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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047
2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service *

► The organization may have to use a copy of this return to satisfy state reporting requirements

	For the	2009 calend	lar year, o	or tax year beg			, 2009	, and e	ending						
В	Check if a	applicable	Please use	C Name of organ	nization						D Employ	er Ide	entification Nun	ıbor	
	Addr	ress change	IRS label	I. E. C.									4705		
	Nam	e change	or print or type.	Number and s	treet (or PO box if	mail is not delivere	d to street ac	ddr) F	Room/suit	le	E Telepho	one ni	ımber		
	Initia	al return	See specific	3251 Old	Lee High	vay		!	510		(70	3)	591-485	0	
	Term	nination	Instruc- tions.	City, town or o	country		State	ZIP co	ode + 4						
	Ame	nded return		Fairfax			VA	220	030		G Gross r	eceipt	s \$ 105,	775.	
	Appl	lication pending	F Name a	and address of princ	ipal officer					(a) Is this	a group retur				X No
	٠٠٠٠ ب		Steve Ar	tonoff 3251 0	ld Lee Hwy. #51	o Fairfax	V	A 220	030 H		affiliates inc			Yes	No
$\overline{}$	Tax-e	exempt statu			✓ (insert no)	4947(a		52		If 'No,'	attach a list	(see	instructions)	•	_
J				foundation		1 1 1 1 1 1 1	<u> </u>			(c) Group	exemption nu	ımber	•		
ĸ		of organization	X Corpora		Association	Other ►		Vear of I		n 199			of legal domicile	37A	
	rt.l "	Summa		ation Trust	Association	Outer		1681 01	TOTTIZLIO	. 100	<u> </u>	olate t	or legar domicile	<u> </u>	
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Š	2 C	heck this bo	x - IT	if the organizat	ion discontinue	d its operations	s or dispo	sed of	f more	than 25	% of its as				
Ğ				bers of the gov							,, ,, ,,,	3	1		
δ.	4 N	lumber of inc	dependent	t voting membe	ers of the gover	ning body (Part	t VI, line 1	1b)				4	11		
ıit ie				yees (Part V, III								5	0		
Activities & Governance				eers (estimate i	• •							6	0		
⋖		•		usiness revenu			ine 12 .					7			0.
	b N	let unrelated	business	taxable income	e from Form 99	0-T, line 34						7	b		
										P	rior Year	•	Curre	ent Yea	ar
<u>o</u>			-	ts (Part VIII, lın				•			20,3	13	•	96 <u>,</u>	<u>213.</u>
Revenue		-		ue (Part VIII, Iır		•							 		
ě	•		-	rt VIII, column				•			3,1				<u>562.</u>
ш.				II, column (A),							23,7				000.
				nes 8 through 1			n (A), line	e 12)			47,2			105,	
	13 G	Grants and si	mılar amo	REPER	HX,)column (A), lines 1-3) .	•	•	•		28,6	24	•	29,	<u>618.</u>
				members-(Part-					•	<u> </u>					
ø				sation, employ			A), lines 5	5-10)		<u> </u>					
nse	16a P	Professional 1	fundæjs¦in	g fees (Parilix	cotumn 🚱 III	ne 11e)		•							
Expenses	Ь⊤	otal fundrais	ing exper	nses₋(Part-IX ,- c	o lumn (D), li ne	25) ►	1	L9,0	22.		,		1	•	٠. ا
Ш	17 C	Other expens	es (Part I.	XOGDEN.	Jines 11a-11b.	11f-24f)					22,5	44		67,	571.
	•		1	nes 13-17 (mus			ne 25)				51,1				189.
		•		s Subtract line			,				-3,9				586.
8		<u> </u>								Regir	nning of Y			of Yea	
15	ł	otal assets (Part Y lu	ne 16)						Begii	286,5			260,4	
Net Assets Fund Baland		otal liabilitie		•	• •						37,8		'		100.
Ž,	ł			inces. Subtract	 		•		• •				<u> </u>		
	22 N rt ∦		ure Bloc		nne 21 from iii	ie 20				<u>. </u>	248,7	31	•1	257,	316.
٥	u Cai -														
		true, correct, a	s of perjury, and complete	I declare that I have Declaration of prep	e examined this retu parer (other than off	rn, including accom icer) is based on all	panying sche I information	of which	nd stater h prepare	ments, and er has any	to the best o knowledge	of may I	knowledge and t	Jellet, it i	ıs
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Sig	jii re	Signature	Of Officer	~~{						l Da					
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		Steve Type or pr	int name and	Antonoff											
		тура от рі						Date		T		Т	Preparer's iden	tifying p	mber
D -	: -1							Date		se		\neg	Preparer's iden (see instruction	s)g	111001
Pa Pro	IQ 	Preparer's	_							ł	nployed 🏲				•
יוי	e- rer's	signature		athan L N		PA	(08/0	2/10						111
Us	e	Firm's name (or		Y & ASSOC											
On	ĺγ	employed), address, and	► 138	73 PARK C	ENTER RD,	SUITE #2				E	N ►				'
		ZIP + 4	HER	NDON		VA	2017	1-32	249	PI	hone no	(7		6269	
May	the IR	S discuss the	is return v	with the prepare	er shown above	? (see instructi	ions) .						X Yes		No
BA	A For P	Privacy Act a	nd Paper	work Reductio	n Act Notice, s	ee the separate	e instructi	ions.			TEEA0101	07/	20/09 For	m 990	(2009)

Forn	1 990 (2009) I. E. C. A. Foundation, Inc.	54-1804705	Page 2
Pai	rt III Statement of Program Service Accomplishments	····	
1	Briefly describe the organization's mission:		
•	To identify and support programs		
	that impact students and their educational environments, particu		
	those programs that assist students in making educational choice	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	T Vac	X No
3	J	es? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	y expenses Section 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.	niocations to others, the	totai
	expenses, and revenue, it any, for each program service reported.		
4:	a (Code:) (Expenses \$ 57,632. including grants of \$ 29,500.) (F	Revenue \$	_0.)
	The Foundation held and/or sponsored workshops to raise the stan		
	service level of those in the field of educational counseling.		
	Foundation awarded grants to programs that impact students and t		
	educational environment in ways such as providing college and pr	e-college	· -
	counseling and tutoring services, particularly in under-represen	ted	
	communities including the urban and sural near		
	communities including the urban and rural poor.		
		3 .	
41	o (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
•			
4,	w		
•			
40	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$	<u>··</u>)
			· · · ·
			_
Δ,	d Other program services (Describe in Schedule O.)		
4(,
	(Expenses \$ including grants of \$) (Revenue \$		
46	e Total program service expenses ► 57,632.	·- -	

Form 990 (2009) I. E. C. A. Foundation, Inc. 54-1804705 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? . . 2 Х 3 X 4 х 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and

5	reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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_		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
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	į	v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10	х	×
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	H .	2 (3) 2 (3)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		inter .	
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	2 9		
	Point the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	7.7.7.12	To see the	
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	, ,		***
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X	7 13		- T
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	i	नेद	
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional . 12 A X		,	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	 	<u>x</u> _
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
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		х
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		х_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	,	х.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		<u>x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>x</u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		x
b	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		
2 5 a	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		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		_x_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		X
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		х
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? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
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	х	
35	Ine 1	35		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		x
38	The state of the s	38	х	
BAA		Form	990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2h 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 25 (A) X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 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)? 43 **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? 5 a x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . 6 a x b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6 b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 a 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 x holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a x 9b x b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

ВАА

Form 990 (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A.	Governing Body and Management				
<u> </u>		1		Yes	No
1 a Enter the	number of voting members of the governing body	1a 11		4	1.3
b Enter the	number of voting members that are independent	. [16]11	 ′ ``	135	, ,
2 Did any officer, of	officer, director, trustee, or key employee have a family relationship or a b lirector, trustee or key employee?	usiness relationship with any other	2		x
3 Did the o	organization delegate control over management duties customarily perform is, directors or trustees, or key employees to a management company or o	ed by or under the direct supervision other person?	3	x	
	organization make any significant changes to its organizational documents		4		x
	e prior Form 990 was filed?				
5 Did the d	organization become aware during the year of a material diversion of the o	rganization's assets?	5		x
6 Does the	organization have members or stockholders?		6		X
7a Does the	organization have members, stockholders, or other persons who may elege body?	ct one or more members of the	7a		x
-	decisions of the governing body subject to approval by members, stockholi	ders, or other persons?	7b		x
-	organization contemporaneously document the meetings held or written act				
	erning body?		8a	x	
•	mmittee with authority to act on behalf of the governing body?		8b	_	
9 Is there	any officer, director or trustee, or key employee listed in Part VII. Section	A, who cannot be reached at the		^	
	tion's mailing address? If 'Yes,' provide the names and addresses in Sche		. 9		X
Section B.		icies not requirea by the intern	aı		í
Revenue Code	<u>') </u>			TV-4	1 41 -
10 - D H-			10-	Yeś	No
	organization have local chapters, branches, or affiliates?		10 a		X
b If 'Yes,' and bran	does the organization have written policies and procedures governing the a niches to ensure their operations are consistent with those of the organization	activities of such chapters, affiliates, on?	. 10ь		.
	organization provided a copy of this Form 990 to all members of its govern		11		X
	in Schedule O the process, if any, used by the organization to review this		1	, ,	調ができ
12a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13	3	12a		Х
b Are offic to conflic	ers, directors or trustees, and key employees required to disclose annually	interests that could give rise	12b		,_
°c Does the Schedule	organization regularly and consistently monitor and enforce compliance we O how this is done	with the policy? If 'Yes,' describe in	12 c		
13 Does the	organization have a written whistleblower policy?		13		X
14 Does the	e organization have a written document retention and destruction policy?		14		Х
15 Did the p	process for determining compensation of the following persons include a re comparability data, and contemporaneous substantiation of the deliberation	eview and approval by independent on and decision?		1	
	nization's CEO, Executive Director, or top management official		15 a		X
	ficers of key employees of the organization		15 b		Х
If 'Yes' t	o line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 a Did the dentity du	organization invest in, contribute assets to, or participate in a joint venture rring the year?	or similar arrangement with a taxable	16a	12.5%	2.54 X
in joint v	has the organization adopted a written policy or procedure requiring the orgenture arrangements under applicable federal tax law, and taken steps to lith respect to such arrangements?	safeguard the organization's exempt	16 b	11, 7 22, 23	# 7.
	Disclosures				
	states with which a copy of this Form 990 is required to be filed Virg	ginia		i .	
18 Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable on, Indicate how you make these available. Check all that apply.		vailable	for pu	iplic
Owr	website Another's website X Upon request				1
19 Describe statement	e in Schedule O whether (and if so, how) the organization makes its governots available to the public.	2, 11		1	ial .
=	e name, physical address, and telephone number of the person who posses	:		1 1	
Mark	Sklarow 1251 01d Lee Highway, #510, Fairfax	VA22030(703)_9	<u> 191-</u>	1850
				Ĭ	

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees'
- 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, and 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 the organization did not compensate any current officer, director, or trustee

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours	erage Position (check all that apply)				hat app		Reportable compensation from	Reportable compensation from	Estimated
	per week	ਸਰੀਆਂ ਦੀ ਵਿਸ਼ਵਦ ਹਾ ਹੀ ਜਦਾਨਾ	institutional faistee	Officer	Key employee	High est coinciensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Steve Antonoff										
President	3.00	X		x						
Cammie Bertram										
Secretary	2.00	x		х						
Joseph Dobson										
Treasurer	2.00	x _		х	L					
Jared Balmer										
Trustee	1.00	х								,
David Beecher										
Trustee	1.00	X			L					
Chris Covert									:	
Trustee	1.00	Х			<u> </u>					
Henry Flanagan				ĺ	1					ľ
Trustee	1.00	X			<u> </u>					
Kim McDowell										
Trustee	1.00	X			L					
Martha O'Connell										
Trustee	1.00	_X			ldash					
Brian Proctor					1					
Trustee	1.00	X		<u> </u>						
vacant										
Trustee	0.00	Х_		_						
	-									
				L			L			
·				<u> </u>						
~										
				<u> </u>			_			

Pa	rt VIII Statement of Revenue	-,	······		
		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>			revenue		512, 513, or 514
STS ST	1a Federated campaigns 1a				
OUN	b Membership dues . 1b		Į		
TS, C	c Fundraising events . 1c				
F Z	d Related organizations 1 d				
SIM	e Government grants (contributions)				
54	f All other contributions, gifts, grants, and similar amounts not included above 1f 96,213.		Ĭ		
E C	similar amounts not included above 1f 96,213. g Noncash contribus included in lns 1a-1f \$ 10,106.				
ANE	h Total. Add lines 1a-1f	96,213.			
) E	Business Code	90,213.		~	
ENU	2a				
RE	b				
ACE	c			· · · · · · · · · · · · · · · · · · ·	
Ž	d				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	0				
S.	f All other program service revenue				
PRC	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts) .	6,562.	0.	0.	6,562.
•	4 Income from investment of tax-exempt bond proceeds			·	
	5 Royalties			·····	
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses .		1		
,	c Rental income or (loss)				
٠.	d Net rental income or (loss)				<u> </u>
,	7 a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	, ,	· · · · · · · · · · · · · · · · · · ·			
UE	8a Gross income from fundraising events (not including . \$. ,
Š	of contributions reported on line 1c).		j		J
7.	See Part IV, line 18 a 3,000.				
COTHER REVENU	b Less direct expenses b				
0	c Net income or (loss) from fundraising events	3,000.	3,000.	0.	0.
•	9a Gross income from gaming activities See Part IV, line 19 a		,		
	b Less, direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns		1		[,
	and allowances . a				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	1118				<u> </u>
	D				
	d All other revenue				
	d All other revenue				
	12 Total revenue. See instructions	105,775.	3,000.	0.	6,562.

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		29,618.	29,618.	,	, ,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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				
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 .				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
, a	Management				1 1
t	Legal				
(Accounting	6,222.	0.	6,222.	0.
•	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees		<u>,</u>		
ç	Other				
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	3,586.	1,255.	1,076.	1,255.
17	Travel .	8,975.	2,852.	3,249.	2,874.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		 		
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	301.	105.	60.	136.
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		·		
	Bank charges	685.	0.	685.	0.
	Contract labor	21,186.	7,415.	6,356.	7,415.
	Credit card fees	383.	0.	383.	0.
•	Fundraising	3,810.	0.	0.	3,810.
	Insurance	535.	134.	401.	<u> </u>
	All other expenses	21,888.	16,252.	2,104.	3,532.
	Total functional expenses. Add lines 1 through 24f	97,189.	57,631.	20,536.	19,022.
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				
BAA	campaign and fundraising solicitation .				Form 990 (2009)

Balance Sheet (A) Beginning of year End of year 1 Cash - non-interest-bearing 2 282,540 256,878. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net ... 4 Accounts receivable, net ... 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ... 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 3,087. Prepaid expenses and deferred charges 255. 10a Land, buildings, and equipment: cost or other basis. 10a Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 804 10 c 451. 11 11 Investments – publicly-traded securities Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 0. 15 Other assets. See Part IV, line 11 3,243. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 286,535. 16 260,416. 35,804. 17 17 Accounts payable and accrued expenses 3,100. 2,000. 18 Grants payable . 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 37,804 26 3,100 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 206,463 27 218,191. Temporarily restricted net assets 42,268. 28 39,125. 29 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here and complete E U Z D lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 248,731. 33 33 257,316. Total net assets or fund balances. Total liabilities and net assets/fund balances. 286,535. 34 260,416. Form 990 (2009) BAA

TEEA0111 01/30/10

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: 🔲 Cash 🕱 Accrual 🔲 Other		 	- F
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			ر المارية المارية
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			;-'
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		- 3	
Separate basis Consolidated basis Both consolidated and separate basis	-:	ذ	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and QMB Circular A-133?	3 a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		
BAA	Form	990 p	(2009)

TEEA0112 02/05/10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number E. C. A. Foundation, Inc. 54-1804705 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(bX1XA)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) x R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III- Other Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of your support? (i) Name of Supported (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) organization in (i) listed in your governing document? organization in col (i) organized in the US ? nzation in col Organization No Yes No Yes Yes No Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

(·	THE CAPPELL ADMINISTRA				->(.)(.)(.)		,,, ,,,	
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part I	.)				······································
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
-	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	102,951.	109,025.	71,289.	20,313.	96,2	13.	399,791.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.		0.	0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.	0.	0.		0.	0.
4	Total. Add lines 1-through 3	102,951.	109,025.	71,289.	20,313.	96,2		399,791.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	and a				ı		139,959.
6	Public support. Subtract line 5 from line 4	,						259,832.
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
7	Amounts from line 4 .	102,951.	109,025.	71,289.	20,313.	96,2	13.	399,791.
, 8 .	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	E 202	E 570	0 517	2 107	6 5	60	, 11
9	Net income from unrelated business activities, whether or not the business is regularly carried on	5,392. 0.	5,578.	9,517.	3,187.	6,50	0.	30,236.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		66,584.	44,866.	23,703.	3,00	00.	138,153.
11	Total support. Add lines 7 through 10	, ,	, ,		,			568,180.
12	Gross receipts from related activi	ties, etc. (see ins	tructions) , .			. , [_	12	
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501	(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu							
14 15	Public support percentage for 200 Public support percentage from 2	•		11, column (f)	• • • • • • • • • • • • • • • • • • • •		14 15	45.73%
16 a	33-1/3 support test – 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported org	on line 13, and than an and the anization.	ne line 14 is 33-1/	/3 % or more,	, chec	k this box
.1	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a publ	not check a box or licly supported orga	n line 13, or 16a, a anization.	and line 15 is 33-	1/3% or more	, che	ck this box
17a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Pa	art IV	0% how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' i	nd-circumstances' test. The organiza	test, check this bo tion qualifies as a	ox and stop here. publicly supporte	Explain in Pa ed organization	art IV	how the ▶ □
<u> 18</u>		ation did not chec	k a box on line, 13	s, 16a, 16b, 17a, o				
BAA					Sc	nequie A (Fo	rm 99	0 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009	9 I. E. C.	. A. Founda	tion, Inc.		54-180470	5 Page 3
Par				in Section 509	(a)(2)		
	(Complete only if you chec	ked the box on li	ne 9 of Part I.)			· ·	
<u>Sec</u>	tion A. Public Support		.			· · · · · · · · · · · · · · · · · · ·	<u>,</u>
	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
	Gross receipts from						
	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		}				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5. Amounts included on lines 1, 2, 3 received from disqualified persons						• : '
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						2. 3
C	Add lines 7a and 7b				<u> </u>		<u></u>
- 8	Public support (Subtract line	1.12	: .	<u> </u>	<u> </u>	n (4	ı
	7c from line 6.)	HE A FORM Significant	1 - 4 1	, ,			
<u>Sec</u>	tion B. Total Support		·	·	· · · · · · · · · · · · · · · · · · ·	,	
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as a	a section 501(c)(3	<u> </u>
Sec	tion C. Computation of Pul						· · · · · · · · · · · · · · · · · · ·
15			• • •	e 13, column (f))	• • •	. 15	%
<u>16</u>					· · · ·	16	<u>%</u>
	tion D. Computation of Inv						T
17	Investment income percentage for				nn (t))	17	<u>%</u>
18	Investment income percentage from		•		, , , , , , , , , , , , , , , , , , ,	18	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
•	33-1/3 support tests — 2009. If the more than 33-1/3%, check this bo	ox and stop here.	. The organization	qualifies as a pub	olicly supported or	ganızatıon	▶ [_]
. 6	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	ie organization di this box and sto j	o not check a box p here. The organi	zation qualifies as	, and line to is mo s a publicly suppor	ted organization	ario line 18 ► □

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

Schedule	A (Form	990 or 9	90-EZ)	2009	I.	E.	c.	A.	Fou	ndat	ion,	Inc.	<u> </u>		54-	18047	05	Pa	age 4
(Parit IV	Supp Part	lemen II, line	tal Inf 17a o	orma r 17b	tion. ; and	Com Pari	plet t III,	e th line	is pa 12.	art to Provi	provid ide an	e the y othe	explanater addition	ions re nal info	quired rmatio	by Pai n. See	t II, line instruc	10; tions.	
Other_	Incom	e Par	t II	, Li	ne_1	<u>o</u>	. _ _			·									
Descri	ption	: Net	inc	ome_i	Erom	_fur	dra	<u>is</u>	ing	ever	1 <u>t</u> _								_ _ .
2006:_	1118.						. 		- 										
2007:_	-3308	4			_ -			-									- -		
2008:_	<u>-2789</u>	8							- 									-	
2009:_	3000.						- -					- -							
Descri	ption	: Qua	11£1	ed St	ons	orsl	<u>gi</u> e	Pay	men	ts_		- -		- -					
2006:	<u>65466</u>	<u></u>							- 		- -						· -		
2007:_	<u>77950</u>	-											-						
2008:	51601	<u></u>			_ 														
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

pen to Public

Name of the organization Employer Identification number E. C. A. Foundation, Inc. 54-1804705 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 1 Total number at end of year . Aggregate contributions to (during year) 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 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 for any other purpose conferring impermissible private benefit?? Partill Conservation Easements Complete if the organization answered 'Yes' to Form 990, 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 important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 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 a Total number of conservation easements . 2b b Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d - .3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ... No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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 the organization's accounting for conservation easements Pantula Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a 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. b 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 Revenues included in Form 990, Part VIII, line 1 (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. a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 I. E.				54-180		Page 2
Part III Organizations Mainta	ining Collections	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (con	ntinued)
3 Using the organization's acquisition items (check all that apply).	on accession and oth	er records, check	any of the following th	at are a significant use	of its coller	ction
a Public exhibition		d 🗌 Loan o	r exchange programs			
b Scholarly research		e 🗌 Other		. —		
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV.		·			ın	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or receive	donations of art, itained as part of	historical treasures, or the organization's colle	other similar ection?	Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	Arrangements	Complete if o	ganization answei		90, Part	
1a is the organization an agent, trust included on Form 990, Part X?				r assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and comp	olete the following	table.		·	
					Amount	
c Beginning balance .		••••		1c		
d Additions during the year	• • • • • • • • • • • • • • • • • • • •			. 1d		
e Distributions during the year			• • • • • • • • • • • • • • • • • • • •	1e		
				1f		
2a Did the organization include an ar		Part X, line 217			∐ Yes	∐ No
b if 'Yes,' explain the arrangement in Part V Endowment Funds Col		ation answers	d 'Ves' to Form 90	00 Part IV June 10		
Fait V Elidowine it Fullus Col	(a) Current year	(b) Prior year	(c) Two years back		(a) Fou	ir years back
1 a Beginning of year balance	22,950.	 		(u) Three years back	(e) rou	I years back
b Contributions	24,775.			7;	 	1 =4
c Net Investment earnings, gains,	<u> </u>	20,3			1	,
and losses						
d Grants or scholarships e Other expenditures for facilities					 	
and programs						
f Administrative expenses			,			
¹ g End of year balance	47,725.	22,9	50.			
2 Provide the estimated percentage	of the year end bala	nce held as:				
a Board designated or quasi-endow	ment ►100	0.00%	•			`\t.,
b Permanent endowment ▶	%			1	•	Lar
c Term endowment ►	<u> </u>					
3a Are there endowment funds not in	the possession of th	ne organization th	at are held and admini	stered for the	_	
organization by:	•	•			Y	es No
(i) unrelated organizations .				• •	. 3a(i)	X
(ii) related organizations	• •				3a(ii)	X
b If 'Yes' to 3a(II), are the related or	-	•			3b	
4 Describe in Part XIV the intended						
Part VI Investments—Land, B						
Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Boo	ok Value į
1a Land	· · · · · · · · · · · · · · · · · · ·					54 ·· · · · · · · · · · · · · · · · · ·
b Buildings						
c Leasehold improvements	•••					4==
d Equipment			1,255.	804.		451.
e Other		- 000 Do-t V	(ma (D) /sa 10(s))			
Total. Add lines 1a through 1e (Column	(a) must equal Forn	n 990, Part X, col	urnn (b), line IU(c))		Luis D (C)	451.
BAA				Sched	uie v (roii	m 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 I. E. C. A. Found		54-18047	05 Page 3
Part VII Investments-Other Securities See F	orm 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
Financial derivatives			
Closely-held equity interests .			
Other			
	· -		
	· 		
	-	· · · · · · · · · · · · · · · · · · ·	
	· -		
Table (Oakuma (A) mush as a France (OO Bort V and (O) kee 12)	-		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)	Form 000 Port V line	~ 12\	
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	مبادر
		Cost of end-of-year market v	raide
	 		
	 		
			
	 		
<u> </u>			
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)]
Part IX Other Assets (See Form 990, Part X,	line 15)		
(a) D	escription		(b) Book value
Organization Costs			2,964.
Accumulated Amortization of Organiza	ation Costs		-2,964.
Overpayment refund receivable			0.
Overpayment related received re-		-	
			
			
7.	<u> </u>		
			
·			
			
Total. (Column (b) must equal Form 990, Part X, col. (B), In		<u> </u>	0.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount	_	1
Federal Income Taxes		_	j
		_	}
			i
			!
		7	j
		7	Ì
	- 	7	
		┪	}
		┥	
		-	
	i	1	i
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		7	

Sche	edule D (Form 990) 2009 I. E. C. A. Foundation, Inc.	4-1804705	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		,
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7			
,	Prior period adjustments	•	
٥	•	• [
70	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	teturn	~~~~
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 : 1	
	Net unrealized gains on investments	- `.	
	Donated services and use of facilities	_	
	Recoveries of prior year grants	_	
(Other (Describe in Part XIV)		
•	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
á	Investments expenses not included on Form 990, Part VIII, line 7b		
ı	Other (Describe in Part XIV)	7 , [
(Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,11, 4
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	
1	Total expenses and losses per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments	٦ ,	_
	Other losses	-	
		┦	
,	Cubband line On from line 3	3	
3 A	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
٠,			
. '	· · · · · · · · · · · · · · · · · · ·	-	•
,	· · · · · · · · · · · · · · · · · · ·		
•	Add lines 4a and 4b	4c	
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Pal	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Pa	irt V,
	4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pai mation.	t to provide any add	ditional
111101	menon.		
Pt	V Line 4 The Foundation established an Endowment Fund the		
	earnings of which would be used for designated		
	program purposes yet to be determined.		
			•
			-

Octredute D (1 Offil 33)	1) 2009 I. E. C. A. F	Cumuacion, Inc	- ·		34-1004/03	raye 3
Part XIV Supple	mental Information (con	tinued)				
			 		· · · · · · · · · · · · · · · · · · ·	
•						
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					. – <i>– – – – – –</i> –	

SCHEDULE I (Form 990)		Gre	ants and Oth ernments an	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	o Organization the United Sta	s, tes		2009
Department of the Treasury Internal Revenue Service		Complete	if the organization	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	m 990, Part IV, lines 2:).	l or 22.	<u> </u>	Open to Public
Name of the organization	קהן ביייסה ביייסה ביייסה אמנייסה ביייסה בייסה בייסה בייסה בייסה ביייסה בייסה בייס						Employer identification number 54 - 1804705	cation number
٦	15	nts and Assistan	nce					
1 Does the organiza the selection criter	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	o substantiate the a rants or assistance	mount of the grant	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ntees' eligibility for the	grants or assistance, a	and	X Yes No
1	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to F 990. Part IV, line 21 for any recipient that received more than \$5,000. Use	e to Governmer	its and Organic	zations in the Unit	ed States. Complet	e if the organizati	ion answered 'Y	es' to Form
Part IV and	Part IV and Schedule I-1 (Form 990) if additional space is needed	rm 990) if addit	ional space is r	needed				X A
1 (a) Name and address of organization or government	ss of organization ment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	and government orga	anızatıons					
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ind Paperwork Reduction	on Act Notice, see	the Instructions fo	r Form 990.	TEEA3901 02/10/10	01/01/20	Sche	Schedule I (Form 990) 2009

OMB No 1545-0047

Page 2 **Parilis** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 54-1804705 Foundation on the use of the funds and to submit supporting documentation (e) Method of valuation (book, FMV, appraisal, other) ___The_Foundation_requires grant_recipients_to_report_back_to_the_ (d) Amount of non-cash assistance (c) Amount of cash grant I. E. C. A. Foundation, (b) Number of recipients when it exists. (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Pt I Line 2 Pt_I Line 2 Pt_I Line 2

Schedule I (Form 990) 2009

BA BA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Department of the Treasury Internal Revenue Service

Name of the organization 54-1804705 E. C. A. Foundation, Inc Pt VI-A, Line 3 Management duties are performed (non-compensated) by the Executive Director of the Independent Educational Consultants Association, an affiliated nonprofit. Pt VI-B, Line 11A The 990 is reviewed by the Executive Director of the Independent Educational Consultants Association who performs the management functions for the Foundation as authorized by the Board of Directors and by the Board President when he signs the return. The Board Treasurer reviews the 990 after it is filed. Pt VI-B, Line 15 The Foundation has no employees. Pt VI-C, Line 19 The Foundation makes its governing documents and financial statements available to the public upon request. The Foundation has no written conflict of interest policy.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

(F)
Direct controlling entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) Employer identification number 54-1804705 (E)
Public charity status (if section 501(c)(3)) (End-of-year assets Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**D)** Total income 501(c)(6)(C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) Independent Educational Consultants Association 04-2592649 professional association (B) Primary activity (B) Primary activity 3251 Old Lee Hwy, #510, Fairfax VA 22030 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity C. A. Foundation, Inc Parti Part II ы

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule R (Form 990) 2009 I. B. C. A. Poundation, Inc. 54-1804705 F

[Part III | Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34

the secause it had one or more related organizations treated as a partnership during the tax year.)	one or more re	ated orga	nizations treat	led as a partnersh	ip during the tax ye	ar.)				1
(A) Name, address, and EIN of	(B) Primary Activity	Legal	(C) (D) Legal Direct	Predominant		Share of total income Share of end-of-year	(H) Dispropor-	Code V-UBÍ	General or	
ופומופת סולמווולמווסון		(state or	controlling entire	unrelated, excluded		633669	allocations?	20 of Schedule	partner?	
	· · · · · · · · · · · · · · · · · · ·	roreign country)		sections 512-514)			Yes No		Yes No	1 1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								<u> </u>		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
										1
										ı
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answers) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cored or or constant of the const	rporation or Tr treated as a c	ust (Complete or toporation or toporation or toporation)	if the organizations	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	ss' to Form 990, Pa	n IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(C) (D) (E) Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) or trust)	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
	·						
ВАА		TEEA5002 02/05/10	02/10			Schedule R (Form 990) (2009)	(2006)

Schedule R (Form 990) 2009 I. E. C. A. Foundation, Inc.

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)	ne 34, 35, or 36.)	,
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV		3 6 26 35
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s) .		J b
c Gift, grant, or capital contribution from other organization(s)		1c x
d Loans or loan guarantees to or for other organization(s)		X PL
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1. ×
g Purchase of assets from other organization(s)	•	X g
		Th X
i Lease of facilities, equipment, or other assets to other organization(s)		li ×
J Lease of facilities, equipment, of other assets from other organization(s)		4
k Performance of services or membership or fundraising solicitations for other organization(s)		1
l Performance of services or membership or fundraising solicitations by other organization(s)		=
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		Jn X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1p X
		A
q Other transfer of cash or property to other organization(s) .		19 х
r Other transfer of cash or property from other organization(s)		1r x
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	d transaction threshold	ls
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(2)		
(3)		
(4)		
ල	_	
9		
TEEA5003 02/05/10	Schedu	Schedule R (Form 990) (2009)

Part VIT Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	Disproportionate	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	ا قارد
			Yes No		Yes No	<u> </u>	Yes	٥
								1
		:				3		
ВАА		TEEA5004 02/05/10				Schedule R (Form 990) (2009)	z) (066 m	(6003

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Additional Information

Note to Schedule R, Part II

Typically, a majority of the Board of Trustees of the Foundation are members of the related organization listed on Schedule R, Part II.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Internal Revenue Service	(99
Name(s) shown on return	

C. A. Foundation,

► See separate instructions.

► Attach to your tax return.

Identifying number 54-1804705

Attachment Sequence No

Business or activity to which this form relates 990 Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part Part I Maximum amount. See the instructions for a higher limit for certain businesses . 1 \$250,000. 2 Total cost of section 179 property placed in service (see instructions). Threshold cost of section 179 property before reduction in limitation (see instructions) ... 3 \$800,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 ... 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 177. MACRS deductions for assets placed in service in tax years beginning before 2009 17 301 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (g) Depreciation deduction (C) Basis for depreciation (a) Classification of property (b) Month and (e) Convention (f) Method (business/investment use Recovery period year placed only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27.5 yrs S/L h Residential rental MM property 27.5 yrs MM S/L 39 yrs MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year 12 yrs c 40-year 40 yrs S/L Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 22 the appropriate lines of your return. Partnerships and S corporations — see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and 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.) No 24b If 'Yes,' is the evidence written? Yes No 24 a Do you have evidence to support the business/investment use claimed? Yes (d) **(f)** (i) (b) (c) Business/ (e) (g) Elected section 179 cost Type of property (list vehicles first) Date placed in service Cost or other basis Basis for depreciation Recovery period Method/ Denreciation investment (business/investment Convention deduction use percentage 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) Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 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) **(1)** Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) 32 2miles driven Total miles driven during the year. Add 1 33 lines 30 through 32 Yes Yes Yes Nο Yes No No Yes Nο Yes No 34 Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 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). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? ... 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? 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) (c) (d) (e) (1) (a) Date amortization begins Amortization period or percentage Amortizable amount Code section Amortization for this year Description of costs Amortization of costs that begins during your 2009 tax year (see instructions) 43 Amortization of costs that began before your 2009 tax year 43 0. 44 Total. Add amounts in column (f). See the instructions for where to report 0.