

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

Header section containing organization details: A For the 2005 calendar year, or tax year beginning 2/1/2005, and ending 1/31/2006; B Check if applicable; C Name of organization The Datz Foundation; D Employer identification number 52-1496940; E Telephone number 703-242-8804; F Accounting method: X Cash; G Website www.datzfoundation.org; J Organization type: X 501(c)(3); L Gross receipts 1,266,113.

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

Main table with 21 rows detailing revenue and expenses. Revenue total (line 12) is 987,954. Expenses total (line 17) is 891,323. Net assets at end of year (line 21) is 945,479. Includes sub-tables for rental income (lines 6a-c) and special events (lines 9a-c).

SCANNED JAN 09 2007 Revenue

837 Net Assets EXPENSES RECEIVED DEC 15 2006 GOLDEN JI

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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 2,750 noncash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,750	2,750		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	341,989	273,591	68,398	
26	Other salaries and wages	160,565	144,508	16,057	
27	Pension plan contributions	13,680	11,130	2,550	
28	Other employee benefits				
29	Payroll taxes	30,042	25,591	4,451	
30	Professional fundraising fees				
31	Accounting fees	7,277		7,277	
32	Legal fees				
33	Supplies	11,485	8,704	2,781	
34	Telephone	9,019	6,764	2,255	
35	Postage and shipping	11,306	10,175	1,131	
36	Occupancy	40,917	32,734	8,183	
37	Equipment rental and maintenance	1,670	1,252	418	
38	Printing and publications	830		830	
39	Travel	8,017	8,017		
40	Conferences, conventions, and meetings	885		885	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	8,084	6,063	2,021	
43	Other expenses not covered above (itemize).				
a	See attached statement	242,807	229,153	13,654	
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	891,323	760,432	130,891	

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► Placement of children for adoption All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Foundation specializes in the placement of domestic and foreign children for adoption. During the fiscal year ended January 31, 2006, the Foundation arranged for the adoption of 75 children-12 domestic and 63 foreign. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	760,432
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	760,432

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) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	4,645	45	26,636
	46 Savings and temporary cash investments	344,844	46	392,922
	47 a Accounts receivable	47a 2,000		
	b Less: allowance for doubtful accounts	47b	47c 2,500	2,000
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments—other (attach schedule)		775,793 56	888,325	
57 a Land, buildings, and equipment basis	57a 89,480			
b Less: accumulated depreciation (attach schedule)	57b 75,795	20,251 57c	13,685	
58 Other assets (describe <input type="checkbox"/> See attached statement)		4,249 58	3,596	
59 Total assets (must equal line 74). Add lines 45 through 58		1,152,282 59	1,327,164	
Liabilities	60 Accounts payable and accrued expenses	11,325	60	8,601
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> See attached statement)		324,811 65	373,084
66 Total liabilities. Add lines 60 through 65		336,136 66	381,685	
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	816,146	67	945,479
	68 Temporarily restricted		68	
	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; column (B) must equal line 21)		816,146 73	945,479	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		1,152,282 74	1,327,164	

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	987,954
b	Amounts included on line a but not on Part I, line 12			
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 b1 through b4		b	0
c	Subtract line b from line a		c	987,954
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		0
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	987,954

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

a	Total expenses and losses per audited financial statements		a	891,323
b	Amounts included on line a but not on Part I, line 17.			
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 b1 through b4		b	0
c	Subtract line b from line a		c	891,323
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		0
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	891,323

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.) (See the 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 & deferred compensation plans	(E) Expense account and other allowances
Name Mark Weinberg Str City Glen Dale ST MD ZIP	Title President Hr/WK As Needed	0	0	0
Name Paula Yarmo Str City Sunnyvale ST CA ZIP	Title Vice President Hr/WK As needed	0	0	0
Name Jacqueline Miller Str City Vienna ST VA ZIP	Title Secretary Hr/WK As Needed	0	0	0
Name Montserrat DeJuar Str City Baton Rouge ST LA ZIP	Title Director Hr/WK As Needed	0	0	0
Name Michael Sarzo Str City Glen Dale ST MD ZIP	Title Director Hr/WK As Needed	0	0	0
Name Mark Eckman Str City Vienna ST VA ZIP	Title Executive Director Hr/WK 40+	170,744	6,000	0
Name Vivian Datoff Str City Vienna ST VA ZIP	Title Executive Director Hr/WK 40+	171,245	6,000	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 5
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 this organization through common supervision or common control?
75c X
Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
75d X
d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former 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)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. All rows are empty except for the first row which has 'NONE' in the name field.

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 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 The Datz Foundation of North Carolina and check whether it is exempt or X nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a None
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
		84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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.		
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	
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	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	88	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____		
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 <input type="checkbox"/> _____		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> DC		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	8
91 a	The books are in care of <input type="checkbox"/> Name Organization Telephone no. <input type="checkbox"/> 703-242-8800 Located at <input type="checkbox"/> 311 Maple Ave West City Vienna ST VA ZIP + 4 <input type="checkbox"/> 22180		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 N/A		

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 Home Study and Placement Fees					921,025
b Counseling Fees					5,124
c Xeroxing Fees					2,752
d					
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	1,116	
96 Dividends and interest from securities			14	29,103	
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 inventory			18	25,034	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Rental Income			16	3,800	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				59,053	928,901
105 Total (add line 104, columns (B), (D), and (E))					987,954

Note: Line 105 plus line 1d, 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	Placement Fees-fees relating to the gathering and processing of info relating to the adoptive parent & child to be adopted & evaluation of the placement after the child has been placed, but prior to the final papers being signed Home Study-fees for the evaluation of prospective parents re background, marriage, finances and criminal record.
93b	Counseling- fees collected from adoptive parent re their adoption options

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				

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)

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

Signature of officer: Mark Eckman Date: 12-14-06
 Type or print name and title: Mark Eckman Attorney at Law
311 Maple Avenue West
Vienna, VA 22180

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 12/13/2006 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): 215-48-5303
 Firm's name (or yours if self-employed), address, and ZIP + 4: Felton Marans, CPA EIN: Phone no: 941-752-0077
14907 Bowfin Ter, Bradenton, FL 34202

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization

The Datz Foundation

Employer identification number

52-1496940

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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 ▶		

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 page 2 of the 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	X	
b	Lending of money or other extension of credit?		
c	Furnishing of goods, services, or facilities?	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V Form 990		
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 ► _____ City _____ ST _____ Country _____
- 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)
- 11 a 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)
- 11 b 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 supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)				1,000	1,000	
16 Membership fees received						
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	995,983	1,009,208	1,120,794	1,027,338	4,153,323	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	25,398	7,955	-34,288	-71,101	-72,036	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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						
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22	1,021,381	1,017,163	1,086,506	957,237	4,082,287	
24 Line 23 minus line 17	25,398	7,955	-34,288	-70,101	-71,036	
25 Enter 1% of line 23	10,214	10,172	10,865	9,572		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	-1,421
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 2001 through 2004 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	-71,036
d Add Amounts from column (e) for lines 18 <u>-72,036</u> 19 _____					26d	-72,036
22 _____ 26b _____					26e	1,000
e Public support (line 26c minus line 26d total)					26f	-1.41%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						
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					
(2004) _____ (2003) _____ (2002) _____ (2001) _____						
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						
(2004) _____ (2003) _____ (2002) _____ (2001) _____						
c Add. Amounts from column (e) for lines 15 _____ 16 _____					27c	
17 _____ 20 _____ 21 _____					27d	
d Add Line 27a total _____ and line 27b total _____					27e	
e Public support (line 27c total minus line 27d total)					27f	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27g	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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) ----- -----		
34 a 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 page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable 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 page 11 of the instructions.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

Line 20 (990) - Other changes in net assets or fund balances

1	Increase in Unrealized Holding Gain on Securities	1	32,702
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	32,702

Line 43 (990) - Other Deductions

242,807

229,153

13,654

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Advertising	20,083	19,079	1,004	
2	Authetication Fees	20,328	20,328		
3	Auto Expense	1,780	890	890	
4	Board of Directors Fees	700		700	
5	Client Expenses	-15,078		-15,078	
6	Gifts	1,472		1,472	
7	Insurance	26,805	21,452	5,353	
8	Investment Expenses	18,101		18,101	
9	Professional Fees-Home Study	166,404	166,404		
10	Referral fees	1,000	1,000		
11	Miscellaneous	540		540	
12	Taxes and Licenses	672		672	
13					
14					
15					
16					
17					
18					
19					
20					

Assets by Classification - 990

The Datz Foundation

52-1496940

1/31/2006

Item No	Description of Property **** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2005 Deprec	2005 Accum Deprec
5-yr Computers (not listed)														
113	Laptop	1/31/2001	F-5	100 00%	2,597		0	2,597	5 SL	5 SL	HY	2,077	260	2,337
123	Computer	1/31/2001	F-5	100 00%	1,751		0	1,751	5 SL	5 SL	HY	1,401	175	1,576
132	Computer	1/31/2001	F-5	100 00%	1,041		0	1,041	5 SL	5 SL	HY	416	104	520
116	Computer	2/28/2001	F-5	100 00%	2,292		0	2,292	5 SL	5 SL	HY	1,795	458	2,253
118	Printer	5/31/2001	F-5	100 00%	486		0	486	5 SL	5 SL	HY	356	97	453
119	Computer	9/30/2001	F-5	100 00%	370		0	370	5 SL	5 SL	HY	247	74	321
126	Printer	7/15/2002	F-5	100 00%	290		0	290	5 SL	5 SL	HY	150	58	208
128	Computer	10/15/2002	F-5	100 00%	2,085		0	2,085	5 SL	5 SL	HY	973	417	1,390
130	Computer	11/15/2002	F-5	100 00%	1,318		0	1,318	5 SL	5 SL	HY	594	264	858
129	Computer	11/16/2002	F-5	100 00%	1,396		0	1,396	5 SL	5 SL	HY	628	279	907
133	Computer	7/31/2003	F-5	100 00%	521		0	521	5 SL	5 SL	HY	156	104	260
134	Computer	10/31/2003	F-5	100 00%	589		0	589	5 SL	5 SL	HY	147	118	265
135	Computer	12/31/2003	F-5	100 00%	1,300		0	1,300	5 SL	5 SL	HY	281	260	541
136	Computer	1/31/2004	F-5	100 00%	760		0	760	5 200DB	5 200DB	HY	152	146	298
138	Printer	3/15/2004	F-5	100 00%	263		0	263	5 SL	5 SL	HY	26	53	79
140	Computer	12/4/2004	F-5	100 00%	1,739		0	1,739	5 SL	5 SL	HY	174	348	522
141	Computer	5/15/2005	F-5	100 00%	840		0	840	5 SL	5 SL	HY	0	84	84
142	Computer	9/2/2005	F-5	100 00%	679		0	679	5 SL	5 SL	HY	0	68	68
Total 5-yr Computers and peripherals (not listed proper)					20,317	0	0	20,317				9,573	3,367	12,940

Total 5-yr Computers and peripherals (not listed proper) 20,317 0 0 20,317

5-yr Office mach (data handling)

124	Dictation Equipment	1/31/2001	F-6	100 00%	179		0	179	5 SL	5 SL	HY	144	18	162
117	Copier	3/31/2001	F-6	100 00%	750		0	750	5 SL	5 SL	HY	500	150	650
121	Copier	12/31/2001	F-6	100 00%	791		0	791	5 SL	5 SL	HY	408	158	566
125	Copier	9/15/2002	F-6	100 00%	4,875		0	4,875	5 SL	5 SL	HY	2,681	975	3,656
Total 5-yr Office machinery (data-handling equipment)					6,595	0	0	6,595				3,733	1,301	5,034

Total 5-yr Office machinery (data-handling equipment) 6,595 0 0 6,595

7-yr Office furn, fixtures, equip

89	Table	3/31/1997	F-11	100 00%	239		0	239	7 SL	7 SL	HY	239	0	239
91	Chair	4/30/1997	F-11	100 00%	311		0	311	7 SL	7 SL	HY	311	0	311
100	Coffee Table	1/15/1998	F-11	100 00%	370		0	370	7 SL	7 SL	HY	370	0	370
102	Furniture	4/30/1998	F-11	100 00%	310		0	310	7 SL	7 SL	HY	299	11	310
103	Conference Table	8/31/1998	F-11	100 00%	1,120		0	1,120	7 SL	7 SL	HY	1,028	80	1,108
104	Furniture	12/31/1998	F-11	100 00%	660		0	660	7 SL	7 SL	HY	574	47	621
107	Chairs	2/15/1999	F-11	100 00%	1,334		0	1,334	7 SL	7 SL	HY	1,143	191	1,334
111	File Cabinet	11/30/2000	F-11	100 00%	1,666		0	1,666	7 SL	7 SL	HY	992	238	1,230
112	Chair	12/30/2000	F-11	100 00%	143		0	143	7 SL	7 SL	HY	83	20	103
115	Lamp	2/26/2001	F-11	100 00%	107		0	107	7 SL	7 SL	HY	59	15	74
120	Furniture	10/31/2001	F-11	100 00%	222		0	222	7 SL	7 SL	HY	103	32	135
131	Furniture	1/15/2002	F-11	100 00%	1,071		0	1,071	7 SL	7 SL	HY	319	153	472
127	Furniture	9/15/2002	F-11	100 00%	993		0	993	7 SL	7 SL	HY	343	142	485

Assets by Classification - 990

The Datz Foundation

52-1496940

1/31/2006

Item No	Description of Property ***** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2005 Deprec	2005 Accum Deprec
137	Filing cabinet	3/15/2004	F-11	100 00%	757		0	757	7 SL	HY	HY	54	108	162
139	Vacuum Cleaner	5/15/2004	F-11	100 00%	237		0	237	7 SL	HY	HY	17	34	51
Total 7-yr Office furniture, fixtures and equipment														7,005
15-yr Land improvements														
98	Carpet	12/31/1997	R-2	100 00%	4,501		0	4,501	10 SL	HY	HY	3,188	450	3,638
99	Leasehold Imprvmnt	1/15/1998	R-2	100 00%	1,202		0	1,202	10 SL	HY	HY	851	120	971
Total 15-yr Land improvements														4,609
5-yr Auto, truck, van 6,000 lbs or <														
114	Auto	12/2/2000	V-5	100 00%	21,619		0	21,619	5 SL	HY	HY	18,016	1,775	19,791
Total 5-yr Autos, light trucks and vans 6,000 pounds or <														19,791
SubTotals														49,379
Less Assets Sold														(0)
Ending Totals														49,379

Line 56 (990) - Other Investments

Check one box to indicate how investments are listed:

Cost

End of year market value (FMV)

- 1 Merrill Lynch # 4780 (All MM Funds)
- 2 Merrill Lynch #4248 (Stocks, Bonds, Gov t Securities, MM Fund)
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11 Total other investments

	Book value		Beginning		End
	FMV		FMV		FMV
1			121,471		177,236
2			654,322		711,089
3					
4					
5					
6					
7					
8					
9					
10					
11			775,793		888,325

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	.....	
2	.....	
3	.....	
4	.....	
5	.....	
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Furniture & Equipment	60,639	62,158	45,655	51,394
8	Leasehold Improvements	5,703	5,703	4,039	4,610
9	Vehicle	21,619	21,619	18,016	19,791
10	.....			
11	.....			
12	.....			
13	.....			
14	.....			
15	.....			
16	.....			
17	Total buildings and equipment	87,961	89,480	67,710	75,795
18	Buildings and equipment (less accumulated depreciation)			20,251	13,685
19	Total land, buildings and equipment			20,251	13,685

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	.....		
7	.....		
8	.....		
9	.....		
10	.....		
11	Total	0	0	0

Line 58 (990) - Other assets

4,249

3,596

		Beginning	End
1	Prepaid Expenses	3,199	2,546
2	Utility Deposit	200	200
3	Rent Deposit	850	850
4			
5			
6			
7			
8			
9			
10			

Line 65 (990) - Other liabilities

324,811

373,084

		Beginning	End
1	Client Escrow	8,900	46,606
2	Prepaid home Study and Placement Fees	315,911	326,478
3			
4			
5			
6			
7			
8			
9			
10			

Form 990 Line 75b

1 The two highest compensated individuals(Mark Eckman and Vivian Datoff) from Part V-A are married No other directors
 2 are related to one another family or business relationships
 3
 4
 5

Form 990 Line 75c

1 Mark Eckman and Vivian Datoff, Executvie Directors of the Datz Foundation (a tax exempt 501(c) 3 organization are sole
 2 shareholders of the Datz Foundation of North Carolina which is a taxable corporation. They were paid \$ 39,000 each from
 3 Datz of North Carolina in 2005
 4
 5

form 990 Schedule A Part III-Questinos 2a & 2a

1 The organization leases office space for its main office at 311 Maple Avenue, Suite E, vienna, VA from its Executive
 2 Directors, Mark Eckman and vivian Datoff. The amount for the year ended 1/31/2006 totalled \$ 26,400 In addition, the
 3 organization leases office space in both its VA & DC locations to Mark Eckman for \$ 200 a month.
 4
 5

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization The Datz Foundation	Employer identification number 52-1496940
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 311 Maple Avenue West, Room No. E	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Vienna, VA 22180	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ▶ Address per return

Telephone No ▶ 703-242-8800 FAX No ▶ 703-242-8804

- 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 **Form 990-T corporation**) extension of time until 9/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 2/1/2005 and ending 1/31/2006

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

3 a 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 \$ 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 \$ 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 \$ 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

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

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—Must File Original and One Copy.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: 311 Maple Avenue West, Room No E, Vienna, VA 22180.

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

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

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 the care of Address per return Telephone No. 703-242-8800 FAX No 703-242-8804 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 12/15/2006
5 For calendar year or other tax year beginning 2/1/2005 and ending 1/31/2006
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 Organization changed accounting systems during 2005. Therefore more time is needed to review all the accounting data in order to file a complete and accurate return
8 a 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
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
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 instructions

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 9/15/06

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 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.

Table with 2 columns: Type or print, Name, Number and street, City or town, province or state, and country. Includes address: Felton Marans, CPA, 14907 Bowfin Ter, Bradenton, FL 34202.