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DLN: 93493117005101

# Form 990

# **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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

Check if a	2000 Car	endar yea		nd ending 09-30-2009		B.E. 1	416 - 41 ·
Address ch		Please	C Name of organization COMMUNITY EDUCATION GROUP INC			D Employer iden	ntification number
	nange	use IRS label or	Doing Business As			52-1853388 E Telephone nur	
Name cha	ange	print or type. See	Doing business As			•	
Initial retu	ırn	Specific	Number and street (or P O box if mail is no	delivered to street addres	s) Room/suite	(202) 543-2	
Terminatio		Instruc- tions.	3233 PENNSYVANIA AVENUE SE			<b>G</b> Gross receipts \$	1,202,015
Amended   Application	return n pending		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20020				
	· •	F Nan	ne and address of principal officer		H/a) In thu		Fa
			NETTE V YOUNG		affiliat	s a group return f es?	ror 「Yes V No
			ALES STREET NE NGTON, DC 20003				
		WASHI	NG10N, BC 20003		• •	affiliates included	
ax-exem	npt status	<b>√</b> 501(c)	(3) ◀ (insert no )	27		," attach a list ( o exemption num	see instructions) iber 🟲
W ebsit e	e:► WWV	<b>V</b> СОММИ	NITYEDUCATIONGROUP ORG				
			on		L Year of for	mation 1993 M	State of legal domicile
art I	Sumn	•	e organization's mission or most signifi				
			ATION AND EXPANSION PROGRAM AND SYSTEMATIC CHALLENGES F				O ECONOMIC,
2	Check th	ııs box দ	if the organization discontinued its op	erations or disposed	of more than :	25% of its asset	:s
3	Number	of voting r	nembers of the governing body (Part V	(, line 1a)		3	
4	Number	ofındepen	dent voting members of the governing	body (Part VI, line 1b	)	. 4	
5	Total nur	mber of en	nployees (Part V , line 2a)			5	
6	Total nur	mber of vo	lunteers (estimate if necessary)			6	
7a	Total gro	ss unrela	•	7a			
b	Net unre	lated busi	ness taxable income from Form 990-T	, line 34		7b	
					Prio	r Year	Current Year
8			grants (Part VIII, line 1h)			676,835	1,201,83
9			evenue (Part VIII, line 2g)				
10			ne (Part VIII, column (A), lines 3, 4, a			2	
11		· ·	art VIII, column (A), lines 5, 6d, 8c, 9			77	17
12			ld lines 8 through 11 (must equal Part			676,914	1,202,01
13			r amounts paid (Part IX, column (A), li				23,27
14			r for members (Part IX, column (A), lın			,	
15	Salaries	s, other co	mpensation, employee benefits (Part I	_			
	10)					265,941	454,78
			raising fees (Part IX, column (A), line 1	1e)		6,034	
16a			enses (Part IX, column (D), line 25) 🕒				
16a b	Total fun	draising exp				735,78	
	Othere	xpenses (	Part IX, column (A), lines 11a-11d, 1	•		351,082	, , , , ,
ь	Other e	xpenses (	dd lines 13-17 (must equal Part IX, c	olumn (A), line 25)		351,082 623,057	
b 17 18 19	Other e	xpenses (		olumn (A), line 25)		623,057 53,857	1,213,83 -11,82
b 17 18 19	Other e	xpenses (	dd lines 13-17 (must equal Part IX, c	olumn (A), line 25)	Beginnii	623,057	1,213,83
b 17 18 19	O ther e Total ex Revenu	xpenses ( xpenses A e less exp	dd lines 13-17 (must equal Part IX, c	olumn (A), line 25)	Beginnii	623,057 53,857	1,213,83 -11,82 End of Year
b 17 18 19	Other e Total ex Revenu	xpenses ( xpenses / e less exp	odd lines 13–17 (must equal Part IX, o enses Subtract line 18 from line 12	olumn (A), line 25)	Beginnii	623,057 53,857 ng of Year	1,213,83 -11,82 End of Year 170,99
b 17 18 19	Other e Total es Revenu Total as	xpenses ( kpenses / e less exp ssets (Par abilities (F	add lines 13–17 (must equal Part IX, one enses Subtract line 18 from line 12 of tX, line 16)	olumn (A), line 25)	Beginnii	623,057 53,857 <b>ng of Year</b> 111,338	1,213,83 -11,82 End of Year 170,99 92,00
b 17 18 19 20 21 22	Other e Total ex Revenu  Total as Total lia Net ass	xpenses ( xpenses A e less exp ssets (Par abilities (F ets or fun ature Ble	add lines 13-17 (must equal Part IX, of enses Subtract line 18 from line 12 of X, line 16)	olumn (A), line 25)		623,057 53,857 ng of Year 111,338 20,525 90,813	1,213,83 -11,82 End of Year 170,99 92,00 78,99
b 17 18 19 20 21 22	Other e Total ex Revenu  Total as Total lia Net ass  Signa  Under pe	xpenses ( xpenses A e less exp ssets (Par abilities (F ets or fun ture Bla nalties of pe	add lines 13-17 (must equal Part IX, of enses Subtract line 18 from line 12 of tX, line 16)	olumn (A), line 25)	schedules and st	623,057 53,857 ng of Year 111,338 20,525 90,813	1,213,83 -11,82 End of Year 170,99 92,00 78,99
b 17 18 19 20 21 22 22	Other e Total es Revenu  Total as Total lia Net ass  Signa  Under per and belief	xpenses ( xpenses A e less exp ssets (Par abilities (F ets or fun ture Ble nalties of pe f, it is true, o	and d lines 13–17 (must equal Part IX, of enses Subtract line 18 from line 12 to the X, line 16)	olumn (A), line 25)	schedules and st	623,057 53,857 ng of Year 111,338 20,525 90,813 atements, and to the on of which prepare	1,213,83 -11,82 End of Year 170,99 92,00 78,99
b 17 18 19 20 21 22 21	Other e Total ex Revenu  Total as Total lia Net ass  Signa  Under pel and belief  ****** Signat  ANTO	xpenses ( xpenses A e less exp ssets (Par abilities (F ets or fun ture Ble nalties of pe f, it is true, o  * ture of office	and d lines 13–17 (must equal Part IX, of enses Subtract line 18 from line 12 and t X, line 16)	olumn (A), line 25)	schedules and st I on all informati 2011-	623,057 53,857 ng of Year 111,338 20,525 90,813 atements, and to the on of which prepare	1,213,83 -11,83 End of Year 170,99 92,00 78,99
b 17 18 19 20 21 22 22	Other e Total ex Revenu  Total as Total lia Net ass  Signa  Under pel and belief  ****** Signat  ANTO	xpenses ( xpenses A e less exp ssets (Par abilities (F ets or fun ture Blo nalties of pe f, it is true, of ture of office (NETTE V YO or print nam	and d lines 13–17 (must equal Part IX, of enses Subtract line 18 from line 12 defenses Subtract line 18 from line 12 defenses Subtract line 21 from line 20 defenses Subtract	olumn (A), line 25)	schedules and st on all informati 2011- Date	623,057 53,857 ng of Year 111,338 20,525 90,813 atements, and to thon of which prepare 04-27  Preparer's identify	1,213,83 -11,82 End of Year 170,99 92,00 78,99 te best of my knowledge r has any knowledge
b 17 18 19 20 21 22 22	Other e Total ex Revenu  Total as Total lia Net ass  Signa  Under pel and belief  ****** Signat  ANTO Type of	xpenses ( xpenses A e less exp ssets (Par abilities (F ets or fun ture Bla nalties of pe f, it is true, o  ture of office (INETTE V YO) or print nam	and d lines 13–17 (must equal Part IX, of enses Subtract line 18 from line 12 of t X, line 16)	olumn (A ), line 25)	schedules and st on all informati 2011- Date	623,057 53,857 ng of Year 111,338 20,525 90,813 attements, and to thon of which prepare 04-27	1,213,83 -11,82 End of Year 170,99 92,00 78,99 te best of my knowledge r has any knowledge
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b 17 18 19 20 21 22 art III	Other e Total ex Revenu  Total lia Net ass  Signa  Under per and belief  ***** Signat  ANTO Type of Preparer's signature	xpenses ( xpenses A e less exp ssets (Par abilities (F ets or fun ture Blo nalties of pe f, it is true, of ture of office (NETTE V YO or print nam ne (or yours)	and d lines 13–17 (must equal Part IX, of enses Subtract line 18 from line 12 denses Subtract line 18 from line 12 denses Subtract line 21 from line 20 dense Subtract line 21 from line 20 deck and complete Declaration of preparer (correct, and complete Declaration of preparer (correct and title dense line 21 from line 20 dense line 21 from line 21 from line 22 dense line 21 from line 22 from line 23 dense line 24 from line 25 dense line 25 from line 26 dense line 26 from line 27 from line 27 from line 27 from line 28 dense line 29 from line 29 from line 29 from line 29 from line 20 f	olumn (A ), line 25)	schedules and st l on all informati 2011- Date heck if	623,057 53,857 ng of Year 111,338 20,525 90,813 atements, and to thon of which prepare 04-27  Preparer's identify	1,213,83 -11,83 End of Year 170,99 92,00 78,99 te best of my knowledge r has any knowledge

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Total program service expenses►\$

Par	t IIII Statem	nent of Program Servi	ce Accomplishment	s (see instruct	ions.)	_
1	Briefly describ	e the organization's mission				
EDU	CATION, CREAT	TION AND EXPANSION				
2	-	ation undertake any significa 990 or 990-EZ?	nt program services duri	ng the year which		Yes ✓ No
	If "Yes," descril	be these new services on Sc	hedule O			
3	services? .	ation cease conducting, or m		ın how ıt conduct		Yes 🔽 No
	If "Yes," descri	be these changes on Schedu	le O			
4	Section 501(c)	kempt purpose achievements (3) and 501(c)(4) organization others, the total expenses, ar	ons and section 4947(a)	(1) trusts are rec	juired to report the amount	
4a	(Code	) (Expenses \$	107,755 including gr	ants of \$	) (Revenue \$	107,755 )
	FOR AIDS PREVE	RCH - CREATION, IMPLEMENTATIO NTION CONDUCTING FOCUS GROU OPING MARKETING MATERIALS ANI	IPS, MATERIALS AND MESSAGE			
4b	(Code	) (Expenses \$	791,219 including gr	ants of \$	) (Revenue \$	791,219 )
	AREA OF ADMINIS	O TRAINING - DEVELOP AND IMPLEI STRATION FOR AIDS PREVENTION DIVERSITY TRAINING, ORGANIZATIO	PROGRAM INCLUDES CAPACIT	Y BUIDLING, PROGRA	AM DEVELOPMENT, NEEDS ASSES	
4с	(Code	) (Expenses \$	213,374 including gr	ants of \$	23,275 ) (Revenue \$	213,374 )
		DEVELOPMENT CAPACITY EXPANSINS, SURVEY DESIGN, DEVELOPMENT				
4d	Other program (Expenses \$	n services (Describe in Sche incli	dule O) dung grants of \$	) (	Revenue \$	)

1,112,348 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedule	les
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	1990 (2008)			Page:
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance		V	NI-
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
	of U.S. Information Returns. Enter -0- if not applicable			
L	Spring the number of Sarma W 2C included in line 1s. Spring C if not employed.			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
d	file Form 8282?	/-		140
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
9 a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		N o
b		9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

(202) 543-2376

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

New Press   Test   Press   Test   Press   Test   Press   Pre	Se	ction A. Governing Body and Management			
In Enter the number of voting members of the governing body   1a   3   3   5   5   5   5   5   5   5   5				Yes	No
14. Enter the number of voting members of the governing body .   15. Enter the number of voting members that are independent .   27. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other-officer director, trustee, or key employee?   28. Did the organization delegates control over management duties customanly performed by or under the direct supervision of fireters, directors or trustees, or key employee?   39. Did the organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization have members or stockholders?   40. No. The control of the organization have members or stockholders?   50. Osos the organization have members or stockholders, or other persons who may elect one or more members of the povering body?   50. A rea any decisions of the governing body subject to approval by members, stockholders, or other persons?   50. No. The povering body?   51. A rea any decisions of the governing body subject to approval by members, stockholders, or other persons?   52. No. The povering body?   53. A rea any decisions of the governing body subject to approval by members, stockholders, or other persons?   53. No. The governing body?   54. A rea any decisions of the governing body subject to approval by members, stockholders, or other persons?   54. No. The governing body?   55. A read the organization have before the governing body decision or the following the presence of the following persons in the governing body decision or the governing body before the					
2 No any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director trustees, or key employee?  3 Did the organization delegate control over menagement duties customarily performed by or under the direct value of the control over menagement duties customarily performed by or under the direct value was one of officers, directors or trustees, or key employees to a management company or other persons.  4 Did the organization become aware during the year of a material diversion of the organizations's assets?  5 No  6 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  8 Does the organization have members or stockholders?  8 Or the following  9 The poverning body?  9 Does the organization on the governing body subject to approval by members, stockholders, or other persons.  9 Does the organization nave local chapters, branches, or affiliates?  10 Was a copy of the Form 990 provided to the organization's overring body before it was filed? All organizations will always a copy of the Form 990 provided to the organization's overring body before it was filed? All organizations must describe in Schedule Ob the process, if any, the organization uses to review the Form 990.  10 Was a copy of the Form 990 provided to the organization's overring body before it was filed? All organizations must describe in Schedule Ob the process, if any, the organization uses to review the Form 990.  11 Is there any officer, director or trustees, or key employees listed in Part VII, Section A, who cannot be reached at the organization manual garders? If "Yes," provide the names and addresses in Schedule O with this is done.  12 Does the organization have a written obtained by monitor and enforce compliance with the policy? If "Yes," describe a fischedule of bus this is done.  10 Did the process for determining compensation of the following persons include a review and approval by independent persons, compensation wh	1a	Enter the number of voting members of the governing body 1a 3			
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5 Did the organization become aware during the year of a maternal diversion of the organization's assets?  6 Does the organization have members or stockholders?  70 Does the organization have members or stockholders?  80 A rea any descrisons of the governing body?  80 A rea any descrisons of the governing body subject to approval by members, stockholders, or other persons?  80 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  81 The governing body?  82 Does the organization have local chapters, branches, or affiliates?  83 Pass  84 Pass  85 Pass  86 Pass  87 Pass  88 Pass  89 Does the organization have local chapters, branches, or affiliates?  90 Does the organization have local chapters, branches, or affiliates?  91 Pass  92 Does the organization have local chapters, branches, or affiliates?  93 Does the organization have local chapters, branches, or affiliates?  94 Pass  95 Pass  96 Pass  97 Pass  98 Pass  99 Pass  10 Was a copy of the Form 990 provided to the organization's governing the activities of auch chapters, affiliates, and branches to ensure their organization for ensure their organization must describe in Schedule O the process, flary, the organization uses to review the Form 990 in which the organization must describe in Schedule O the process, flary, the organization uses to review the Form 990 in the organization and enforce organization of the deliberation and decision and The organization have a written whistleblower policy?  10 Dut the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliber	4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	4		No
Does the organization have members or stockholders? or other persons who may elect one or more members of the governing body?  Does the organization characteristic governing body subject to approval by members, stockholders, or other persons?  7b No  A reany decisions of the governing body subject to approval by members, stockholders, or other persons?  7b No  Dot the organization characteristic governing body subject to approval by members, stockholders, or other persons?  7b No  Dot the organization characteristic governing body?  8a Yes  Bach committee with authority to act on behalf of the governing body?  8b Yes  Does the organization have local chapters, branches, or affiliates?  Does the organization have local chapters, branches, or affiliates?  Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization's governing body before it was filled? All organizations must describe in Schedule O the process, if any, the organization system with Form 990  10 Yes  11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule O  11 No  Section B, Policies  12 Does the organization have a written conflict of interest policy? If "No," go to line I3  13 Does the organization and addresses, and key employees required to disclose annually interests that could give rise to conflicts?  13 Does the organization have a written what leblower policy?  14 No  Does the organization have a written document retention and destruction policy?  15 Does the organization have a written document retention and destruction policy?  16 Does the organization have a written organization?  17 Does the organization have a written policy or procedure requiring the organization and decision and t	5		5		
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year by the following a The governing body? b Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Does the organization have local chapters, branches, or affiliates?  5 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  5 If "Yes," does the organization have written policies and procedures governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organizations so to review the Form 990 or the form 990 provided to the organizations so to review the Form 990 or the form 990 provided to the process, if any, the organization sets to review the Form 990 or the form 990 provided to the process, if any, the organization sets to review the Form 990 provided the names and addresses in Schedule O.  5 Everior B. Policies  5 Vereir B. Policies  1 Is there any officer, director or trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization have a written conflict of interest policy? If "No," got of line 13  1 Does the organization have a written conflict of interest policy? If "No," got of line 13  1 Does the organization have a written document retention and destruction policy?  1 Does the organization have a written document retention and destruction policy?  1 Does the organization have a written document retention and destruction policy?  1 Does the organization have a written document retention and destruction policy?  1 Does the organization and decision  2 Does the organization and ecision  3 Does the organization and ecision  4 Does the organization thave a written document retention and destruction policy?  1 Does the organization and policy and policy and policy?  1 Does the organization and policy and po	ь		7b		No
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9a   Noe she organization have local chapters, branches, or affiliates?  1b   If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  1c   Was a copy of the Form 990 provided to the organization spoverning body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 is required to be filed Policy in B. Policies  1c   Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O  1c   Does the organization have a written conflict of interest policy? If 'No,' go to line 13  1c   Does the organization have a written conflict of interest policy? If 'No,' go to line 13  1c   Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' a describe in Schedule O how this is done  1d   Does the organization have a written whistibelower policy?  1d   Does the organization have a written whistibelower policy?  1d   Does the organization have a written document retention and destruction policy?  1d   Does the organization have a written document retention and destruction policy?  1d   Does the organization have a written document retention and destruction of the deliberation and decision at The organization have a written document retention and destruction of the deliberation and decision at The organization have a written document retention and destruction of the deliberation and decision at The organization in the process in Schedule O (see instructions)  1d   Does the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  1d   Does the organization invest in, contribute assets to, or participate in a joint venture or	а		8a	Yes	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organizations must describe in Schedule O the process, if any, the organization flower it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . 10 yes    11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . 11 No    Section B. Policies  12 Does the organization have a written conflict of interest policy? If "No," go to line 13 . 12 No    13 Does the organization have a written conflict of interest policy? If "No," go to line 13 . 12 No    14 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
a filiates, and branches to ensure their operations are consistent with those of the organization?  10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .  11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Section B. Policies  12   Ves   No  12a   Does the organization have a written conflict of interest policy? If "No," go to line 13 .  12b   Ces   No  12c   Ces   No  12c   Ces   No  12d   Ces	9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
must describe in Schedule O the process, if any, the organization uses to review the Form 990	b		9b		
No   No   No   No   No   No   No   No	10		10	Yes	
Yes   No   No   12a   No   No   12a   No   No   12a   No   No   12a   No   No   No   No   No   No   No   N	11		11		No
12a No b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Se	ction B. Policies			
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done				Yes	No
to conflicts?		· · · · · · · · · · · · · · · · · · ·	12a		No
describe in Schedule O how this is done		to conflicts?	12b		
14 No  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?		describe in Schedule O how this is done	12c		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?	13	Does the organization have a written whistleblower policy?	13		Νο
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  a The organization's CEO, Executive Director, or top management official?	14	Does the organization have a written document retention and destruction policy?	14		Νο
b Other officers or key employees of the organization?	15				
Describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			15a		No
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Ь		15b		No
taxable entity during the year?		Describe the process in Schedule O (see instructions)			
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16a		16a		No
Section C. Disclosure  17 List the States with which a copy of this Form 990 is required to be filed ▶DC  18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ Own website ☐ Another's website ☐ Upon request.  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ THE ORGANIZAITON 729 8TH STREET SE	Ь				
<ul> <li>List the States with which a copy of this Form 990 is required to be filed ▶DC</li> <li>Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply □Own website □Another's website □Upon request.</li> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ THE ORGANIZAITON 729 8TH STREET SE.</li> </ul>			16b		
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ Own website ☐ Another's website ☑ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  THE ORGANIZAITON 729 8TH STREET SE	Se	ction C. Disclosure	!		
(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  ☐ Own website ☐ Another's website ☑ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  THE ORGANIZAITON 729 8TH STREET SE	17	List the States with which a copy of this Form 990 is required to be filed▶DC			
<ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization. THE ORGANIZAITON 729 8TH STREET SE</li> </ul>	18	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F THE ORGANIZAITON 729 8TH STREET SE	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	20	State the name, physical address, and telephone number of the person who possesses the books and records of the theorem of the DRGANIZAITON ${\sf NIZAITON}$	ie orga	inizatior	n <b>-</b>

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter 0 in columns (D), (E), and (F) if no compensation was paid
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if th	<u>ie organizat</u>	ion did not compensate any officer,	dired	tor,	trus	stee o	rke	y employee		
		<b>(C)</b> Position (check all that apply)						(D)	(5)	(F)
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
AV YOUNG EXEC DIR	40 00			х	х			84,580	0	0
DENA F GRAY VICE CHAIR AND TREASUER	5 00	X						0	0	0
BARBARA JOSEPH BOARD MEMBER	2 00	Х						0	0	0
RICHARD MALLOT SECRETARY	2 00	х						0	0	0
			_							

from the organization 🟲

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		<b>(C)</b> Position (check all that apply)						(5)	(5)		(F	-
<b>(A)</b> Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from relate organization (W- 2/1099 MISC)	on d ns	Estim amou oth compen from organiz and rel organiz	nt of er sation the ation lated
										$\dashv$		
										-		
Total				_		<b> </b>		84,580		$\top$		
		s (including those in 1a) who rece	eived m	ore	than	\$100	0,00	O in reportable				
									Г		Yes	No
		ny <b>former</b> officer, director or trus ete Schedule J for such individual			ploy •		hig •	hest compensated	l employee	3		Νο
		n line 1a, is the sum of reportable ganizations greater than \$150,0							m the	4		Νο
Did any person		ne 1a receive or accrue compens on? If "Yes," complete Schedule J f							ervices	5		No
Section B. Inde	enendent	Contractors										
Complete this	table for yo	ur five highest compensated inde n from the organization	penden	t co	ntra	ctors	that	received more tha	an			
\$100,000 016	ompensatio	(A)  Name and business address							( <b>B</b> ) n of services		(C) Compen	
-												

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
:⊈	1a	Federated campaigns 1a					
and other similar amounts	b	Membership dues 1b					
"≜ 1	c	Fundraising events 1c					
ŧ	d	Related organizations 1d					
" <del>'</del>	e	Government grants (contributions) 1e	1,112,348				
.≅	f	All other contributions, gifts, grants, and <b>1f</b>	89,489	ļ			
22	_	sımılar amounts not ıncluded above					
5	g	Noncash contributions included in lines 1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f	▶	1,201,837			
			Business Code				
] <u> </u>	2a		Busiliess Code				
e le	b						
<u>ዋ</u>	c						
Š.	d						
\$							
<u>۾</u>	e	A III - A II					
Program Service Revenue	f	All other program service revenue					
<u></u>	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen	ds, interest	_			
		and other similar amounts)	🕨	3			3
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	_	(ı) Real	(II) Personal				
	6a	Gross Rents Less rental					
	Ь	expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including					
.		\$					
		of contributions reported on line 1c)					
;		See Part IV, line 18					
	ь	Less direct expenses b					
	c	Net income or (loss) from fundraising	∟ events ►				
•	9a	Gross income from gaming activities					
		See Part IV , line 19					
	_	a					
	Ь	Less direct expenses b					
	C	Net income or (loss) from gaming acti	vities				
	тvа	Gross sales of inventory, less returns and allowances					
		а					
	b	Less cost of goods sold <b>b</b>					
	с	Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revenue	Business Code				
	11a	REFUNDS/MISCELLANEOUS	999,999	175			175
		REVENUE/EXPENSE REIMBURSEMENTS					
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		175			
	12	Total Revenue. Add lines 1h, 2g, 3, 4,		1,202,015			178
	_	9c, 10c, and 11e	-, - =, . =, ∪ ∪, ►				

## Part IX Statement of Functional Expenses

Do no	•													
	•	Do not include amounts reported on lines 6b,  (A)  (B)  (C)  (D)  Fundraising												
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses									
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$													
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,275	23,275											
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16													
4	Benefits paid to or for members													
5	Compensation of current officers, directors, trustees, and key employees	101,705	100,608	1,097	0									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$													
7	Other salaries and wages	297,258	291,487	4,062	1,709									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)													
9	Other employee benefits	18,253	18,253	0	0									
10	Payroll taxes	37,564	37,564	0	0									
11	Fees for services (non-employees)													
а	Management													
b	Legal	13,662	13,662	0	0									
c	Accounting	83,122	82,843	279	0									
d	Lobbying													
e	Professional fundraising See Part IV, line 17													
f	Investment management fees				_									
g	Other	124,426	124,426	0	0									
12	Advertising and promotion													
13	Office expenses	25,168	31,808	-11,027	4,387									
14	Information technology	22,726	22,644	82	0									
15	Royalties													
16	Occupancy	84,322	80,422	3,900	0									
17	Travel	43,816	37,456	6,145	215									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials													
19	Conferences, conventions, and meetings	28,035	25,464	2,571	0									
20	Interest													
21	Payments to affiliates													
22	Depreciation, depletion, and amortization	10,484	9,409	1,075	0									
23 24	Insurance													
	total expenses shown on line 25 below )													
	FACILITY AND EQUIPMENT EXPENSES	42,333	42,333	<del>                                     </del>	0									
	DUES AND SUBSCRIPTIONS	2,705	1,635	1,070	0									
C	PROGRAM EXPENSES	139,571	139,571	0	0									
d	TRAINING MISCELLANEOUS	4,522	4,522	0	0									
e f		2,508	2,508	<del>                                     </del>	0									
f 25	All other expenses  Total functional expenses Add lines 1 through 34f	108,383	22,458	85,925										
25	Total functional expenses. Add lines 1 through 24f	1,213,838	1,112,348	95,179	6,311									
26	Joint Costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation													

Pa	rt X	Balance Sheet					<u> </u>	
		balance shock			(A) Beginning of year		(E End o	<b>3)</b> fyear
	1	Cash—non-interest-bearing			25,832	1		75,548
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net	•		65,000	3		27,385
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, keep other related parties Complete Part II of Schedule L		nployees or	10,318	5		
	6	Receivables from other disqualified persons (as defined under secrepersons described in section 4958(c)(3)(B) Complete Part II of Sc.	tion 4			6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
88	9	Prepaid expenses and deferred charges				9		
⋖	10a	Land, buildings, and equipment cost basis	10a	1				
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	26,485	10,188	10c		51,492
	11	Investments—publicly traded securities	·			11		
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11	-	•		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11				15		16,570
	16	Total assets. Add lines 1 through 15 (must equal line 34)		•	111,338			170,995
	17	Accounts payable and accrued expenses .	•		20,525			63,013
	18	Grants payable			20,020	18		
	19	Deferred revenue				19		28,992
	20	Tax-exempt bond liabilities				20		20,332
9	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21				
<u> </u>		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties		•		23		
	24	Unsecured notes and loans payable	• •			24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			20,525	<del>                                     </del>		92,005
		Organizations that follow SFAS 117, check here ▶ 🔽 and complete	e line	es 27	20,020	20		
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets			-37,432	27		
<u>।</u>	28	Temporarily restricted net assets			128,245			78,990
<u> </u>	29				120,240	29		70,000
Fund	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► □ and organizations that do not follow SFAS 117, check here	comple	ete		29		
9	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Ass	32	Retained earnings, endowment, accumulated income, or other fund				32		
	33	Total net assets or fund balances	3		90,813	-		78,990
Net	34	Total liabilities and net assets/fund balances			111,338			170,995
Pa	rt XI	Financial Statements and Reporting			111,000	34		-170,000
		- mandar oracomond and nopolaring					Yes	No
1	Acco	unting method used to prepare the Form 990	ccrua	I			165	
2a	Were	the organization's financial statements compiled or reviewed by an	ındep	oendent accounta	nt?	2a		Νο
b	Were	the organization's financial statements audited by an independent	accou	ıntant?		2b		Νο
C		es" to 2a or 2b, does the organization have a committee that assum , review, or compilation of its financial statements and selection of				2c		
3a		result of a federal award, was the organization required to undergo a e Audit Act and OMB Circular A - 133?				3a	Yes	
b		es," did the organization undergo the required audit or audits?				3b	Yes	

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DLN: 93493117005101

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Open to Public Inspection

COMM	IUNITY	EDUCATION GR	OUP INC								
									-1853388		
	rt I			harity Status (to be co					Instruct	ions)	
	organı			ation because it is (Please							
1	<u> </u>	•		nurches, or association of ch			Section :	170(b)(1)(	(A)(i).		
2		A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	ıle E )					
3	Г	A hospital	or a cooperative	e hospital service organizati	on descri	bed in <b>Sec</b>	tion 170(	b)(1)(A)(i	ii). (Attac	h Schedul	e H )
4	Г	A medical i	esearch organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter the
			name, city, and								
5	Г	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	d by a gove	ernmental	unıt desc	rıbed ın
		Section 170	)(b)(1)(A)(iv).	(Complete Part II )							
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın <b>Se</b>	ct ion 170	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n <b>Section 170(</b> b	<b>))(1)(A)(vi)</b> (Complete Par	tII)						
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Con	nplete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ıs, membe	rship fees	, and gross
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	ıncome (	less sectio	on 511 tax	() from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III	)		
10	Γ	An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See <b>S</b> e	ection 509(	( <b>a)(4).</b> (Se	ee instruc	tions )
11	Γ	An organiza	ation organized	and operated exclusively fo	r the bene	efit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
		the box tha		type of supporting organiza		omplete li: Function -			h <b>d</b>	Γ <sub>τνρα</sub>	III - Other
_	_	·	•	rtify that the organization is				_			
е	1	•	-	agers and other than one or			•			•	•
		section 50				,					
f		_		d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportin	ig organizatio <u>n,</u>
		check this		<b></b>	J <b>c</b> r						ı
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the			
				r indirectly controls, either a	alone or to	ogether wi	th person:	s describe	d ın (ıı)		Yes No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	ition?				11g	(i)
		(ii) a family	member of a p	erson described in (i) above	?					11g(	ii)
		(iii) a 35%	controlled enti	ty of a person described in (	(i) or (ii) a	bove?				11g(	
h				nation about the organizatio			supports				
			-	-		-					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) 1	[s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
Supported (described on lines 1-9 organization in th				_	anızatıon		ation in	support?			
	Organ	nızatıon		above or IRC section		listed in		i) of your		rganized	
				(See Instructions))		verning ment?	Sup	port?	In the	US?	
					Yes	No	Yes	No	Yes	No	1
					1	† · · · ·	1	<u> </u>		1	
						1					L

Total

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box or	n line 5, 7, or	8 of Part I.)				
P	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	372,595	699,928	375,629	676,835		1,226,812	3,351,799
-	include any "unusual grants ") Tax revenues levied for the organization's							
2	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 line 1-3	372,595	699,928	375,629	676,835		1,226,812	3,351,799
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
6	(f) <b>Public Support</b> subtract line 5 from line							
U	4							3,351,799
T	otal Support			L.			<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	372,595	. ,	375,629	676,835		1,226,812	3,351,799
8	Gross income from interest, dividends,							
_	payments received on securities loans,				2		693	695
	rents, royalties and income from similar				-		0,5	0,5
	sources							
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							
10	from the sale of capital assets (Explain in	4,595	2,672		77		4,361	11,705
	Part IV )							
11	Total Support (Add lines 7 through 10)							3,364,199
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13	First Five Years. If the Form 990 is for the	organization's fir	st. second. third	d. fourth, or fifth	tax vearas a 5	01(c)(	3)	
	organization, check this box and <b>stop here</b>	organization 5 m	5 t, 5 t t t iii i	a, rouren, or men	tax year as a s	0 = (0)(	J,	<b>▶</b> ┌
	,							
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.630 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		99.480 %
16a	33 1/3% Test - 2008. If the organization did	d not check the b	oox on line 13, a	ind line 14 is 33	1/3% or more,	check	this box	
	and stop here. The organization qualifies as				•			<b>▶</b> ▽
b	33 1/3% Test - 2007. If the organization di				5 is 33 1/3% o	r more	, check thi	
	box and <b>stop here.</b> The organization qualifie							<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fac organization meets the "facts and circumst							ow the ►
h	10% Facts and Circumstances Test - 2007.							,
U	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							``` ▶□
18	Private Foundation. If the organization did							,
	instructions		•					<b>▶</b> □

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar 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") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 **17** 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Facts and Circumstances Test**

OTHER INCOME PART II, LINE 10 DESCRIPTION REIMBURSED EXPENSES 2004 4595 2005 2672 2006 0 2007 77 2008 4361

Schedule A (Form 990 or 990-EZ) 2008

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OMB No 1545-0047

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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization COMMUNITY EDUCATION GROUP INC 52-1853388 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**▶** \$

Assets included in Form 990, Part X

Cat No 52283D

3	Using the organization's accession and othe		_				•				(continuea)
-	items (check all that apply)		d	г	Loan	or aych:	ange progi	rame			
а	Public exhibition		u	_			ange progr	Iaiiis			
Ь	Scholarly research		e	ı	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	y furthe	er the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	<b></b>	<b>–</b>
Do.	assets to be sold to raise funds rather than t								anad   Vaa   b	Yes	<u>'</u>
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						lization a	IIISW	ered res d	o roilli	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for c	ontribu	itions or	other ass	ets r	not	┌ Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	ete the following tab	le				Г		_		
							-	_	Α	mount	
с	Beginning balance							1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							☐ Yes	∏ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organizatio		were			orm 990, Years Back		t IV, line 10 Three Years Back		r Years Back
la	Beginning of year balance	(a)Current Year	(6)	PHOL	rear	(c) Iwo	Tears back	(a)	illiee fears back	(e)rou	r rears back
.a b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships							+			
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation 1	thata	are helo	d and ad	mınıstere	d for	the		
	organization by									Υe	s No
	(i) unrelated organizations			•				•		ı(i)	
	(ii) related organizations								· · · · -	(ii)	
	If "Yes" to 3a(II), are the related organizatio	•						•	3	ВЬ	
4	Describe in Part XIV the intended uses of th					00 Da	rt V line	10			
2011	t VI Investments—Land, Buildings	s, and Equipme	nt. 5								
	Description of investment					or other estment)	(b)Cost or basis (otl		(c) Depreciati	on (d	) Book value
1-	Land										
Ta	Buildings										
	Dunumgo										
b	Leasehold improvements										
b c							7	7,977	26	,485	51,492
b c d	Leasehold improvements	 					7	7,977	26	,485	51,492

(a) Description of security or category	see Form 990, Part X, line 12	(c) Method of valuation	
(including name of security)	( <b>b)</b> Book value	Cost or end-of-year marks	
Financial derivatives and other financial products		·	
Closely-held equity interests			
crosery hera equity interests			
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12			
Part VIII Investments—Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
——————————————————————————————————————	(B) Book value	Cost or end-of-year marke	et value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) <b> -</b>		
Part IX Other Assets. See Form 990, Part >			
	scription	<b>(b)</b> Bo	ok value
SECURITY DEPOSIT		(=, = -	15,600
EMPLOYEE ADVANCES			970
Total. (Column (b) should equal Form 990, Part X, col.(B) I			16,570
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
	<del> </del>		
Tatal (Column (h) should a real form 2000 for the real (0) ( )	<u>,                                    </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	/ ▶		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,202,015
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,213,838
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,823
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,823
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	,
1	Total revenue, gains, and other support per audited financial		1,242,647
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,242,647
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,242,647
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements	s per	1,215,352
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	1,213,332
a	Donated services and use of facilities		
a b	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,215,352
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	1,213,332
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,215,352
	t XIV Supplemental Information		1,213,332
	replete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV	, lines 1b and 2b,

Identifier Return Reference Explanation

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493117005101

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY EDUCATION GROUP INC

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

52-1853388

Part I General Infor	mation on Gra	nts and Assistance	)			-	
	ed to award the gra	nts or assistance?			ıbılıty for the grants or as	ssistance, and	▽ Yes ┌ N
<u> </u>	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		d "Yes" on				
Part IV and Sch	nedule I-1 ıf addı				of no one recipient rec	eived more than \$5,0	000. Use
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations						_	
3 Enter total number of oth For Paperwork Reduction Act No	-		<u> </u>	Cat No 500551			nedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
Pt I Line 2		APPROVED BY EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR IN ACCORDANCE WITH SPECIFICS IN GRANT AGREEMENTS

DLN: 93493117005101

OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** COMMUNITY EDUCATION GROUP INC Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (g)Written (e) In Approved from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? No Τо From Yes Yes No Yes No Total **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	naring of zation's nues?
	organization			Yes	No
CEG INC	COMMON MANAGEMENT		SHARED EXPENSES OWED TO ORGANIZATION		N o

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DLN: 93493117005101

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

**Supplemental Information to Form 990** 

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public

Inspection

Name of the organization COMMUNITY EDUCATION GROUP INC Employer identification number

52-1853388

ldentifier	Return Reference	Explanation
Pt VI-A, Line 10		DRAFT SENT TO EXECUTIVE DIRECTOR TO CIRCULARIZE AMONGST THE BOARD OF DIRECTORS FOR APPROVAL

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		UPON REQUEST ANY DOCUMENTS REQUESTED WILL BE PROVIDED TO THE PUBLIC

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

### DLN: 93493117005101

# OMB No 1545-0047

2008

## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

CEG INC

20-1374655

729 8TH STREET SE

WASHINGTON, DC20030

**Related Organizations and Unrelated Partnerships** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Open to Public ► See separate instructions. Inspection Name of the organization **Employer identification number** COMMUNITY EDUCATION GROUP INC 52-1853388 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Direct controlling Primary activity Public charity status (if section 501(c)(3)) or foreign country) entity NA CONSULTING FIRM DC

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(5)

(6)

Part V Transactions with Related Organizations
--

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			<b>1</b> c		No
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organizat	cion(s)		1k	Yes	
- 1	Performance of services or membership or fundraising solicitations by other organization	on(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	Sharing of paid employees			1n	Yes	
0	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			1р	Yes	
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who i	must complete this line, including covered relationships	and transaction thresholds			
	(A)	( <b>B</b> ) Transaction	(C)			
	Name of other organization(s)	type(a-r)	Amount Involved			
(1)	CEG INC	a			59,85	4
(2)						
(3)						
(4)						

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

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DLN: 93493117005101

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

	•	See separate instructio	ons. 🕨 Attach	to your tax r	et urn.			Sequence No <b>67</b>
Name(s) shown on return		Business or	activity to which	this form re	ates	Iden	tifyin	g number
COMMUNITY EDUCATION	ON GROUP INC	Form 000 /	Form 990EZ			[2 1	0 5 2 3	200
Part I Election	To Expense (	Certain Property U		179		52-1	.8533	000
	-	sted property, comp			nplete Pa	rt I.		
1 Maximum amount See	the instructions	for a higher limit for ce	ertain businesses				1	\$ 250,000
2 Total cost of section 1	179 property plac	ed in service (see inst	ructions) .				2	
3 Threshold cost of sect	tion 179 property	/ before reduction in lim	nitation (see insti	uctions) .			3	\$ 800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or le	ess, enter -0-				4	
5 Dollar limitation for ta	x year Subtract	line 4 from line 1 If zer	o or less, enter -	0- If married	l filing			
separately, see instru	ctions						5	
								<u>'</u>
(a) 🗅	escription of pro	perty	1	(business us	e (c) E	lected	cost	
6	· · ·	· ,		only)	+ , ,			_
0								-
<b>7</b> Listed property Enter	the amount from	line 29		. 7	Τ			┦
8 Total elected cost of s			olumn (c) lines 6				8	-
9 Tentative deduction E		•	oranin (c), inies o	ana /			9	
10 Carryover of disallowe					•		10	
11 Business income limitation		•		ee instructions)			11	
						•		
12 Section 179 expense						•	12	
13 Carryover of disallowe				13				
Note: Do not use Part Part II Special D		oelow for listed prope Allowance and Oth			• maluda l			\ (Coo. matrustians \
14 Special depreciation a				_			орегі	y ) (See instructions)
tax year (see instructi	·	mied property (other the	an nateu property	, placed iii s	ervice dan	ing the	14	
15 Property subject to se	ction 168(f)(1) e	election					15	
16 Other depreciation (in	cluding ACRS)						16	437
Part IIII MACRS De	epreciation (I	Oo not include listed	l property. <b>)</b> (Se	ee instruction	ons.)			•
		9	Section A					
17 MACRS deductions fo	r assets placed ı	n service in tax years b	eginning before 2	2008 .		•	17	2,669
18 If you are electing			ice during the t	ax year int				
general asset accou						▶ -		
Section B-Ass	ets Placed in	Service During 20	008 Tax Year	Using the	Genera	l Depi	recia	ition System
	(b) Month and	(c) Basıs for depreciation						
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Conven	tion (f	<b>)</b> Metho	od	<b>(g)</b> Depreciation deduction
property	service	use	period					deduction
10s 2 year property		only—see instructions	)					
<b>19a</b> 3-year property <b>b</b> 5-year property	1	12,788	3 5	MQ	2	00 DB		1,057
c 7 - year property	1	3,782		MQ		00 DB		631
<b>d</b> 10-year property		- ,		1				
<b>e</b> 15-year property								
<b>f</b> 20-year property								
<b>g</b> 25-year property			25 yrs			S/L		
<b>h</b> Residential rental			27 5 yrs	MM		S/L		
property			27 5 yrs	MM		S/L		
i Nonresidential real			39 yrs	MM		S/L		
property				MM		S/L		
20a Class life	on C—Assets Plac	ced in Service During 20	US lax Year Usin	g the Alterna	tive Depre	S/L	Syst	em
<b>b</b> 12-year	-		12 yrs			S/L		
c 40-year			40 yrs	ММ		S/L		
	<b>ry</b> (See instruc	ctions)				, –		
<b>21</b> Listed property Enter		<u> </u>					21	5,690
<b>22 Total.</b> Add amounts fro		14 through 17, lines 19 urn Partnerships and S			ne 21 Ente	er here	22	10,484
23 For assets shown above	•						-	
portion of the basis at	tributable to sect	tion 263A costs .		23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? ✓ Yes ✓ No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis period use use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use See Additional Data Table % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 5,690 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? . Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage

42 A mortization of costs that begins during your 2008 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 Amortization of costs that began before your 2008 tax year

43

44

### **Additional Data**

Software ID: Software Version:

**EIN:** 52-1853388

Name: COMMUNITY EDUCATION GROUP INC

# Form 4562, Part V, Line 26, Property used more than 50% in a qualified business use (see page 8 of the instructions):

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
VEHICLES	2008-10-20	100 000 %	6,850	6,850	5 0	200 DB-MQ	2,398	
VEHICLES	2009-02-05	100 000 %	4,250	4,250	5 0	200 DB-MQ	1,063	
VEHICLES	2009-03-09	100 000 %	4,500	4,500	5 0	200 DB-MQ	1,125	
VEHICLE	2009-09-30	100 000 %	17,485	17,485	5 0	200 DB-MQ	874	
VEHICLES	2009-07-07	100 000 %	4,590	4,590	5 0	200 DB-MQ	230	

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1853388

Name: COMMUNITY EDUCATION GROUP INC

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FACILITY AND EQUIPMENT EXPENSES	42,333	42,333	0	0
DUES AND SUBSCRIPTIONS	2,705	1,635	1,070	0
PROGRAM EXPENSES	139,571	139,571	0	0
TRAINING	4,522	4,522	0	0
MISCELLANEOUS	2,508	2,508	0	0