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

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

**A For the 2011 calendar year, or tax year beginning**

, 2011, and ending

, 20

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

**C Name of organization**  
**THE EDUCATIONAL AND CHARITABLE AND CHARITABLE**  
**Number & street (or P O box, if mail is not delivered to street addr.)** Room/  
**P O BOX 842** suite  
**City or town, state or country, and ZIP + 4**  
**Merrifield VA 22116**

**D Employer identification number**  
**54-2056590**  
**E Telephone number**  
**(703) 742-8373**  
**F Group Exemption Number**

**G Accounting Method:**  Cash  Accrual Other (specify) ►

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ► N/A

**J Tax-exempt status** (check only one) --  501(c)(3)  501(c)(4) (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ **56,931**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	500
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	36
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6d	18,959
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	56,290
c Less direct expenses from gaming and fundraising events	6c	37,331	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	18,959	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	105	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	19,600	
<b>EXPENSES</b>	10 Grants and similar amounts paid (list in Schedule O)	10	15,359
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	793
	15 Printing, publications, postage, and shipping	15	348
	16 Other expenses (describe in Schedule O)	16	4,286
	17 Total expenses. Add lines 10 through 16	17	20,786
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,186
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	63,047
20 Other changes in net assets or fund balances (explain in Schedule O)	20	288	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,149	

For Paperwork Reduction Act Notice, see the separate Instructions.

2 P

**Part II Balance Sheets.** (see the instructions for Part II.)

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

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
<b>22 Cash, savings, and investments . . . . .</b>	<b>63,047</b>	<b>22</b>	<b>62,149</b>
<b>23 Land and buildings . . . . .</b>	<b>0</b>	<b>23</b>	<b>0</b>
<b>24 Other assets (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>24</b>	<b>0</b>
<b>25 Total assets . . . . .</b>	<b>63,047</b>	<b>25</b>	<b>62,149</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>63,047</b>	<b>27</b>	<b>62,149</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

## **Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28 See attachment #2**

(Grants \$ 12,000 ) If this amount includes foreign grants, check here . . .

28a | 24, 139

29

(Grants \$ ) If this amount includes foreign grants, check here . . .

29a

30

(Grants \$ ) If this amount includes foreign grants, check here . . .

30a 2,644

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**31 Other program services (describe in Schedule O)**

If this amount includes foreign grants, check here

31a

**32 Total program service expenses (add lines 28a through 31a)**

32 39,890

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instr. for Part IV.)

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

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #3				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b> . . . . .	37b	X
b Did the organization file Form 1120-POL for this year? . . . . .	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9 . . . . .	40a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	40b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		
41 List the states with which a copy of this return is filed. ► <b>NONE</b>	40e	X
42a The organization's books are in care of ► <b>See attachment #4</b> Telephone no ► _____ Located at ► _____	42b	Yes
		No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		
If "Yes," enter the name of the foreign country. ► _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> . . . . .		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		X

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization? . . . . .

49b		X
-----	--	---

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

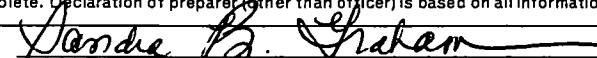
(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
f Total number of other employees paid over \$100,000 . . . ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors each receiving over \$100,000 . . . ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ►  Yes  No

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**  Date *14 MAY 2012*  
 Signature of officer  
**SANDRA GRAHAM** TREASURER  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>Valerie L. Channing</i>	Preparer's signature <i>Valerie L. Channing</i>	Date 05-11-2012	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► H&R Block			Firm's EIN ►	
	Firm's address ► 297 HERNDON PKWY STE 204			Phone no. 703-435-0565	

May the IRS discuss this return with the preparer shown above? See instructions. . . . . ►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

**Name of the organization**

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDAT

Employer Identification number

54-2056590

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 8  A community trust described in **section 170(b)(1)(A)(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? .....  
 h  Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .				1,000	500	1,500
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .			67,644	53,539	56,365	177,548
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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .		67,644	54,539	56,865	179,048	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6)						179,048

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . . .			67,644	54,539	56,865	179,048
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .			147		36	183
<b>c</b> Add lines 10a and 10b . . . . .			147		36	183
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)		67,791	54,539	56,901	179,231	

**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 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.90	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16		%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.10	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18		%
19a <b>33 1/3 % support tests -- 2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .			► <input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3 % support tests -- 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .			► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .			► <input type="checkbox"/>

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public  
Inspection**

**Name of the organization**

**Employer Identification number**

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDAT54-2056590

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

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

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

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

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

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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

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

		(a) Event #1 BOOK SIGNING (event type)	(b) Event #2 2011 LITTLE (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
R E V E N U E	1 Gross receipts .....	29,264	25,329	897	55,490
	2 Less Charitable contributions .....				
	3 Gross income (line 1 minus line 2) .....	29,264	25,329	897	55,490
D I R E C T E X P E N S E S S	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	23,254	11,117	2,160	36,531
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				► ( 36,531 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				► 18,959

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? .. . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .. . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

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

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

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

13a	%
13b	%

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDAT

Employer Identification number

54-2056590

PAGE 1 LINE 8 - ADMINISTRATIVE INCOME - PAYPAL PAYBACK

PAGE 1 LINE 20 - DEPRECIATION

## 990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending	Employer Identification Number
Name of Organization		THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION	
54-2056590			
Primary Purpose			
PROVIDE EDUCATIONAL AND CHARITABLE SERVICES IN NORTHERN VIRGINIA			

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending	Employer Identification Number
Name of Organization <b>THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION</b>		54-2056590	
<b>Part III - Statement of Program Service Accomplishments</b>			
Grants and allocations	12,000	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			
SUPPORTED THE EDUCATIONAL ADVANCEMENT OF YOUTH IN THE COMMUNITY: AWARDED SCHOLARSHIPS, BOOK STIPENDS, AND YOUNG AUTHORS' AWARDS			

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION		Employer Identification Number 54-2056590
<b>Part III - Statement of Program Service Accomplishments</b>		
Grants and allocations	Amount includes foreign grants	Program service expenses 13,107
Exempt Purpose Achievements		
SUPPORTED THE COMMUNITY WITH CHARITABLE AND EDUCATIONAL EVENTS: SPONSORED YOUTH ENRICHMENT PROGRAMS (BUCKMAN COMMUNITY PRESERVATION AND DEVELOPMENT CORP, FOUNDATIONS, ORPHAN FOUNDATIONS). SUPPORTED LOW-INCOME MOTHERS WITH MOTHER'S DAY AND THANKSGIVING BASKETS		

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending	Employer Identification Number
Name of Organization <b>THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION</b>			54-2056590
<b>Part III - Statement of Program Service Accomplishments</b>			
Grants and allocations	Amount includes foreign grants	Program service expenses	2,644
Exempt Purpose Achievements			
PROVIDED SUPPORT FOR CANCER RESEARCH AND CANCER PATIENTS: PURCHASED MATERIALS AND MADE "KOZY KERCHIEFS" AND DONATED TO RELAY FOR LIFE			

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2011 or tax period beginning _____, and ending _____				Employer Identification Number
Name of Organization <b>THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION</b>					54-2056590
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def. comp	(E) Expense account & other compensation	
TIFFANY SMITH 24941 FLINTONBRIDGE DR South Riding, VA 20152	PRESIDENT 4.00	0	0	0	0
ADRIENNE RHONE 1730 DREWLAIN DR Vienna, VA 22182	VICE PRESIDENT 2.00	0	0	0	0
MONICA LEWIS 8005 SLEEPY VIEW LANE Springfield, VA 22153	SECRETARY 2.00	0	0	0	0
SANDRA B GRAHAM 2924 MOTHER WELL COURT Herndon, VA 20171	TREASURER 6.00	0	0	0	0
CHARLETTE WATKINS 832 SPRING KNOLL DR Herndon, VA 20170	FINANCIAL SECRETARY 6.00	0	0	0	0
KATINA ROBINSON-WRIGHT 5817 SAN JUAN DRIVE Clinton, MD 20735	FINANCIAL COMPLIANCE 1.00	0	0	0	0
SHAROLYN PASCHAL 24941 FLINTON BRIDGE DR South Riding, VA 20152	DIRECTOR 1.00	0	0	0	0
DEIRDRE BLAND 25418 ELM TERRACE Aldie, VA 20105	EX OFFICO 0.00	0	0	0	0
LEONDRA BURCHALL 4450 OAKDALE CRESCENT CT 117 Fairfax, VA 22030	DIRECTOR 1.00	0	0	0	0
KAREN WASHINGTON 43169 QUILTING LANE South Riding, VA 20152	EX OFFICIO 0.00	0	0	0	0
KIMBERLY HIGHSMITH 6180 POPES CREER PL Haymarket, VA 20169	EX OFFICO 0.00	0	0	0	0

# 990 BOOKS ARE IN CARE OF

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

Open to Public	For calendar year 2011 or tax period beginning	, and ending
Name of Organization <b>THE EDUCATIONAL AND CHARITABLE AND CHARITABLE FOUNDATION</b>		Employer Identification Number <b>54-2056590</b>
<b>Part V - Line 42a</b>		
Individual Name . . . . . <b>SANDRA B GRAHAM</b>		
or		
Business Name:		
Street Address . . . . . <b>2924 MOTHER WELL COURT</b>		
U S Address:		
Zip code <b>20171</b>	City <b>Herndon</b>	State <b>VA</b>
or		
Foreign Address		
City . . . . .		
Province or State . . . . .		
Country . . . . .		
Postal code . . . . .		
Phone Number . . . . . <b>(703) 742-8373</b>		
Fax Number . . . . .		

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2011

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)

► See separate Instructions.

► Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

THE EDUCATIONAL AND CHARITABLE FOR FORM 990-EZ LINE 14

Identifying number  
54-2056590**Part I Election To Expense Certain Property Under Section 179**

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

1 Maximum amount (see instructions) . . . . .	1		
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2		
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3		
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4		
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5 500,000		
<b>6 (a) Description of property</b>	<b>(b) Cost (busn use only)</b>	<b>(c) Elected cost</b>	
7 Listed property. Enter the amount from line 29 . . . . .	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. . . . .	8		
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . . . . .	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11 500,000		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12		
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 . . . . .	13		

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

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

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

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

17 MACRS deductions for assets placed in service in tax years beginning before 2011 . . . . .	17	288
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		

**Section B -- Assets Placed In Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs.	MM	S/L	
I Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed In Service During 2011 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 . . . . .	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . .	22 288
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)