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Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ 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 September 1, 2010, and ending August 31, 20 11

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization ERUDITE TECHNOLOGY GROUP, INC.
 Doing Business As Hope Technology Group
 Number and street (or P.O. box if mail is not delivered to street address) 2525 E. BAYSHORE ROAD Room/suite _____
 City or town, state or country, and ZIP + 4 PALO ALTO, CA 94303

D Employer identification number 94-3251053

E Telephone number 650-565-8391

F Name and address of principal officer Michael Mount
2525 E. Bayshore Road, Palo Alto, CA 94303

G Gross receipts \$ 1,366,693

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)

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

J Website: ▶ www.hopetech.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1996

M State of legal domicile CA

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>8</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>8</u>
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>33</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>50</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>318,147</u>	<u>368,037</u>
9 Program service revenue (Part VIII, line 2g)	<u>1,115,997</u>	<u>998,620</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>37</u>	<u>36</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,434,181</u>	<u>1,366,693</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>200,040</u>	<u>148,240</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>984,531</u>	<u>1,066,420</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>232,505</u>	<u>247,174</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1,417,076</u>	<u>1,461,834</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>17,105</u>	<u>-95,141</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>462,660</u>	<u>367,519</u>
21 Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>462,660</u>	<u>367,519</u>

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: Michael B. Mount Date: 7/10/12

Type or print name and title: MICHAEL B. MOUNT

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no: _____

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

SCANNED JUL 3 7 2012

RECEIVED
JUL 18 2012
RS-OSC
OGDEN, UT

g-14
17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:
See Schedule O

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 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 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 \$ 1,436,261 including grants of \$ 148,240) (Revenue \$ 1,366,657)

HOPE TECHNOLOGY SCHOOL:

Encouraged by the success of its Education Lab, Erudite Technology Group began work in 2000 to develop a full-inclusion model elementary school for children with and without special needs, capitalizing on best practices in education and technology. Work to develop the school continued in 2001 and culminated in its official opening in September 2001. During the course of 2001, staff members were recruited, trained and hired. The School continues to fulfill its purpose of providing first class education to all children but particularly to special needs children, with dignity and acceptance.

During the September 1, 2010 - August 31, 2011 school year, we served 96 students in Kindergarten through eighth grade, 20 students in the pre-school and 5 students in our VocEd program.

The school is located in Bay Area Christian Church facilities through a discounted lease agreement and subsidized utilities.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,436,261

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)? If "Yes," complete Schedule A	1 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule C, Part III	5 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule D, Part VII	11b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VIII	11c <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IX	11d <input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? If "Yes," complete Schedule D, Part X	11f <input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts I and IV	14b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts II and IV	15 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts III and IV	16 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)	17 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b <input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
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>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		✓
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, W-2G, Form W-3, and various tax compliance requirements.

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	1a	8
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<input type="checkbox"/>	<input type="checkbox"/>
a	The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<input type="checkbox"/>	<input type="checkbox"/>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<input type="checkbox"/>	<input type="checkbox"/>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<input type="checkbox"/>	<input type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 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: ► Mary Wilson, 2525 E. Bayshore Road, Palo Alto, CA 94303 (650) 565-8391

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			
(1) Russell Ewell 2525 E. Bayshore Rd, Palo Alto, CA 94303	2.0	✓		✓				0	0	0
(2) Michael Mount 2525 E. Bayshore Rd, Palo Alto, CA 94303	2.0	✓		✓				0	0	0
(3) Dave Traver 2525 E. Bayshore Rd, Palo Alto, CA 94303	1.0	✓						0	0	0
(4) Cecilia Coyne 2525 E. Bayshore Rd, Palo Alto, CA 94303	.25	✓						0	0	0
(5) Tom Schaffernoth 2525 E. Bayshore Rd, Palo Alto, CA 94303	.10	✓						0	0	0
(6) Dan Smith 2525 E. Bayshore Rd, Palo Alto, CA 94303	.10	✓						0	0	0
(7) Darren Holland 2525 E. Bayshore Rd, Palo Alto, CA 94303	.10	✓						0	0	0
(8) Victor Ward 2525 E. Bayshore Rd, Palo Alto, CA 94303	.10	✓						0	0	0
(9) Gail Ewell 2525 E. Bayshore Rd, Palo Alto, CA 94303	10.0			✓				\$9,400	0	0
(10) Mary Wilson 2525 E. Bayshore Rd, Palo Alto, CA 94303	10.0			✓				\$9,800	0	0
(11) Greg Bodzioch 2525 E. Bayshore Rd, Palo Alto, CA 94303	.25			✓				0	0	0
(12)										
(13)										
(14)										
(15)										
(16)										

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

(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							43,732			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							43,732			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ -0-

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ -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	1a Federated campaigns	1a 25,419					
	b Membership dues	1b					
	c Fundraising events	1c 31,065					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 311,553					
	g Noncash contributions included in lines 1a-1f: \$	14,140					
	h Total. Add lines 1a-1f		368,037				
Program Service Revenue	2a HTSchool Tuition		Business Code 616600	882,319	882,319		
	b HTSchool Therapy Services		900099	116,301	116,301		
	c						
	d						
	e						
	f All other program service revenue			998,620	998,620		
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			36			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a 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)					
	8a 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						
	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 and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			1,366,693	998,620			

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(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	148,240	148,240		
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	43,732	33,932	9,800	
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	813,666	809,258	4,408	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	134,171	134,171		
10	Payroll taxes	74,851	73,579	1,272	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	49,399	49,399		
12	Advertising and promotion	1,276	1,276		
13	Office expenses	1,303	652	651	
14	Information technology				
15	Royalties				
16	Occupancy	35,904	35,904		
17	Travel				
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	25,609	25,609		
23	Insurance	11,554	9,373	2,181	
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	Loss on Fixed Assets	2,685	2,685		
b	See Attached Schedule	119,444	112,183	965	6,296
c	-----				
d	-----				
e	-----				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,461,834	1,436,261	19,277	6,296
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	207,225	1	327,052
	2 Savings and temporary cash investments	207,009	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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 220,374		
	b Less: accumulated depreciation	10b 179,907	48,426	10c 40,467
	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 Total assets. Add lines 1 through 15 (must equal line 34)		462,660	16	367,519
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 Total liabilities. Add lines 17 through 25			26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	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	462,660	32	367,519
33 Total net assets or fund balances	462,660	33	367,519	
34 Total liabilities and net assets/fund balances	462,660	34	367,519	

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	1,366,693
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,461,834
3	Revenue less expenses. Subtract line 2 from line 1	3	-95,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	462,660
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	367,519

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 checked="" type="checkbox"/> Cash <input 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?		✓
2b Were the organization's financial statements audited by an independent accountant?		✓
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.		
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 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?		✓
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ERUDITE TECHNOLOGY GROUP, INC.

94-3251053

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?

- (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?

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

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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.")	439,689	395,567	430,639	318,147	368,037	1,952,079
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	439,689	395,567	430,639	318,147	368,037	1,952,079
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)						512,515
6 Public support. Subtract line 5 from line 4.						1,439,564

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	439,689	395,567	430,639	318,147	368,037	1,952,079
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,581	741	503	37	36	2,898
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.)	0	0	3,140	18,104	0	21,244
11 Total support. Add lines 7 through 10						1,976,221
12 Gross receipts from related activities, etc. (see instructions)					12	4,565,844

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	73 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	78 %
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 checked="" 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.")						
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						
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						
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.)						

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						
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						
c Add lines 10a and 10b						
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.)						

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	%
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	%
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

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

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, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization: **ERUDITE TECHNOLOGY GROUP, INC.** Employer identification number: **94-3251053**

Part I 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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Term endowment ▶ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		77,135	74,222	2,913
d Equipment		91,664	57,792	33,872
e Other		51,575	47,893	3,682
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				40,467

Form 990
 Schedule D Supplemental Financial Statements
 Part VI Investments - Land, Buildings, and Equipment
 NOTE DEPRECIATION IS CALCULATED USING THE STRAIGHT-LINE METHOD

Description of Property	Date Acquired	Original Cost	Depreciation Allowed or Allowable in Prior Years	Depreciation 12 months 2010-2011	Book Value at 8/31/2011	Estimated Useful Life
HP Printer Laserjet 1200	6/27/2001	673	(673)	0	0	3
Dell Computers (5) C521	4/26/2007	5,846	(4,287)	(1,169)	390	5
Dell Computers Monitors & Keyboards	6/28/2007	4,137	(3,033)	(827)	276	5
Dell Computers (5) C521	6/28/2007	5,918	(4,341)	(1,184)	393	5
Dell Computers (3) C521, (1) E521	8/8/2007	4,497	(3,296)	(899)	302	5
Dell Computers (2) T3400	8/5/2008	2,191	(1,314)	(438)	439	5
Dell Inspiron 530S (Amy's class)	11/26/2008	753	(264)	(151)	338	5
Gus Communication - Software for Touch Screen Computer	1/8/2009	1,880	(1,045)	(627)	208	3
IQ526 computer and warranty	3/5/2009	1,844	(553)	(369)	922	5
2 Dell Inspiron 518 Computers	5/13/2009	1,576	(420)	(315)	841	5
Touchsmart CNH741045N	4/20/2009	1,727	(427)	(345)	955	5
Touchsmart CNH74103XJ	4/20/2009	1,600	(427)	(320)	853	5
Touchsmart CNH7081BNT	4/20/2009	2,235	(596)	(447)	1,192	5
Touchsmart CNH7081BT5-USED	5/1/2009	1,900	(507)	(380)	1,013	5
Touchsmart CNH71518NV-USED	5/1/2009	1,900	(507)	(380)	1,013	5
Touchsmart 3CR8480Y9T	5/1/2009	1,450	193	(870)	773	5
Touchsmart 3CR8210V92	5/1/2009	1,290	(344)	(258)	688	5
Touchsmart 3CR90706VR	5/1/2009	1,169	(312)	(234)	623	5
Touchsmart 3CR9030GV0	5/1/2009	900	(240)	(180)	480	5
Touchsmart 3CR9030YKM	5/1/2009	900	(240)	(180)	480	5
Touchsmart CNH747000-10	5/1/2009	842	(224)	(168)	450	5
Scanjet CN85KA10Y5	5/1/2009	745	(331)	(248)	166	3
AlphaSmart NEO2	9/8/2009	1,124	(375)	(375)	374	3
HP mini 110 netbook Linux CNU930320V	9/8/2009	358	(119)	(119)	120	3
HP mini 110 netbook Linux CNU9302XW5	9/8/2009	358	(119)	(119)	120	3
HP mini 110 netbook Linux	9/8/2009	358	(119)	(119)	120	3
HP mini 110 netbook Linux CNU9303208	9/8/2009	358	(119)	(119)	120	3
HP mini 110 netbook Linux CNU3202XWN	9/8/2009	357	(119)	(119)	119	3
HP mini 110 netbook Linux CNU3202Y65	9/8/2009	357	(119)	(119)	119	3
HP mini 110 netbook Linux CNU3202XVR	9/8/2009	357	(119)	(119)	119	3
HP mini 110 netbook XP CNU9423PGM	10/1/2009	358	(109)	(119)	130	3
HP mini 110 netbook XP CNU9423PDP	10/1/2009	358	(109)	(119)	130	3
HP Pavilion desktop	1/15/2010	756	(147)	(252)	357	3
Writer with Keyguard	2/23/2010	559	(93)	(186)	280	3
Apple iPad GB012L CRZ38	5/1/2010	553	(61)	(184)	308	3
Apple iPad GB012YGZZ38	5/1/2010	553	(61)	(184)	308	3
Motorola Xoom (5)	3/15/2011	2,720	0	(907)	1,813	3
Motorola Xoom (1)	4/15/2011	545	0	(182)	363	3
Motorola Xoom (3)	6/15/2011	1,635	0	(545)	1,090	3
Samsung tablets (6)	7/15/2011	5,040	0	(1,680)	3,360	3
Samsung tablets (5)	8/15/2011	4,200	0	(1,400)	2,800	3
Subtotal Computer Equipment		\$68,878	(\$24,976)	(\$16,958)	\$24,943	
5000 Watt Diesel Generator	1/20/2001	1,620	(1,555)	(65)	0	10
PPVTIAB EVT (Speech Evaluation Test)	9/13/2001	696	(696)	0	0	3
Partner Phone System - Lucent	4/13/2001	778	(778)	0	0	5
Lucent Voicemail Card for Partner Phone System	5/3/2001	1,575	(1,575)	0	0	5
Southpaw Indoor Therapy Swing Structure	5/17/2001	2,450	(2,450)	0	0	5
Best Prices Indoor Therapy Swing Structure	6/27/2001	1,459	(1,459)	0	0	2
SIPT Kit for Sensory Integration Training	1/4/2002	1,265	(1,265)	0	0	8
Speech Viewer III	2/22/2002	939	(939)	0	0	3
BDI Testing	3/28/2002	602	(602)	0	0	5
Washer & Dryer	6/9/2009	700	(125)	(100)	475	7
Insignia 32" LCD HDTV	9/8/2009	398	(80)	(80)	239	5
KM-5050 Copy Machine	11/17/2009	10,226	(1,534)	(2,045)	6,647	5
iLs Total Focus System	5/12/2010	2,079	(104)	(416)	1,559	5
Subtotal Program Equipment		\$24,787	(\$13,182)	(\$2,708)	\$8,920	
McGraw Hill Original Curriculum, K-4th Grade	9/25/2001	9,820	(9,820)	0	0	5
McGraw Hill Original Curriculum - additional	11/7/2002	156	(156)	0	0	5
McGraw Hill Original Curriculum - additional	3/8/2002	758	(758)	0	0	5
McGraw Hill Original Curriculum - 4th grade	8/8/2002	2,640	(2,640)	0	0	5
McGraw Hill Original Curriculum - 4th grade	10/1/2002	398	(398)	0	0	5
McGraw Hill Original Curriculum - additional	9/30/2003	2,337	(2,337)	0	0	5
McGraw Hill Curriculum - additional	9/1/2004	2,203	(2,203)	0	0	5
McGraw Hill Curriculum - additional	12/30/2004	1,586	(1,586)	0	0	5
McGraw Hill Curriculum - additional	7/1/2005	1,451	(1,450)	(1)	0	5
Science Curriculum & Supplies	5/4/2006	4,589	(3,978)	(611)	0	5
McGraw Hill Curriculum	7/1/2006	8,793	(7,328)	(1,465)	(0)	5
Curriculum - Other	7/1/2006	2,091	(1,742)	(349)	(0)	5
Curriculum - Middle School	6/28/2007	1,824	(1,338)	(365)	121	5
McGraw Hill Curriculum for 7th/8th grades	8/31/2009	1,030	(206)	(206)	618	5
McGraw Hill Curriculum for 7th grade	8/31/2009	471	(94)	(94)	283	5
McGraw Hill Math Curriculum	7/28/2010	1,207	(20)	(241)	945	5
McGraw Hill Math Curriculum - 8th grade	9/22/2010	1,277	0	(255)	1,022	5
McGraw Hill Math Curriculum - 8th grade	11/24/2010	549	0	(110)	439	5
Subtotal Curriculum (Other)		\$43,180	(\$38,054)	(\$3,688)	\$3,428	
Bush Furniture CUBX Cherry Office Workstation	4/26/2001	3,868	(3,868)	0	0	5
HON Five-drawer lateral file, gray	11/2/2001	572	(572)	0	0	5
Classroom Furniture	8/8/2007	3,955	(2,900)	(791)	264	5
Subtotal Furniture (Other)		\$8,395	(\$7,340)	(\$791)	\$264	
Playground Equipment (partial)	12/1/2006	39,200	(39,200)	0	0	3
Playground Equipment (complete)	2/1/2007	18,618	(18,618)	0	0	3
Classroom Upgrades (windows)	1/1/2007	14,948	(14,948)	0	0	3
Underground Cable Line	8/12/2011	4,369	0	(1,456)	2,913	3
Subtotal Leasehold Improvements		\$77,135	(\$72,766)	(\$1,456)	\$2,913	
TOTALS		\$220,374	(\$154,298)	(\$25,609)	\$40,467	

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	(b) Event #2	(c) Other events	(d) Total events
		Walk/Bike a Thon (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	25,884		25,884
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	25,884		25,884
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6,179		6,179
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Combine line 3, column (d), and line 10 ▶				19,705

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) through 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 type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input 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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ERUDITE TECHNOLOGY GROUP, INC.

Employer identification number

94-3251053

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TUITION ASSISTANCE	30		148,240	Cost	Discounted Tuition
2					
3					
4					
5					
6					
7					

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

Part I, Line 2: The Hope Technology School, operated by Erudite Technology Group, Inc. and located in Palo Alto, California, offers tuition assistance to

students whose families have financial restraints that make them unable to afford the full tuition. The School requires written documentation of

family resources when determining need, and assistance is awarded after consideration of the families total education expenses and resources available.

Only students who have been accepted for enrollment in Hope Technology School are eligible to apply. Assistance is provided in the form of a discount

in the amount of tuition due each month. No cash disbursements are made to individuals. We retain applications for assistance and awards information

to substantiate the amounts of assistance provided.

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.

Name of the organization
ERUDITE TECHNOLOGY GROUP, INC.

Employer identification number
94-3251053

Form 990, Part III, Line 1:

Erudite Technology Group, Inc. is a nonprofit public benefit corporation and is not organized for the private gain of any person.

It is organized under the California Nonprofit Public Benefit Corporations Law for charitable purposes. In the context of these

general purposes, Erudite Technology Group, Inc. shall, through all appropriate means, promote encourage foster and

engage in charitable, educational, scientific and civic endeavors which serve the public at large, but have a primary purpose

of benefiting children with special needs, including but not limited to, establishing and operating a full-inclusion school;

disseminating information through various media; conducting research; developing educational material and software;

recruiting persons and organizations with technological talents; and providing consulting services for other nonprofit,

benevolent organizations.

Form 990, Part VI, Section B, Line 11: The Form 990 is prepared by the corporate Treasurer, a CPA, with the assistance of the part-time

volunteer, administrative staff and consultations with management. The return is reviewed by an additional administrator

before being signed by the appropriate Board member.

Form 990, Part VI, Section B, Line 12: The conflict of interest policy was adopted in 2005. The policy is reviewed annually

and updated, if needed. Also on an annual basis, the Board members sign conflict of interest forms which are retained with the

corporate documents. At any time during a year, if an actual or potential conflict of interest arises, Board members are expected

to inform/disclose this to the Board.

Form 990, Part VI, Section B, Line 15: For all positions, we evaluated compensation provided in the public and private sectors

and determined the appropriate compensation for the number of hours worked by each person.

The positions receiving compensation and dates of determination are as follows:

Executive Director (2001)

Program Manager (2004)

Financial Administrator/Controller (2006)

Program Manager/Administrator (2009)

Name of the organization ERUDITE TECHNOLOGY GROUP, INC.	Employer identification number 94-3251053
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Form 990, Part VI, Section C, Line 19:

To the extent that we are required bylaw to disclose or make these documents available to the public we will do so, upon request. If a request is made, management and the board of directors would perform an evaluation to determine whether disclosure is required.

Erudite Technology Group, Inc. (EIN 94-3251053)
2525 E Bayshore Road
Palo Alto, CA 94303

IRS Form 990
September 1, 2010 - August 31, 2011

Part I Summary

Line 1 Briefly describe the organization's mission or most significant activities:

In the 21st Century, access to and an understanding of technology will be critical for everyone in our society. However, many disadvantaged and needy children and adults do not have access to technology. Erudite Technology Group dba Hope Technology Group ("HTG") wants to help narrow this technology gap. HTG was organized to give the disadvantaged and needy access to technology.

To accomplish this, HTG will open a private school with the mission of providing an exceptional learning experience for typical and special needs children in a full inclusion, technology rich environment. The full inclusion program will be composed of highly qualified teachers and therapists, who together with parents create the perfect team for each child's development. The small class sizes and low student-to-teacher ratios benefit our students by providing individualized and small group instruction. We will work to identify and build on each child's strengths and help children overcome their weaknesses. Our goal and ambition is to allow each student to become a successful part of the community.

Erudite Technology Group, Inc. (EIN 94-3251053)
2525 E. Bayshore Road
Palo Alto, CA 94303

IRS Form 990
September 1, 2010 - August 31, 2011

Part IX, Line 24b OTHER EXPENSES. ATTACH SCHEDULE.

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Charges	\$ 925	\$ 771		154
Office Equipment Rental & Maintenance	2,470	2,470		
Licenses, Fees & Taxes	2,004	2,004		
Payroll Service, Hiring & Employee Retention Costs	36,180	35,565	615	
Postage & Shipping	1,453	1,453		
Professional Services & Fees	350		350	
Special Events	3,819	3,819		
Supplies	62,909	56,767		6,142
Telephone & Internet	9,334	9,334		
TOTAL	\$ 119,444	\$ 112,183	\$ 965	\$ 6,296