

2007 TAX RETURN
GOVERNMENT COPY

Client: EDUCATE

Prepared for: EDUCATE!
4492 BURR PLACE
BOULDER, CO 80303
720-394-1889

Prepared by: MARY S. LEWIS
MARY S. LEWIS, P.C.
PO BOX 270
LINDSAY, TX 76250-0270
(940) 665-0330

Date: NOVEMBER 6, 2008

Comments:

Route to: _____

MARY S. LEWIS, P.C.
PO BOX 270
LINDSAY, TX 76250-0270
(940) 665-0330

November 6, 2008

EDUCATE!
4492 BURR PLACE
BOULDER, CO 80303

Dear Client:

Enclosed for your review and filing are the following:

Form 990-EZ 2007 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Mary S. Lewis

MARY S. LEWIS, P.C.
PO BOX 270
LINDSAY, TX 76250-0270
(940) 665-0330

Client EDUCATE
November 6, 2008

EDUCATE!
4492 BURR PLACE
BOULDER, CO 80303
720-394-1889

FEDERAL FORMS

Form 990-EZ
Schedule A
Schedule B
Form 8868

2007 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)
Schedule of Contributors
Application for Extension

FEE SUMMARY

Preparation Fee

2007

FEDERAL FILING INSTRUCTIONS

EDUCATE!

84-1648607

FORM TO FILE:

FORM 990-EZ - 2007 SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM
INCOME TAX

SIGNATURE:

SIGN AND DATE FORM 990-EZ.

PAYMENT:

NO PAYMENT IS REQUIRED.

WHEN TO FILE:

ON OR BEFORE NOVEMBER 17, 2008.

WHERE TO FILE:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Form **990-EZ**

**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)

OMB No. 1545-1150

2007

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending ,

| | | |
|---|--|--|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>C Please use IRS label or print or type. See Specific Instructions.</p> <p>EDUCATE! 4492 BURR PLACE BOULDER, CO 80303</p> | <p>D Employer identification number 84-1648607</p> <p>E Telephone number 720-394-1889</p> <p>F Group Exemption Number</p> |
|---|--|--|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ EDUCATEAFRICA.ORG

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

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **83,514.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | | | |
|-----------------|--|--|-----------|----------|
| REVENUE | 1 | Contributions, gifts, and similar amounts received | 1 | 82,892. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 622. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory. Subtract ln 5b from ln 5a (attach schd) | 5c | |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming , check here. <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| 6b | Less: direct expenses other than fundraising expenses | 6b | | |
| 6c | Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less: cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | | |
| 8 | Other revenue (describe ▶ _____) | 8 | | |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 83,514. | |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule) SEE STATEMENT 1 | 10 | 48,890. |
| | 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 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 2) | 16 | 12,214. |
| 17 | Total expenses (add lines 10 through 16) | 17 | 61,104. | |
| 18 | Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | 22,410. | |
| ASSETS | 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 | 87,491. |
| | 20 | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 | 20 | 10,553. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 120,454. |

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

| | | (See Instructions) | |
|-----------|--|-----------------------|--------------------|
| | | (A) Beginning of year | (B) End of year |
| 22 | Cash, savings, and investments | 29,806. | 22 56,924. |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe ▶ <u>SEE STATEMENT 4</u>) | 57,685. | 24 68,237. |
| 25 | Total assets | 87,491. | 25 125,161. |
| 26 | Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>) | 0. | 26 4,707. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 87,491. | 27 120,454. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| Part III Statement of Program Service Accomplishments (See the instructions.) | | Expenses | |
|--|---|--|--|
| What is the organization's primary exempt purpose? TO ASSIST APPLICANTS WITH EDUCATIONAL COSTS | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | |
| 28 | REIMBURSED STUDENTS FOR EDUCATION COSTS. THERE WERE 39 RECIPIENTS DURING 2007 | | |
| | (Grants \$ 48,890.) If this amount includes foreign grants, check here. <input checked="" type="checkbox"/> | 28a | |
| 29 | | | |
| | (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 29a | |
| 30 | | | |
| | (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses. Add lines 28a through 31a | 32 | |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) | | | | |
|--|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
| BORIS BULAYEV 4492 BURR PLACE BOULDER, CO 80302 | CO-EXEC . DIRECTO 0 | 0. | 0. | 0. |
| ERIC GLUSTROM 4492 BURR PLACE BOULDER, CO 80303 | CO-EXEC DIRECTO 0 | 0. | 0. | 0. |
| JOHN MC DERMOTT 4492 BURR PLACE BOULDER, CO 80303 | CO-EXEC . DIRECTO 0 | 0. | 0. | 0. |
| | | | | |
| | | | | |

| Part V Other Information (Note the statement requirement in the instructions.) | | SEE STATEMENT 6 | Yes | No |
|---|---|-----------------|-----|----|
| 33 | Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | X |
| 35 | <i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i> | | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35b | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | X |
| b | If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | N/A | |
| 39 | 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | N/A | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | N/A | |

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

| | Yes | No |
|------------|-----|----|
| 40b | | X |
| 40c | | |
| 40d | | |
| 40e | | X |

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d 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?

41 List the states with which a copy of this return is filed ▶ NONE

42 a The books are in care of ▶ BORIS BULAYED Telephone no. ▶ 415-730-2038
 Located at ▶ 4492 BURR PLACE BOULDER CO ZIP + 4 ▶ 80303

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: . . . ▶ _____

| | Yes | No |
|------------|-----|----|
| 42b | | X |
| 42c | | X |

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of 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 Form 1041 – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** | N/A

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

Please Sign Here

▶ _____ Date _____
 Signature of officer
 ▶ _____
 Type or print name and title.

Paid Preparer's Use Only

| | | | |
|--|------------------|---|--|
| Preparer's signature ▶ <u>MARY S. LEWIS</u> | Date | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X) <u>N/A</u> |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MARY S. LEWIS, P.C.</u> <u>PO BOX 270</u> <u>LINDSAY, TX 76250-0270</u> | EIN ▶ <u>N/A</u> | Phone no. ▶ <u>(940) 665-0330</u> | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2007

Name of the organization

EDUCATE!

Employer identification number

84-1648607

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | 0 | |

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations.(See instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | 0. |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 46,358. | | | | 46,358. |
| 16 Membership fees received | | | | | 0. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0. |
| 18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975. | 153. | | | | 153. |
| 19 Net income from unrelated business activities not included in line 18. | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0. |
| 23 Total of lines 15 through 22 | 46,511. | | | | 46,511. |
| 24 Line 23 minus line 17. | 46,511. | | | | 46,511. |
| 25 Enter 1% of line 23 | 465. | | | | |

| | | |
|---|------------|---|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A . . . ▶ | 26a | |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ | 26b | |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ | 26c | |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ | 26d | |
| e Public support (line 26c minus line 26d total) ▶ | 26e | |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | 26f | % |

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:
 (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1) the amount on line 25 for the year or (2) \$5,000.** (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1) or (2),** enter the sum of these differences (the excess amounts) for each year:
 (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.

| | | |
|--|------------|---------|
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ | 27c | 46,358. |
| d Add: Line 27a total 0. and line 27b total 0. ▶ | 27d | 0. |
| e Public support (line 27c total minus line 27d total) ▶ | 27e | 46,358. |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ 27f 46,511. | 27f | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ | 27g | 99.67 % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ | 27h | 0.33 % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | | Yes | No |
|-----|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 32 | Does the organization maintain the following: | | |
| | a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| | a Students' rights or privileges? | | |
| | b Admissions policies? | | |
| | c Employment of faculty or administrative staff? | | |
| | d Scholarships or other financial assistance? | | |
| | e Educational policies? | | |
| | f Use of facilities? | | |
| | g Athletic programs? | | |
| | h Other extracurricular activities? | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| | b Has the organization's right to such aid ever been revoked or suspended? | | |
| | If you answered 'Yes' to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|--|---|---|--|
| (The term 'expenditures' means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table — | | |
| | If the amount on line 40 is — | | |
| | The lobbying nontaxable amount is — | | |
| | Not over \$500,000 | 20% of the amount on line 40 | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | |
| | Over \$17,000,000 | \$1,000,000 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. | | | |

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h .) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (add lines c through h .) | | | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

EDUCATE!

Employer identification number

84-1648607

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

EDUCATE!

84-1648607

Part I Contributors (See Specific Instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|---|--------------------------------|--|
| 1 | LINDA SCHUTTER ----- 1801 FILLMORE CT ----- LOUISVILLE, CO 80304 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | RED EMPRESS FOUNDATION ----- 1197 BEREAS DRIVE ----- BOULDER, CO 80305 ----- | \$ 9,005. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | WARREN & WIN KOONTZ ----- 4710 CHARMIAN RD ----- RICHMOND, VA 23223 ----- | \$ 5,045. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

EDUCATE!

84-1648607

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A ----- ----- ----- | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

BAA

| | |
|---|--|
| Name of organization EDUCATE! | Employer identification number 84-1648607 |
|---|--|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| N/A | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|--|---|
| Type or print | Name of Exempt Organization EDUCATE! | Employer identification number 84-1648607 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. 4492 BURR PLACE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOULDER, CO 80303 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ BORIS BULAYED -----

Telephone No. ▶ 415-730-2038 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20 07 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

| | | | |
|--|--|--|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization EDUCATE! | | Employer identification number 84-1648607 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. 4492 BURR PLACE | | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOULDER, CO 80303 | | |

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **BORIS BULAYED**
Telephone No. **415-730-2038** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2008.
- 5 For calendar year 2007, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension . . . ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN RECEIVED BY THE ORGANIZATION.

| | |
|--|--------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs | 8c \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Notice to Applicant. (To be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

| | |
|----------------------|--|
| Type or print | Name MARY S. LEWIS, P.C. |
| | Number and street (include suite, room, or apartment number) or a P.O. box number PO BOX 270 |
| | City or town, province or state, and country (including postal or ZIP code) LINDSAY, TX 76250-0270 |
| | |

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**CASH GRANTS AND ALLOCATIONS

| | | | |
|------------------|---------------------------------------|----|--------|
| DONEE'S NAME: | BAHATI MARCEL KANYAMANZA | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 2,449. |
| DONEE'S NAME: | CHRISTOPYER RUGADYA | | |
| DONEE'S ADDRESS: | PO BOX 111 BUSHENYI, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 2,139. |
| DONEE'S NAME: | DANIEL MUHWEZI | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 2,664. |
| DONEE'S NAME: | GASPARI INNOCENT | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 2,369. |
| DONEE'S NAME: | IRAGUHA CALVIN | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,195. |
| DONEE'S NAME: | ISAAC RUKUNO | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 2,069. |
| DONEE'S NAME: | JIMMY PIERRE KANIZIUS | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,338. |
| DONEE'S NAME: | JOSEPH MUNYAMBANZA | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,295. |
| DONEE'S NAME: | JOSEPH OKUYE | | |
| DONEE'S ADDRESS: | PO BOX 14148 MENGO KAMPALA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,377. |
| DONEE'S NAME: | LEON HATEGEKIMANA | | |
| DONEE'S ADDRESS: | PO BOX 4430 KIGALI, RWANDA | | |
| AMOUNT GIVEN: | | \$ | 3,215. |

EDUCATE!

84-1648607

**STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**CASH GRANTS AND ALLOCATIONS

| | | | |
|------------------|-------------------------------|----|--------|
| DONEE'S NAME: | LONGIN JACKSON | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,065. |
| DONEE'S NAME: | NZIYONVIRA NTAKAMAZE | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,491. |
| DONEE'S NAME: | SADICK SEBUFARA | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,265. |
| DONEE'S NAME: | SARAH MUNGUIKO | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,952. |
| DONEE'S NAME: | UWERA TRIFINE | | |
| DONEE'S ADDRESS: | PO BOX 4430 KIGALI, RWANDA | | |
| AMOUNT GIVEN: | | \$ | 1,219. |
| DONEE'S NAME: | WEREJE BENSON | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 2,643. |
| DONEE'S NAME: | ISAAC TABAN | | |
| DONEE'S ADDRESS: | PO BOX 52 KAMPALA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,310. |
| DONEE'S NAME: | TUMUSHABE RUTH | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,349. |
| DONEE'S NAME: | MUNGUIKO ALICE | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,109. |
| DONEE'S NAME: | DAVID MORJAN | | |
| DONEE'S ADDRESS: | PO BOX 52 HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,350. |

EDUCATE!

84-1648607

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CASH GRANTS AND ALLOCATIONS

| | | | |
|------------------|---------------------------------------|----|----------------|
| DONEE'S NAME: | BENSON OLIVIER | | |
| DONEE'S ADDRESS: | PO BOX 52 | | |
| | HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,192. |
| DONEE'S NAME: | RUGADYA JANEROSE | | |
| DONEE'S ADDRESS: | PO BOX 111 | | |
| | BUSHENYI, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,747. |
| DONEE'S NAME: | CHIMPAYE MARY | | |
| DONEE'S ADDRESS: | PO BOX 52 | | |
| | HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,109. |
| DONEE'S NAME: | CHIMPAYE SORANJE | | |
| DONEE'S ADDRESS: | PO BOX 52 | | |
| | HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,118. |
| DONEE'S NAME: | AMANI JEAN PAUL | | |
| DONEE'S ADDRESS: | PO BOX 52 | | |
| | HOIMA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,192. |
| DONEE'S NAME: | WINDLE EXPENSES | | |
| DONEE'S ADDRESS: | PO BOX 24230 | | |
| | KAMPALA, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 1,582. |
| DONEE'S NAME: | MT MASABA HS | | |
| DONEE'S ADDRESS: | PO BOX 1473 | | |
| | MBALE, UGANDA | | |
| AMOUNT GIVEN: | | \$ | 3,542. |
| DONEE'S NAME: | EDUCATE! KENYA | | |
| DONEE'S ADDRESS: | PO BOX 258 | | |
| | LIMURU, KENYA | | |
| AMOUNT GIVEN: | | \$ | 2,545. |
| | TOTAL CASH GRANTS AND ALLOCATIONS | \$ | 48,890. |
| | TOTAL GRANTS AND SIMILAR AMOUNTS PAID | \$ | <u>48,890.</u> |

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|----------------------|----|--------|
| ADMINISTRATIVE | \$ | 1,666. |
| FUNDRAISING | | 2,173. |

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | |
|--------------|-------------------|
| TRAVEL | \$ 8,375. |
| TOTAL | <u>\$ 12,214.</u> |

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

| | |
|---------------------------------|-------------------|
| CHANGE IN UNREALIZED GAIN | \$ 10,553. |
| TOTAL | <u>\$ 10,553.</u> |

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | <u>ENDING</u> |
|-----------------|-------------------|-------------------|
| ENDOWMENT | \$ 57,685. | \$ 68,237. |
| TOTAL | <u>\$ 57,685.</u> | <u>\$ 68,237.</u> |

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

| | <u>BEGINNING</u> | <u>ENDING</u> |
|---|------------------|------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 0. | \$ 4,707. |
| TOTAL | <u>\$ 0.</u> | <u>\$ 4,707.</u> |

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

| | |
|--|----|
| (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... | NO |
| (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... | NO |