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**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2010

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE EDUCATIONAL AND CHARITABLE AND CHARITABLE Number & street (or P O box, if mail is not delivered to street addr) Room/ suite P O BOX 842 City or town, state or country, and ZIP + 4 Merrifield VA 22116	D Employer identification number 54-2056590
E Telephone number (703) 742-8373		
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	H Check <input checked="" type="checkbox"/> if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► N/A		
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . ► \$ 54,539		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input type="checkbox"/>		
REVENUE		
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) RECEIVED 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1 1,000 2 3 4 5a 5b 5c 6a 6b 53,539 6c 32,183 6d 21,356 7a 7b 7c 8 9 22,356 10 16,856 11 12 13 14 900 15 74 16 2,971 17 20,801 18 1,555 19 49,136 20 12,356 21 63,047	
EXPENSES		
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 ►		
NET ASSETS		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►		

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b

39 Section 501(c)(7) organizations. Enter.

a Initiation fees and capital contributions included on line 9. 39a

b Gross receipts, included on line 9, for public use of club facilities. 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b X

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e X

41 List the states with which a copy of this return is filed. ► **NONE**42a The organization's books are in care of ► **See attachment #4** Telephone no. ► _____

Located at ► ZIP + 4 ► _____

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X

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**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X

If "Yes," enter the name of the foreign country. ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here. 43 and enter the amount of tax-exempt interest received or accrued during the tax year. 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d X

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		47	Yes	No
48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	X	
49a. Did the organization make any transfers to an exempt non-charitable related organization? . . .		49a	X	
b. If "Yes," was the related organization a section 527 organization? . . .		49b	X	
50. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				

Who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f - Total number of other employees paid over \$100,000. . . ►

51. Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign
Here**

► Sandra P. Graham

14 MAY 2011
Date

____ **Signature of officer**

SANDRA GRAHAM

Type or print name and title

TREASURER

Paid Preparer Use Only	Print/Type preparer's name <i>Electric Builders Inc. of Virginia</i>	Preparer's signature	Date 05-10-11	Check <input type="checkbox"/> if self-employed	PTIN <i>PCX121890</i>
	Firm's name ► H&R BLOCK	Firm's EIN ► <i>54-1264845</i>			
	Firm's address ► 297 HERNDON PKWY STE 204 HERNDON VA 20170	Phone no. 703-435-0565			

May the IRS discuss this return with the preparer shown above? See instructions . . .

Yes No

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

Name of the organization

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDAT

54-2056590

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.)

- 1 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 a 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 name, city, and state _____
- 5 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(b)(1)(A)(V)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(VII)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts 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)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III-Functionally integrated	d <input type="checkbox"/> Type III-Other
-----------------------------------	------------------------------------	---	---
- e 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 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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? _____	(ii) A family member of a person described in (i) above? _____	(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
--	--	---
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?	(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support	
						Yes	No
Total							

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

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")					1,000	1,000
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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				67,644	53,539	121,183
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						
6 Total. Add lines 1 through 5				67,644	54,539	122,183
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						122,183

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6				67,644	54,539	122,183
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.				147		147
c Add lines 10a and 10b				147		147
11 Net income from unrelated business activities not included in line 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)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				67,791	54,539	122,330

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.88	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.12	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%
19a 33 1/3 % support tests -- 2010. 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			► <input checked="" type="checkbox"/>
b 33 1/3 % support tests -- 2009. 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			► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization

Employer Identification number

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDAT154-2056590

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 BOOK SIGNING (event type)	(b) Event #2 BASKETBALL C (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
REVENUE	1 Gross receipts	50,927	482	1,430	52,839
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2).....	50,927	482	1,430	52,839
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment.....				
	9 Other direct expenses	30,849		503	31,352
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► (31,352)
	11 Net income summary. Combine line 3, column (d), and line 10				► 21,487

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary. Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility Yes No

b An outside facility Yes No

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDAT

Employer identification number

54-2056590

PAGE 1 LINE 20 - CDS AT BANK OF AMERICA

PAGE 1 LINE 20 - DEPRECIATION

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization	THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATIO	Employer Identification Number 54-2056590

Primary Purpose

PROVIDE EDUCATIONAL AND CHARITABLE SERVICES IN NORTHERN VIRGINIA

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending	
Name of Organization THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION			Employer Identification Number 54-2056590
Part III - Statement of Program Service Accomplishments			
Grants and allocations	42,345	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements SUPPORTED THE EDUCATIONAL ADVANCEMENT OF YOUTH IN THE COMMUNITY: AWARDED SCHOLARSHIPS, BOOK STIPENDS, AND YOUNG AUTHORS' AWARDS			

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending	
Name of Organization	Employer Identification Number		
THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATIO	54-2056590		
Part III - Statement of Program Service Accomplishments			
Grants and allocations	1,601	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			
SUPPORT THE COMMUNITY WITH CHARITABLE AND EDUCATIONAL EVENTS: SPONSORED YOUTH ENRICHMENT PROGRAMS (BUCKMAN COMMUNITY PRESERVATION AND DEVELOPMENT CORP, FOUNDATIONS, ORPHAN FOUNDATIONS). SUPPORTED LOW-INCOME MOTHERS WITH MOTHER'S DAY AND THANKSGIVING BASKETS.			

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending	
Name of Organization	THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATIO		Employer Identification Number 54-2056590
Part III - Statement of Program Service Accomplishments			
Grants and allocations	1,000	Amount includes foreign grants	Program service expenses 16
Exempt Purpose Achievements			
PROVIDED SUPPORT FOR CANCER RESEARCH AND CANCER PATIENTS: PURCHASED MATERIALS AND MADE "KOZY KERCHIEFS" AND DONATED TO TO RELAY FOR LIFE.			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending		Employer Identification Number
Name of Organization THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION			54-2056590	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
TIFFANY SMITH 24941 FLINTONBRIDGE DR South Riding, VA 20152	PRESIDENT 4.00	0	0	0
CARLETTA WILLIAMS 42559 STIRES DRIVE Chantilly, VA 20151	VICE PRESIDENT 2.00	0	0	0
MONICA LEWIS 8005 SLEEPY VIEW LANE Springfield, VA 22153	SECRETARY 1.00	0	0	0
SANDRA B GRAHAM 2924 MOTHER WELL COURT Herndon, VA 20171	TREASURER 5.00	0	0	0
CHARLETTE WATKINS 832 SPRING KNOLL DR Herndon, VA 20170	FINANCIAL SECRETARY 6.00	0	0	0
KATINA ROBINSON-WRIGHT 5817 SAN JUAN DRIVE Clinton, MD 20735	FINANCIAL COMPLIANCE 1.00	0	0	0
ADRIENNE RHONE 1730 DREWLAIN DR Vienna, VA 22182	DIRECTOR 1.00	0	0	0
CASAUNDRA JAMES 1316 R STREET NW Washington, DC 20009	DIRECTOR 1.00	0	0	0
LEONDRA BURCHALL 4450 OAKDALE CRESCENT CT 117 Fairfax, VA 22030	DIRECTOR 1.00	0	0	0
KAREN WASHINGTON 43169 QUILTING LANE South Riding, VA 20152	EX OFFICIO 0.00	0	0	0
WANDA GAMBLE 21013 KITTANNING LANE Ashburn, VA 20147	EX OFFICIO 0.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATIO	54-2056590	

Part V - Line 42a

Individual Name SANDRA B GRAHAM

or

Business Name:

Street Address 2924 MOTHER WELL COURT

U S Address:

Zip code 20171

City Herndon

State VA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (703) 742-8373

Fax Number

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number
54-2056590

THE EDUCATIONAL AND CHARITABLE FOR FORM 990-EZ LINE 14

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 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 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12. ► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	480
18 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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed In Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	480
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

2010 Federal Depreciation Schedule

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION OF LKO
54-2056590

05-10-2011

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 14										
LAPTOP	04-01-09	200DBHY	5	751	0	0	0	751	150	240
LAPTOP 2	04-01-09	200DBHY	5	751	0	0	0	751	150	240
2 Assets			Totals:	1,502	0	0	0	1,502	300	480
2 Assets			Grand Totals:	1,502	0	0	0	1,502	300	480

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2010 AMT Depreciation Schedule

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION OF LKO
54-2056590

05-10-2011

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990-EZ Line 14								
LAPTOP	04-01-09	150DBHY	5	751	113	192	240	48
LAPTOP 2	04-01-09	150DBHY	5	751	113	192	240	48
2 Assets		Totals:		1,502	226	384	480	96
2 Assets		Grand Totals:		1,502	226	384	480	96

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction
-B Excess basis in like-kind exchange transaction

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

POSTAGE.....	4
P O BOX RENTAL.....	70
TOTAL CARRIED TO 990 EZ PG 1 Line 15.....	74

STATEMENT #2 - Gross income from fundraising (990-EZ PG 1 Line 6b)

ANNUAL BOOK SIGNING.....	49,662
BASKETBALL CLINIC.....	482
BARNES AND NOBLE VOUCHER PROGRAM.....	535
2009 ANNUAL BOOK SIGNING.....	1,265
2009 LITTLE MISS AKA (LMAKA).....	895
PETTY CASH.....	700
TOTAL CARRIED TO 990-EZ PG 1 Line 6b.....	53,539

STATEMENT #3 - Direct expenses from gaming (990-EZ PG 1 Line 6c)

AKA BOOK SIGNING.....	30,849
BARNES AND NOBLE BOOK SIGNING.....	125
BASKETBALL CLINIC.....	831
2009 LMAKA.....	378
TOTAL CARRIED TO 990-EZ PG 1 Line 6c.....	32,183

STATEMENT #4 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

ECF PHONE AND FAX.....	420
TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	420

STATEMENT #5 - Beginning of Year - Cash (990-EZ PG 1 Line 22)

BANK OF AMERICA.....	49,136
TOTAL CARRIED TO 990-EZ PG 1 Line 22.....	49,136

STATEMENT #6 - End of Year - Cash (990-EZ PG 1 Line 22)

GENERAL CASH.....	43,171
JEANNE MURPHY SCHOLARSHIP FUND.....	5,000
ESTELLE GAYMON SCHOLARSHIP FUND.....	3,000
CDS.....	11,876
TOTAL CARRIED TO 990-EZ PG 1 Line 22.....	63,047

2010 DETAIL STATEMENTS

THE EDUCATIONAL AND CHARITABLE
54-2056590

Page 2

STATEMENT #7 - Assets included (SCH D, PG 1 Line 2b)

CDS AT BANK OF AMERICA.....	11,876
DEPRECIATION.....	480
 TOTAL CARRIED TO SCH D, PG 1 Line 2b.....	12,356

STATEMENT #8 - ()

CRIME POLICY/BOND INSURANCE.....	320
LIABILITY INSURANCE.....	500
DIRECTORS AND OFFICERS INSURANCE.....	1,057
BANK SERVICE CHARGES AND FEES.....	25
TREASURER SUPPLIES.....	152
WEBSITE.....	155
STATE REGISTRATION FEES.....	25
TAX PREPARATION.....	400
RETURN CHECK CHARGEBACK FEE.....	30
EDUCATION COMMITTEE.....	71
THANKSGIVING BASKETS.....	115
2009 MOTHERS DAY BASKETS.....	121
 TOTAL CARRIED TO	2,971

STATEMENT #9 - ()

ALMA PALMER MEMORIAL SCHOLARSHIP.....	3,000
YOUNG AUTHORS PROGRAM.....	200
BOOK STIPENDS.....	1,800
BUCKMAN ROAD.....	42
FOUNDATIONS.....	391
RELAY FOR LIFE.....	245
KOZY KAPS.....	740
RONALD MCDONALD HOUSE.....	500
AFRICARE.....	100
AMERICAN RED CROSS.....	500
AMERICAN CANCER SOCIETY.....	500
NAACP - FAIRFAX COUNTY.....	300
MARTIN LUTHER KING PROJECT FOUNDATION.....	100
WORLDCAMPS.....	200
EDUCATIONAL ADVANCEMENT FOUNDATION.....	500
EMERGING SCHOLARS PROGRAM.....	200
HAITE EARTHQUAKE RELIEF.....	1,000
HBCU CONTRIBUTION.....	2,000
2009 BUCKMAN ROAD.....	159
2009 ISLAND WALK.....	63
2009 KOZY KAP.....	16
ESTELLE GAYMON MEMORIAL SCHOLARSHIP.....	4,000
NPHC BLACK SCHOLARS.....	300
 TOTAL CARRIED TO	16,856

STATEMENT #10 - Gross receipts (Sch G, Part II Line A-1)

2010 ANNUAL BOOK SIGNING.....	49,662
2009 ANNUAL BOOK SIGNING.....	1,265
 TOTAL CARRIED TO Sch G, Part II Line A-1.....	50,927

STATEMENT #11 - Gross receipts (Sch G, Part II Line C-1)

BARNES AND NOBLE VOUCHER PROGRAM.....	535
2009 LITTLE MISS AKA (LMAKA.....	895
 TOTAL CARRIED TO Sch G, Part II Line C-1.....	1,430

STATEMENT #12 - Other Direct expenses (Sch G, Part II Line C-7a)

BARNES AND NOBLE BOOK SIGNING.....	125
2009 LMAKA.....	378
 TOTAL CARRIED TO Sch G, Part II Line C-7a.....	503

990 - 2010 ADDITIONAL DETAIL STATEMENTS

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FO
54-2056590

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562

480