

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)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning, and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization Women's Learning Partnership for Rights, Dev't. & Peace			D Employer identification number 52-2199581
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4343 Montgomery Avenue 201		E Telephone number (301) 654-2774	
	City or town Bethesda	State or country MD	ZIP + 4 20814-4462	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

- H and I are not applicable to section 527 organizations.**
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ▶

G Website: ▶ www.learningpartnership.org

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

K Check here if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,649,777

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a		0	
	b Direct public support (not included on line 1a)	1b	1,610,459		
	c Indirect public support (not included on line 1a)	1c	0		
	d Government contributions (grants) (not included on line 1a)	1d	0		
	e Total (add lines 1a through 1d) (cash \$ 1,610,459 noncash \$ 0)	1e		1,610,459	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		12,223	
	3 Membership dues and assessments	3		0	
	4 Interest on savings and temporary cash investments	4		18,143	
	5 Dividends and interest from securities	5		8,952	
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c		0		
7 Other investment income (describe ▶)	7		0		
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	0	8a	0		
	0	8b	0		
	0	8c	0		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		0		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	a Gross revenue (not including \$ 0 of contributions reported on line 1b)		9a	0	
	b Less: direct expenses other than fundraising expenses		9b	0	
	c Net income or (loss) from special events. Subtract line 9b from line 9a		9c	0	
10 a Gross sales of inventory, less returns and allowances	10a		0		
	b Less: cost of goods sold		10b	0	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	0	
11 Other revenue (from Part VII, line 103)	11		0		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,649,777		
Expenses	13 Program services (from line 44, column (B))	13	975,538		
	14 Management and general (from line 44, column (C))	14	31,144		
	15 Fundraising (from line 44, column (D))	15	71,097		
	16 Payments to affiliates (attach schedule)	16	0		
	17 Total expenses. Add lines 16 and 44, column (A)	17		1,077,779	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	571,998		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	801,895		
	20 Other changes in net assets or fund balances (attach explanation)	20	0		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,373,893	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b Other grants and allocations (attach schedule) (cash \$ <u>42,065</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b 42,065	42,065		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 171,992	135,096	13,045	23,851
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c Compensation and other distributions, not included above, disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26 116,024	103,089	3,103	9,832
27 Pension plan contributions not included on lines 25a, b, and c	27	0	0	0
28 Employee benefits not included on lines 25a – 27	28 51,040	34,786	5,051	11,203
29 Payroll taxes	29 22,276	18,346	1,272	2,658
30 Professional fundraising fees	30 0			
31 Accounting fees	31 0			
32 Legal fees	32 0			
33 Supplies	33 12,074	11,102	314	658
34 Telephone	34 9,040	7,898	424	718
35 Postage and shipping	35 7,970	7,183	205	582
36 Occupancy	36 38,561	31,624	2,237	4,700
37 Equipment rental and maintenance	37 3,320	2,824	161	335
38 Printing and publications	38 13,765	13,719	14	32
39 Travel	39 48,931	47,057	0	1,874
40 Conferences, conventions, and meetings	40 3,652	2,475	465	712
41 Interest	41 0			
42 Depreciation, depletion, etc. (attach schedule)	42 4,844	2,837	651	1,356
43 Other expenses not covered above (itemize):				
a See attached statement	43a 532,225	515,437	4,202	12,586
b -----	43b 0	0	0	0
c -----	43c 0	0	0	0
d -----	43d 0	0	0	0
e -----	43e 0	0	0	0
f -----	43f 0	0	0	0
g -----	43g 0	0	0	0
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 1,077,779	975,538	31,144	71,097

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	117,041	45	104,739
	46 Savings and temporary cash investments	436,018	46	1,209,205
	47 a Accounts receivable	47a 3,239		
	b Less: allowance for doubtful accounts	47b 0	26,418	47c 3,239
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable	307,468	49	199,800
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	3,693	53	6,453
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)	0	56	0
	57 a Land, buildings, and equipment: basis	57a 27,992		
b Less: accumulated depreciation (attach schedule)	57b 23,331	5,869	57c 4,661	
58 Other assets, including program-related investments (describe <input type="checkbox"/> Other receivable)		315	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58	896,822	59	1,528,097	
Liabilities	60 Accounts payable and accrued expenses	18,332	60	28,599
	61 Grants payable	76,595	61	125,605
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/>)	0	65	0
66 Total liabilities. Add lines 60 through 65	94,927	66	154,204	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	492,533	67	883,775
	68 Temporarily restricted	309,362	68	490,118
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	801,895	73	1,373,893
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	896,822	74	1,528,097

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,649,777
b	Amounts included on line			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines		b	0
c	Subtract line		c	1,649,777
d	Amounts included on Part I, line 12, but not on line			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines		d	0
e	Total revenue (Part I, line 12). Add lines		e	1,649,777

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,077,779
b	Amounts included on line			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines		b	0
c	Subtract line		c	1,077,779
d	Amounts included on Part I, line 17, but not on line			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines		d	0
e	Total expenses (Part I, line 17). Add lines		e	1,077,779

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.)

(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 & deferred compensation plans	(E) Expense account and other allowances
Name Mahnaz Afkhami Str 4343 Montgomery Avenue, #201 City Bethesda ST MD ZIP 20814	Title President/CEO Hr/WK 40 hours	98,813	9,881	0
Name Hafsat Abiola Str 60 Lanre Awolokun Road, Gbagada Phase 2 City Lagos ST ZIP	Title Treasurer Hr/WK .75 hours	0	0	0
Name Leila Ahmed Str Harvard University, 45 Francis Avenue City Cambridge ST MA ZIP 02138	Title Director Hr/WK .75 hours	0	0	0
Name Marian Wright Edelman Str Children's Defense Fund, 25 E St., N.W. City Washington ST DC ZIP 20001	Title Director Hr/WK .75 hours	0	0	0
Name Afaf Mahfouz Str CONGO, 777 UN Plaza, 8th Flr. (44th & 1st City New York ST NY ZIP 10017	Title Secretary Hr/WK .75 hours	0	0	0
Name Jacqueline Pitanguy Str CEPIA, Rua De Russel, 694/20 Andar GLO City Rio de Janeiro ST ZIP	Title Board Chair Hr/WK .75 hours	0	0	0
Name Zenebeworke Tadesse Str P.O. Box 3089 City Addis Ababa ST ZIP	Title Director Hr/WK .75 hours	0	0	0
Name Rakhee Goyal Str 4343 Montgomery Avenue, #201 City Bethesda ST MD ZIP 20814	Title Executive Director Hr/WK 40 hours	57,544	5,754	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 7		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any form officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				

Part VI Other Information (See the instructions.)

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90 a	List the states with which a copy of this return is filed		MD	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b		7
91 a	The books are in care of Name WLP Telephone no. (301) 654-2774 Located at 4343 Montgomery Ave., #201 City Bethesda ST MD ZIP + 4 20814			
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	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here **92**
 and enter the amount of tax-exempt interest received or accrued during the tax year: _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Sales of books					1,274
b Sales of manuals and videos					2,133
c Travel reimbursement					7,453
d Others					1,363
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	18,143	
96 Dividends and interest from securities			14	8,952	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than invento					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____		0		0	0
b _____		0		0	0
c _____		0		0	0
d _____		0		0	0
e _____		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		27,095	12,223
105 Total (add line 104, columns (B), (D), and (E))					39,318

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a,b,c,d	Represents income from sale of leadership training materials in nine languages & women's rights books. These are related to WLP's exempt activities under the leadership& capacity building and advocacy & networking programs.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					0

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here

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.

Signature of officer: *M. K.* Date: 5-14-2007

Type or print name and title: MAHNAZ APKHAMI, PRESIDENT & CEO

Paid Preparer's Use Only

Preparer's signature: *Arle G. Buntua* Date: 5/14/2007 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): P00057771

Firm's name (or yours if self-employed), address, and ZIP + 4: Buntua & Company EIN: 54-2025099

450 West Broad St., Suite 317, Falls Church, VA 22046 Phone no.: (703) 534-8500