTS- GRANTS WERE MADE TO THE	HE ALLIANCE FOR				
INVESTOR EDUCATION, THE AMERICAN SAVINGS	S COUNCIL AND TI	HE		1	
JUMPSTART COALITION FOR PERSONAL FINANCI	E LITERACY.				
(Grants \$ 29,250.) If this amount include	s foreign grants, check hei	re >	30a		29,250
31 Other program services (attach schedule) .SEE . STATEMENT.	9		<u></u>		
	s foreign grants, check hei		31a	L	2,763
32 Total program service expenses (add lines 28a through 31a)			▶ 32	<u></u>	228,728
Part IV List of Officers, Directors, Trustees, and Key Emplo	yees. List each one ever	if not compensated	See the in	structions f	or Part IV)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,		nbutions to enefit plans &	(e) Expense account and
(a) Name and address	devoted to position	enter -0)		ompensation	other allowances
	1				
SEE STATEMENT 10		0-		-0-	
					L
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reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 351 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X X X
Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35i Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35i Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE Did the organization file Form 1120-POL for this year? 37i 38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were		X X
reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35i Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions of None None Did the organization file Form 1120-POL for this year? 37i 38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were		X X
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 351 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 362 373 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE b Did the organization file Form 1120-POL for this year? 371 383 Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were		X
ing, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 351 362 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X X
b If "Yes," has it filed a tax return on Form 990-T for this year? 351 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 371 38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	o Carlo	X
complete applicable parts of Schedule N	b L	X
b Did the organization file Form 1120-POL for this year? 371 38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were	b L	
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were		
		1
any such loans made in a prior year and still unpaid at the start of the period covered by this return?	a de la composition della comp	X
many seem teams in a prior your and our ampair at the start of the period obtained by the foldier:		
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		1
39 Section 501(c)(7) organizations Enter	7 827	引着警戒
a Initiation fees and capital contributions included on line 9	1	
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		
section 4911 ► NONE, section 4912 ► NONE section 4955 ► NONE		經過
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transac-	-	1
tion during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	ь	x
c Enter amount of tax imposed on organization managers or disqualified persons during		老德
the year under sections 4912, 4955, and 4958 ▶ NONE		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1	北京
transaction? If "Yes," complete Form 8886-T	e	Х
41 List the states with which a copy of this return is filed ▶ DC		
42 a The books are in care of ► INVESTMENT COMPANY INSTITUTE Telephone no. ► 202-326-83	303	
Located at ▶1401 H STREET, NW WASHINGTON, DC ZIP+4 ▶ 20005		
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	Yes	No
account)?	D	X
If "Yes," enter the name of the foreign county. ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1,7,5
and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S?	c	X
If "Yes," enter the name of the foreign country. ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year		
	Yes	No
44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1 to 1
7 000 57	en tracer	X X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		
"Yes," Form 990 must be completed instead of Form 990-EZ		X
		(2008)

Fotm 990	-EZ*(2008)			52-16597 ⁻	77		Page 4
Part:V	Section 501(c)(3) organizations only. and complete the tables for lines 50 an	All section 501(c)(3) o d 51.	rganizations mus	st answer questi	ons 4	6-49	
	d the organization engage in direct or indirect po					Yes	No
ca	indidates for public office? If "Yes," complete Sch	edule C, Part I			46		<u>x</u> _
	d the organization engage in lobbying activities?				47		<u>x</u> _
	the organization operating a school as described				48		<u>X</u> _
	d the organization make any transfers to an exe				49a		X_
	"Yes," was the related organization(s) a section 5				49b		LX_
	omplete this table for the five highest compensation received more than \$100,000 of compensation				empio	yees _.) wno
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expension and allowa	nd
NONE							
					l		
Total nu	ımber of other employees paid over \$100,000 ▶	NONE					
	omplete this table for the five highest compensate impensation from the organization. If there is not		s who each receiv	ed more than \$10	0,000	of	
	(a) Name and address of each independent contractor page 1	aid more than \$100,000	(b) Type	of service	(c) Com	pensa	lion
NONE							
Total nu	umber of other independent contractors receiving	g over \$100,000	► NONE	<u> </u>			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accomp-	anying schedules and s				
Sign Here	Signature of effice/ MANK DELLOW,	Tremupen	Da	te \$/12/10	<u> </u>		
	Type or print name and title						
Paid Proper	Preparer's signature	Date AUG 1 1	2010 Check if self-employed	Preparer's Identifying N	lumber (S 62	ee instru	ictions)
Prepare Use On	Film S name (CLARDIS) DOT CERTA REPAIR (ICE)		EIN ▶13-4008324 20005 Phone no ▶202-414-1000				
May the	IRS discuss this return with the preparer shown				χYe		No
				F	om 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CI EI		FOUNDATION							52-16	59777
Part I	Reason fo	or Public Char	ity Status (All organ	ızations m	ust compl	ete this	part.) (se	e instruc	ctions)	
he orga	inization is no	ot a private foun	dation because it is. (P	ease check	only one o	rganizati	on)			
1 🔲	A church, co	onvention of chi	urches, or association (of churches	described	in sectio	n 170(b)(1)(A)(i).		
2	A school de	scribed in secti	on 170(b)(1)(A)(ii). (At	tach Sched	ule E)					
3	A hospital o	r a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	iii). (Atta	ch Sched	ule H)
4	A medical	research organi	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and st	ate							
5	An organiza	ation operated f	or the benefit of a col	lege or un	iversity ow	ned or o	perated t	y a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (C	Complete Part II)							
6	A federal, s	tate, or local go	vernment or governme	ental unit de	scribed in s	section 1	70(b)(1)(4)(v).		
7	An organiza	ation that norma	ally receives a substan	tial part of	its support	from a	governme	ntal unit	or from t	he general public
	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II)						
8	A communit	ty trust describe	ed in section 170(b)(1)((A)(vi). (Co	mplete Par	t II)				
9	An organiza	ation that norma	ally receives. (1) more	than 331/3	% of its su	pport fro	m contrib	utions, n	nembersh	ip fees, and gross
_	receipts fro	m activities rela	ated to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	han 331/3% of its
	support fro	m gross invest	ment income and un	related bus	siness taxa	able inco	me (less	section	511 tax)	from businesses
	acquired by	the organization	n after June 30, 1975	See sectio	n 509(a)(2). (Comp	iete Part I	l)		
0	An organiza	ition organized	and operated exclusive	ly to test fo	r public saf	ety See :	section 5	09(a)(4).	(see instr	uctions)
1 <u>x</u>			and operated exclusi							
	purposes of	f one or more p	oublicly supported orga	anizations (described i	n section	1 509(a)(1	1) or sec	tion 509(a	a)(2). See section
	509 <u>(a)(</u> 3). (Check the box th	at describes the type o	of supportin	g organiza	tion and o	complete	lines 11e	th <u>roug</u> h	11h
	aTyp		^'		e III - Fund		-			pe III - Other
e	By checking	g this box, I c	ertify that the organiz	ation is no	ot controlle	ed direct	ly or ind	rectly by	one or	more disqualified
	persons oth	er than founda	tion managers and oth	er than on	e or more	publicly :	supported	i organiz	ations de	scribed in sectior
	,	r section 509(a)	• •							
f	_		d a written determina	ition from	the IRS tha	at it is a	Type I,	Type II o	r Type III	supporting
	_	n, check this box								
g			the organization acce	pted any g	ift or contri	bution fro	om any of	the		
	following pe						_			<u> </u>
			or indirectly controls		_	ether wit	h person	s describ	ped in (ii)	Yes No
		_	erning body of the sup	-	inization'?					11g(i)
			person described in (i) a							11g(ii)
		_	of a person described	., ,,	•					11g(iii)
<u>h</u>			nation about the organi					· · · · · · · · · · · · · · · · · · ·		
	of supported anization	(ii) EIN	(lii) Type of organization (described on lines 1-9		organization sted in your		rou notify		s the tion in col	(vii) Amount of support
			above or IRC section		document?	col (i)	of your	(i) organi	zed in the	
			(see instructions))	Yes	N-	Yes	port?		S?	
			 	res	No	Yes	No	Yes	NO	
		10			l	1	1		{	
SEE S	TATEMENT	12	 			 	 		 	
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Par	Support Schedule for Org (Complete only if you che	ganizations D cked the box o	escribed in S in line 5, 7, or 8	ections 170(b 8 of Part I))(1)(A)(iv) and	170(b)(1)(A)(vi	i)
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	PROBLEM AND A CHARLES	halfed of the state of their	things developed and an extra	otani k ²¹ ti madi 2022.	Polytope Sheet Short (Nove Co.	
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	A CONTRACTOR OF THE PARTY OF TH	ALM SET TO SET		TO THE PROPERTY OF	CONTRACTOR OF THE PARTY OF THE	
6	Public support. Subtract line 5 from line 4	一当社会关系的	行的制造和於告	"好那种养生"	FISH NEW YORK	行動的組織的	
	tion B. Total Support	(a) 2004	(h) 2005	4-1 2000	(4) 0007	(-) 2000 T	(D T-4-1
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	EDL-1. OF COMMISSEE 20	Track to the first in the property of the	an discount and income	TO THE MENTS SETTING	with the Manual Assault Trans	
11	Total support. Add lines 7 through 10	然為如何的於	是好一种的	對學的語言		是是严重。	
12	Gross receipts from related activities, etc. (See instructions)				12	
13	First five years. If the Form 990 \ensuremath{is} for the						. —
	organization, check this box and stop here		<u> </u>			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	· · · · · > _
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (I						%
15	Public support percentage from 2007						<u>%</u>
16a	33 1/3% support test - 2008. If the c	-					J 1
	and stop here. The organization quali						
D	33 1/3% support test - 2007. If the c	-					
47-	box and stop here. The organization of	•	•	•			
1/a	10%-facts-and-circumstances test -	_			•		
	is 10% or more, and if the organization					•	
	in Part IV how the organization meets			_			ported _
	organization						line
U		-					urie
	15 is 10% or more, and if the organization Explain in Part IV how the organization			· · · · · · · · · · · · · · · · · · ·		•	liely
	supported organization						▶[]
18	Private foundation. If the organization				•		4 1
	instructions	· · · · · · · · · · · ·	·····	 	••••	 	···

	<u> </u>	
Partill	Support Schedule for Organizations Described in Section	509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)	

C	tion A. Public Support alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1		(4) 2007	(2) 2000	(0) 2000	(4) 2007	(4) 2000	(1) 10(8)
1					1	1	
	membership fees received. (Do not include						
_	any "unusual grants ")		 			ļ	
2	Gross receipts from admissions, merchandise				ł	1	
	sold or services performed, or facilities				j		
	furnished in any activity that is related to the			İ	<u> </u>		
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that are not an]				
	unrelated trade or business under section 513		L		i	11	
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						
_	The value of services or facilities					 	
5		-				1	
	furnished by a governmental unit to the						
	organization without charge	<u> </u>			-	ļ	
6	Total. Add lines 1-5	ļ				 	
7 a	Amounts included on lines 1, 2, and 3	(Į.		ļ		
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified		1				
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · ·						
c	Add lines 7a and 7b						-
	Public support (Subtract line 7c from		1	<u> </u>			
	line 6)	· · · · · · · · · · · · · · · · · · ·	,	· · · · · · · · · · · · · · · · · · ·		 	
Sec	tion B. Total Support		<u> </u>	r	<u> </u>	<u> </u>	
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(2, 2004	(2, 2000	(0, 2000	(2, 2001	(0,2000	(1) 10(0)
	Amounts from line 6		 	 	 	 	
va	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less		1		}		
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975		İ	į	İ		
_	Add lines 10a and 10b					1	
					 	+	
i 1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	Other income. Do not include gain or					1	
•	loss from the sale of capital assets	{	1		1		
	•	ĺ	{	l	ļ	1	
	(Explain in Part IV)		 		 	+	
13	Total support. (Add lines 9, 10c, 11,		 	 	 	+	
	and 12)		L	<u> </u>	1		
14	First five years. If the Form 990 is for	=					
	organization, check this box and stop here	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u></u>
Sec.	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2008 (line 8	, column (f) divid	ed by line 13, colu	mn (f))		15	
	Public support percentage from 2007 Scho					16	
סו	tion D. Computation of Investmen						
				13 column (fl)		17	
ec'			(i) divided by line				
17	Investment income percentage for 2008 (In						
Sec 17 18	Investment income percentage for 2008 (If Investment income percentage from 2007	Schedule A, Part	iV-A, line 27h				
Sec 17 18	Investment income percentage for 2008 (If Investment income percentage from 2007 33 1/3% support tests - 2008. If the org	Schedule A, Part ganization did no	iV-A, line 27h of check the box	on line 14, and	line 15 is more t	than 33 1/3%, and	line
Sec: 17 18 19a	Investment income percentage for 2008 (In Investment income percentage from 2007 33 1/3% support tests - 2008. If the org 17 is not more than 33 1/3%, check this bo	Schedule A, Part ganization did no ix and stop here	iV-A, line 27h at check the box The organization	on line 14, and qualifies as a pub	line 15 is more t licly supported or	than 33 1/3%, and ganization	line ▶ [
ec: 7 8 9a	Investment income percentage for 2008 (If Investment income percentage from 2007 33 1/3% support tests - 2008. If the org	Schedule A, Part ganization did no ix and stop here	iV-A, line 27h at check the box The organization	on line 14, and qualifies as a pub	line 15 is more t licly supported or	than 33 1/3%, and ganization	▶[
ec: 7 8 9a	Investment income percentage for 2008 (In Investment income percentage from 2007 33 1/3% support tests - 2008. If the org 17 is not more than 33 1/3%, check this bo	Schedule A, Part ganization did no ex and stop here inization did not o	iV-A, line 27h of check the box The organization check a box on lin	on line 14, and qualifies as a pub ne 14 or line 19a	line 15 is more t licly supported or , and line 16 is n	than 33 1/3%, and ganization	l line ▶ [, and
9a b	Investment income percentage for 2008 (Investment income percentage from 2007 33 1/3% support tests - 2008. If the organism of the support tests - 2007. If the organism of the support tests - 2007. If the organism of the support tests - 2007.	Schedule A, Part ganization did no ex and stop here unization did not o s box and stop h	iV-A, line 27h of check the box The organization check a box on lii ere The organiza	on line 14, and qualifies as a pub ne 14 or line 19a tion qualifies as a	line 15 is more to licly supported or , and line 16 is no publicly supporte	than 33 1/3%, and ganization	▶ [, and ▶ [
Sec: 17 18 19a	Investment income percentage for 2008 (Investment income percentage from 2007 33 1/3% support tests - 2008. If the org 17 is not more than 33 1/3%, check this bo 33 1/3% support tests - 2007. If the orgaline 18 is not more than 33 1/3%, check this Private foundation. If the organization did	Schedule A, Part ganization did no ex and stop here unization did not o s box and stop h	iV-A, line 27h of check the box The organization check a box on lii ere The organiza	on line 14, and qualifies as a pub ne 14 or line 19a tion qualifies as a	line 15 is more to licly supported or , and line 16 is no publicly supported box and see instru	than 33 1/3%, and ganization	▶ , and ▶

FORM	990EZ,	PART	I	-	INVESTMENT	INCOME	

DESCRIPTION

INTEREST INCOME 44,780.

TOTAL 44,780.

FORM 990EZ, PART I - OTHER EXPENSES

CONFERENCES, CONVENTIONS INVESTING FOR SUCCESS PROGRAM LICENSING AND BANK FEES	132,684. 2,763. 3,159.
MISCELLANEOUS EXPENSES	456.
TOTAL	139,062.

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES UNREALIZED GAIN ON INVESTMENTS TOTAL

31,218.

31,218.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
CASH	39,921.	34,166.
SAVINGS	1,146,091.	1,221,063.
TOTALS	1,186,012.	1,255,229.

FORM 990EZ, PART II - OTHER ASSETS

BEGINNING	END
OF YEAR	OF YEAR
9,593.	26,900.
9,593.	26,900.
	9,593.

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE SUPPORT AND REVENUE FOR FUTURE PERIODS	2,403. 9,850.	100. 26,900.
TOTALS	12,253.	27,000.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ICI EDUCATION FOUNDATION (THE FOUNDATION) SPONSORS AND PROVIDES FUNDS FOR EDUCATIONAL CONFERENCES, PUBLICATIONS, AND OTHER ACTIVITIES ON ISSUES OF IMPORTANCE TO INVESTMENT COMPANIES, THEIR CURRENT AND PROSPECTIVE SHAREHOLDERS, AND THEIR ADVISERS. THE FOUNDATION MAY ALSO FUND SCHOLARSHIPS, FELLOWSHIPS, GRANTS, AND AWARDS PROGRAMS FOR THE PURPOSE OF PROMOTING INVESTMENT EDUCATION, FINANCIAL LITERACY, AND KNOWLEDGE OF THE INVESTMENT COMPANY BUSINESS.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

CONFERENCES- EDUCATIONAL CONFERENCES RELATING TO THE ISSUES OF SECURITIES, REGULATION AND TAXATION, INVESTMENT MANAGEMENT AND OTHER ISSUES OF IMPORTANCE TO INVESTMENT COMPANIES AND THEIR SHAREHOLDERS.

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- OTHER PROGRAM SERVICES FORM 990EZ, PART III

DESCRIPTION

ALLOCATIONS GRANTS AND

EXPENSES

NONE

NONE

2,763.

2,763.

TOTALS

INVESTING FOR SUCCESS PROGRAM

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STATEMENT

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

EXPENSE ACCT. AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	VICE PRESIDENT 20.	TREASURER 1.	MEMBER, BOARD OF GOV 1.	MEMBER, BOARD OF GOV 1.	CHAIRMAN 1.	MEMBER, BOARD OF GOV 1.
NAME AND ADDRESS	SUE DUNCAN 1401 H STREET, NW WASHINGTON, DC 20005	MARK DELCOCO 1401 H STREET, NW WASHINGTON, DC 20005	MARTIN L FLANAGAN 1401 H STREET, NW WASHINGTON, DC 20005	PAUL STEVENS 1401 H STREET, NW WASHINGTON, DC 20005	JOHN V MURPHY 1401 H STREET, NW WASHINGTON, DC 20005	PAUL G HAAGA JR 1401 H STREET, NW WASHINGTON, DC 20005

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STATEMENT

STATEMENT 11

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TRUSTEES
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LIST OF (
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PART I
990EZ,
FORM 990EZ

TITLE AND AVERAGE HOURS PER WEEK

GRAND TOTALS

EXPENSE ACCT. AND OTHER ALLOWANCES

NONE

NONE

NONE

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SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(1) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
INVESTMENT COMPANY INSTITUTE	13-5266605	501 (C) (6)	х	Х	Х	234,521.
TOTAL AMOUNT OF SUPPORT						234,521.

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ICI EDUCATION FOUNDATION

FORM 990-EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID

GRANTEE	ADDRESS	PURPOSE	RELATIONSHIP AMOUNT	AMOUNT
STRIVE DC	715 I St NE, WASHINGTON, DC 20002	MICRO GRANTS	NONE	24.990
JUNIOR ACHIEVEMENT OF NAT CAPITAL AREA	1725 I St NW, #200, WASHINGTON, DC 20006	MICRO GRANTS	NONE	25,000
ARLINGTON COUNTY OFFICE OF VIRGINIA COOPERATIVE EXTENSION	3308 S. STAFFORD ST., ARLINGTON, VA 22206	MICRO GRANTS	NONE	13,585
AMERICAN SAVINGS EDUCATION COUNCIL	1100 13TH ST NW, #878, WASHINGTON, DC 20005	EDUCATION	NONE	25,000
MISCELLANEOUS GRANTS <\$5,000		MICRO GRANTS/EDUCATION	NONE	4,250
TOTAL				92,825