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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)

Department of the Treasury  
Internal Revenue Service

▶ 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** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**Be Present, Inc.**

**Doing Business As**

**Number and street (or P.O. box if mail is not delivered to street address)** **Room/suite**  
**4151 Memorial Drive** **103-A**

**City or town, state or country, and ZIP + 4**  
**Decatur, GA 30032**

**F Name and address of principal officer: Lillie P. Allen**  
**same as C above**

**D Employer identification number**  
**58-1981535**

**E Telephone number**  
**404-296-4000**

**G Gross receipts \$** **289,681.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
If "No," attach a list. (see instructions)

**H(c) Group exemption number** ▶

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **www.bepresent.org**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1992** **M State of legal domicile:** **GA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Be Present, Inc. is committed to participate in the creation of a fair and equitable world by</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>215</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>406,491.</b>	<b>227,055.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>98,527.</b>	<b>62,476.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>255.</b>	<b>150.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>505,273.</b>	<b>289,681.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>372,821.</b>	<b>336,900.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>48,816.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>128,148.</b>	<b>81,472.</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>500,969.</b>	<b>418,372.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,304.</b>	<b>&lt;128,691.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>267,756.</b>	<b>142,490.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,168.</b>	<b>10,593.</b>
		<b>260,588.</b>	<b>131,897.</b>

**Part II Signature Block**

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**

Signature of officer: *Lillie P. Allen* Date: **5/11/2011**

Type or print name and title: **Lillie P. Allen, Exec. Dir.**

**Paid Preparer Use Only**

Print/Type preparer's name: **Cynthia Tabb** Preparer's Signature: *[Signature]* Date: **5-10-11** Check if self-employed:  PTIN: \_\_\_\_\_

Firm's name: ▶ **Tabb & Tabb** Firm's EIN: \_\_\_\_\_

Firm's address: ▶ **50 Hurt Plaza, Suite 995** Phone no.: **404-584-0870**  
**Atlanta 30303**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JUN 13 2011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

Be Present, Inc. is committed to participate in the creation of a fair and equitable world by teaching people how to know themselves outside the distress of oppression, how to listen to others in a conscious and present state, and how to build effective alliances across differences

2 Did the organization undertake any significant program services during the year which were not listed on the 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 services? [ ] 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 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 allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 211,371. including grants of \$ ) (Revenue \$ 23,514.)

RACE, GENDER, POWER, & CLASS (RGPC) 18 MONTH TRAINING INSTITUTES and NATIONAL CONFERENCE To teach participants skills and insights to understand themselves, to listen to others and to form lasting relationships and alliances to work more effectively for social justice and equality for all. Participants take these skills back to their families to improve family life, to their communities to participate more effectively in building more cohesive communities, and to their workplaces and organizations to build more effective work environments. In 2010, BPI held a National Conference in the Northeast which was attended by 39 participants and 3 quarterly Training Institutes in the South, which were attended by 21 participants at each training institute.

4b (Code: ) (Expenses \$ 16,586. including grants of \$ ) (Revenue \$ 12,553.)

1-DAY WORKSHOPS/RETREATS AND NETWORK TRAINING - Be Present, Inc. (BPI) conducted the following workshops: "Breaking the Silence/Building Relations," a dialogue between Jews and non-Jews in Washington DC, the South and Northeast; "Black & Female: What is the Reality?" in the South, Northeast, and West, attended by African-American women and girls; "Sisters & Allies" in the West, attended by women of color and white women; workshops using the Be Present Empowerment Model (R), in the Northeast, attended by women and men, girls and boys of all ages; and a National Network Training in the South, attended by people in the BPI network from around the US. A total of approximately 216 people attended these events

4c (Code: ) (Expenses \$ 15,399. including grants of \$ ) (Revenue \$ 26,559.)

CONSULTING SERVICES FOR NON-PROFIT ORGANIZATIONS TAX-EXEMPT ORGANIZATIONS - Using the Be Present Empowerment Model(R), BPI works with NPOs to improve their effectiveness across differences so that everyone in an organization is empowered to participate in building stronger organizations that more effectively accomplish their organizational goals and objectives. Some of the NPOs BPI worked with in 2010 were: HARVEST TIME, INC., CENTER FOR A NEW CULTURE, YOUTH FOR ENVIRONMENTAL SANITY, COMMON FIRE FOUNDATION, and COMMUNITY in ACTION. A total of approximately 90 people attended these trainings and meetings.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 243,356.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 5, 0, 6, X).

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10b		
11a	X	
11b		
12a	X	
12b	X	
12c	X	
13	X	
14		X
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **GA, WA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Kathleen Lillis, Asst. Treasurer - 404-297-8999**  
**1264 Ginger Wood Drive, Stone Mountain, GA 30083**

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• 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, if any. See instructions for definition of "key employee."

• 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Noa Mohlabane Board Co-Chair	6.00	X		X				0.	0.	0.
Ali'a Edwards Board Co-Chair	3.00	X		X				0.	0.	0.
Nasrah Smith Secretary	3.00	X		X				0.	0.	0.
Esther Campos Board Member	4.00	X						0.	0.	0.
Robert Holzman, MD Board Member	6.00	X						0.	0.	0.
Medea Pluim Board Member	3.00	X						0.	0.	0.
Carletta Joy Walker Board Member	3.00	X						0.	0.	0.
Laverne Robinson Treasurer	2.00			X				0.	0.	0.
Kathleen Lillis Asst. Treasurer	12.00			X				0.	0.	0.
Lillie P. Allen Executive Director	60.00			X				58,794.	0.	0.
Margherita Vacchiano CFO, Associate Director	60.00			X				54,550.	0.	0.



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	227,055.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f		227,055.				
Program Service Revenue	2 a	Workshop and Conferenc	Business Code 611430	62,090.	62,090.			
	b							
	c							
	d							
	e							
	f	All other program service revenue	900099	386.	386.			
	g	<b>Total.</b> Add lines 2a-2f		62,476.	.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		150.	150.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			289,681.	62,626.	0.	0.	

**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	336,900.	216,198.	73,297.	47,405.
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				
b Legal				
c Accounting	7,500.		7,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	7,491.	420.	7,071.	
12 Advertising and promotion				
13 Office expenses	14,669.	552.	13,805.	312.
14 Information technology				
15 Royalties				
16 Occupancy	17,123.		17,123.	
17 Travel	7,206.	1,645.	4,594.	967.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	83.		83.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,727.		2,727.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>Site Rentals</b>	24,673.	24,541.	0.	132.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	418,372.	243,356.	126,200.	48,816.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	113,617.	1	121,517.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	150,869.	3	14,336.
	4	Accounts receivable, net	3,270.	4	6,637.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation	0.	10b	10c
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	267,756.	16	142,490.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	7,168.	19	10,593.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,168.	26	10,593.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	260,588.	27	131,897.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	260,588.	33	131,897.	
34	<b>Total liabilities and net assets/fund balances</b>	267,756.	34	142,490.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	289,681.
2	Total expenses (must equal Part IX, column (A), line 25)	2	418,372.
3	Revenue less expenses. Subtract line 2 from line 1	3	<128,691.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	260,588.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	131,897.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 OMB Circular A-133?		X
3b	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.		

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **Be Present, Inc.** Employer identification number **58-1981535**

**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)(vi). (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  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  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?
 

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

  - (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).

(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	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**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.")	422,353.	454,542.	613,559.	406,491.	233,499.	2,130,444.
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	152,775.	117,052.	188,902.	98,527.	62,476.	619,732.
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						
6 Total. Add lines 1 through 5	575,128.	571,594.	802,461.	505,018.	295,975.	2,750,176.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	65,889.	90,700.	81,674.	56,691.	15,000.	309,954.
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						0.
c Add lines 7a and 7b	65,889.	90,700.	81,674.	56,691.	15,000.	309,954.
8 Public support (Subtract line 7c from line 6)						2,440,222.

**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	575,128.	571,594.	802,461.	505,018.	295,975.	2,750,176.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,813.	755.	717.	255.	150.	4,690.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,813.	755.	717.	255.	150.	4,690.
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)	577,941.	572,349.	803,178.	505,273.	296,125.	2,754,866.

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	88.58 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	88.52 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.17 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.19 %

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

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

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



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Rashaunda L. Allen d/b/a R	Daughter of Executi	1,025.	Provided ca		X
Rashaunda L. Allen	Daughter of Executi	36,700.	Office / HR		X
Anne Marie Tobias Allen	Daughter-in-law of	41,650.	National Ne		X
Eugene M. Allen	Son of Executive Di	1,500.	Videographe		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**Sch L, Part IV, Business Transactions Involving Interested Persons:**

(a) Name of Person: Rashaunda L. Allen d/b/a Rachel's Catering

(b) Relationship Between Interested Person and Organization:

Daughter of Executive Director

(d) Description of Transaction: Provided catering services for the Be Present board of directors' board meetings

(a) Name of Person: Rashaunda L. Allen

(b) Relationship Between Interested Person and Organization:

Daughter of Executive Director

(d) Description of Transaction: Office / HR Manager

(a) Name of Person: Anne Marie Tobias Allen

(b) Relationship Between Interested Person and Organization:

Daughter-in-law of Executive Director

(d) Description of Transaction: National Network Development Trainer

(a) Name of Person: Eugene M. Allen

(b) Relationship Between Interested Person and Organization:

Son of Executive Director



**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

Be Present, Inc.

Employer identification number

58-1981535

Form 990, Part I, Line 1, Description of Organization Mission:

teaching people how to know themselves outside the distress of  
oppression, how to listen to others in a conscious and present state,  
and how to build effective alliances across differences for positive  
change. BPI conducts 18-mo training institutes, workshops, retreats,  
and training to individuals and provides consulting services to NPOs.

Form 990, Part III, Line 1, Description of Organization Mission:

for positive change. BPI conducts 18-mo training institutes,  
workshops, retreats and trainings to individuals and consulting  
services for NPOs.

Form 990, Part III, Line 4d, Other Program Services:

OTHER PROGRAMS: (1) MONTHLY DEVELOPERS MEETINGS - Held in New York,  
Atlanta, Chicago, and the CA Bay Area to provide support in organizing  
and sustaining Be Present support groups in their areas. Between 10  
and 30 people attend these monthly meetings. (2) CAPACITY BUILDING  
TEAM - Conference calls and meetings composed of women of financial  
wealth, Be Present trainers and others to develop fundraising  
strategies, but most importantly to work on issues of gender, power,  
class and race and how those issues influence philanthropy. 12 women  
are on this team. (3) MONTHLY LOCAL ORGANIZING CORE GROUP MEETINGS -  
Held in New York, Atlanta, and the CA Bay Area where women and men,  
girls and boys come together to learn organizing, fundraising and event  
planning skills to organize and sustain a local support group network  
in their communities.

Name of the organization

Be Present, Inc.

Employer identification number

58-1981535

Form 990, Part VI, Section A, line 3: Lillie P. Allen, Executive Director, and Kathleen Lillis, Assistant Treasurer, are domestic partners.

Form 990, Part VI, Section B, line 11: The accountant emails a draft copy of the Form 990 to the Assistant Treasurer, who reviews the draft copy and contacts the accountant for clarification of any questions or correction of any errors. After this review, the Assistant Treasurer forwards a newly revised draft to the Executive Director and Associate Director, who review it, contact the accountant with any questions or corrections, and approve it. Once this process is complete, the draft is sent to the full board, "board buddies" (board support), and staff for their review and comment. Once the draft is approved by the full board by unanimous consent, the Assistant Treasurer informs the accountant, who prepares a final, signed Form 990, which is then signed by the principal officer and mailed. An electronic copy of the final, signed Form 990 is sent to the full board, "board buddies," and staff for their records.

Form 990, Part VI, Section B, Line 12c: The Organization has a conflict of interest policy. The conflict of interest policy is distributed annually to board of directors, buddy board members, key employees and staff. Each individual is required to read the document and confirm that they understand the policy. At all board meetings, gatherings, conferences, and training events all board members, officers and staff present monitor the Organization's operations to insure compliance with all of its policies and procedures. There are monthly debriefing meetings to discuss the Organization's events and activities. The Organization's policies and procedures are made a part of these debriefing meetings.

Name of the organization

Be Present, Inc.

Employer identification number

58-1981535

Form 990, Part VI, Section B, Line 15: Be Present Inc.'s Associate Director is a Senior Professional in Human Resources, Certified by the HR Certification Institute. She also has her global HR certification. In March, 2009, she conducted a compensation analysis using the following tools: Professionals for Nonprofits' "2008 Annual Salary Survey of Washington, DC Nonprofits" and "2008 Annual Salary Survey of New York Nonprofits." These tools were chosen because Be Present, Inc. is a national organization with program activities in New York, Atlanta, San Francisco Bay Area, Chicago and Washington, DC. The roles and responsibilities of Be Present, Inc. staff are to design, develop, implement, monitor and evaluate programs on local, regional, and national levels. Therefore, the analysis reviewed salary ranges in both New York and Washington, DC where salaries are comparable. In 2009, Be Present, Inc.'s salaries for all staff positions lagged the market by paying rates an average of 25% lower than those of the relative marketplaces. The results of the Associate Director's analysis was presented to the Board of Directors and approved. In 2010, the staff agreed to a 20% cut in their salaries. All Be Present, Inc. Board Members and Officers serve without compensation.

Form 990, Part VI, Section C, Line 18: All of Be Present, Inc.'s governing documents, conflict of interest policy, board of directors independence questionnaires, and financial statements are available to the public by request. The requested documents can be reviewed at the Be Present, Inc. office, sent electronically or by mail. When funds permit, many of the documents will be available on the Be Present website.

Name of the organization

Be Present, Inc.

Employer identification number

58-1981535

Form 990, Part VI, Section C, Line 19: All of Be Present, Inc.'s governing documents, conflict of interest policy, board of directors independence questionnaires, and financial statements are available to the public by request. The requested documents can be reviewed at the Be Present, Inc. office, sent electronically or by mail. When funds permit, many of the documents will be available on the Be Present website.

Form 990, Part VII Contact Addresses for Officers, Directors, Etc:

Noa Mohlabane - 740 54th St # 2, Oakland, CA 94609

Ali'a Edwards - 4145 Maybell Ave, Oakland, CA 94619

Nasrah Smith - 130 Sunset Ave, Atlanta, GA 30314

Esther Campos - PO Box 535, Boulder Creek, CA 95006

Robert Holzman, MD - 2155 34th Ave, Astoria, NY 11106

Medea Pluim - 3718 Magee Ave, Oakland, CA 09461

Carletta Joy Walker - 910 Riverside Dr, New York, NY 10032

Form 990. Page 12. Part XII. Line 2c

Oversight of financial audit or review

Be Present, Inc. has an ad hoc committee comprised of the Executive Director, Associate Director, Chair of the Board, Treasurer, and Assistant Treasurer that is responsible for oversight of the audit or review of its financial statements and selection of an independent accountant. The full Board of Directors is kept up-to-date on the progress of the audit/review and receives a copy of the final report.