

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 2/1/2006 and ending 1/31/2007

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

C Name of organization: The Datz Foundation
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 311 Maple Avenue West E
 City or town State or country ZIP + 4: Vienna VA 22180

D Employer identification number: 52-1496940
E Telephone number: 703-242-8804

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: www.datzfoundation.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: 1,649,351

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: _____
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)

		(A) Securities		(B) Other				
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				0		
	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 \$ <u>0</u> noncash \$ <u>0</u>)	1e					0	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2					1,181,039	
	3 Membership dues and assessments	3					0	
	4 Interest on savings and temporary cash investments	4					2,072	
	5 Dividends and interest from securities	5					47,113	
Revenue	6a 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	
	8a Gross amount from sales of assets other than inventory							
		b Less cost or other basis and sales expenses						
		c Gain or (loss) (attach schedule)						
		d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d					40,845
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ <u>0</u> 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	
10a 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 10b)	11					3,600		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12					1,274,669		
Expenses	13 Program services (from line 44, column (B))	13					858,804	
	14 Management and general (from line 44, column (C))	14					166,882	
	15 Fundraising (from line 44, column (D))	15					0	
	16 Payments to affiliates (attach schedule)	16					0	
	17 Total expenses. Add lines 16 and 44, column (A)	17					1,025,686	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18					248,983	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19					945,479	
	20 Other changes in net assets or fund balances (attach explanation)	20					15,523	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21					1,209,985	

SCANNED JAN 17 2008

RECEIVED
DEC 18 2007
GODIN UT

G17 B

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 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"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	429,597	343,678	85,919	0
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				0
26	Salaries and wages of employees not included on lines 25a, b, and c	161,775	145,598	16,177	
27	Pension plan contributions not included on lines 25a, b, and c	2,680	2,412	268	
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	33,326	27,989	5,337	
30	Professional fundraising fees	0			
31	Accounting fees	7,153		7,153	
32	Legal fees	368	368		
33	Supplies	15,898	11,924	3,974	
34	Telephone	8,045	6,034	2,011	
35	Postage and shipping	10,085	9,077	1,008	
36	Occupancy	37,595	30,076	7,519	
37	Equipment rental and maintenance	4,109	3,082	1,027	
38	Printing and publications	1,655		1,655	
39	Travel	13,274	13,274		
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	6,800	5,100	1,700	0
43	Other expenses not covered above (itemize):				
a	See attached statement	293,326	260,192	33,134	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		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)	1,025,686	858,804	166,882	0

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 \$ 0, (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, 2007, the Foundation arranged for the adoption of 76 children-10 domestic and 66 foreign (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	858,804
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 \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	858,804

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	26,636	45	41,395
	46 Savings and temporary cash investments	392,922	46	442,626
	47 a Accounts receivable	47a 22,530		
	b Less: allowance for doubtful accounts	47b 0	2,000	47c 22,530
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable		49	
	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			53
	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)		886,335	56 951,999
	57 a Land, buildings, and equipment basis	57a 91,803		
	b Less: accumulated depreciation (attach schedule)	57b 82,594	13,685	57c 9,209
58 Other assets, including program-related investments (describe <input type="checkbox"/> See attached statement)		5,586	58 8,297	
59 Total assets (must equal line 74) Add lines 45 through 58		1,327,164	59 1,476,056	
Liabilities	60 Accounts payable and accrued expenses		8,601	60 23,510
	61 Grants payable			61
	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"/> See attached statement)		373,084	65 242,561
	66 Total liabilities. Add lines 60 through 65		381,685	66 266,071
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		945,479	67 1,209,985
	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 and column (B) must equal line 21)		945,479	73 1,209,985
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,327,164	74 1,476,056

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	1,274,669
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	1,274,669
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	1,274,669

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

a	Total expenses and losses per audited financial statements		a	1,025,686
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	1,025,686
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	1,025,686

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 Vivian Datoff Str 2022 Spring Brook Ct City Vienna ST VA ZIP 22181	Title Executive Director Hr/WK 40+	209,069	6,000	0
Name Mark Eckman Str 2022 Spring Brook Ct City Vienna ST VA ZIP 22181	Title Executive Director Hr/WK 40+	208,528	6,000	0
Name Mark Weinberg Str City Glendale 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 Arnold Marcus Str City Sunnyvale ST CA 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 June Li Str City Bethesda ST MD ZIP	Title Dir. Hr/WK As Needed			
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 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)	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	X	
d Does the organization have a written conflict of interest policy?	X	

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.)

(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 N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A City ST ZIP				
Name N/A 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	N/A	
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	0	
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	N/A	
85 501(c)(4), (5), or (6) organizations a	Were substantially all dues nondeductible by members?	85a	N/A	
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	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
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	N/A	
86 501(c)(7) orgs 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 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 <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"/>			
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		X
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>			
b	Number of employees employed in the pay period that includes March 12, 2006 (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

Part VI Other Information (continued)

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 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					1,169,875
b Counseling & Consulting Fees					7,433
c Xeroxing Fees					3,731
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	2,072	
96 Dividends and interest from securities			14	47,113	
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	40,845	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Rental Income		0	16	3,600	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		93,630	1,181,039
105 Total (add line 104, columns (B), (D), and (E))					1,274,669

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	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 & Consulting- fees collected from adoptive parents 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	%		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
					X
	(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
					X
	(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?				Yes	No
					X

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: 12.16.07

Type or print name and title: Mark Eckman, Dir.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)
	<u>[Signature]</u>	12/15/2007	<input checked="" type="checkbox"/>	215-48-5303
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	
	Felton Marans, CPA 14907 Bowfin Ter, Bradenton, FL 34202		941-752-0077	

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

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **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 2 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 ▶		0		

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 ▶		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 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 ▶		0

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

Schedule A (Form 990 or 990-EZ) 2006

(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?		X
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-Form990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>N/A</u>		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>N/A</u>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the 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 ▶ 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 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 page 7 of the 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 page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					0
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	928,901	995,983	1,009,208	1,120,794	4,054,886
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	59,503	25,398	7,955	-34,288	58,568
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	988,404	1,021,381	1,017,163	1,086,506	4,113,454
24 Line 23 minus line 17	59,503	25,398	7,955	-34,288	58,568
25 Enter 1% of line 23	9,884	10,214	10,172	10,865	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 1,171
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 2002 through 2005 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 58,568
d Add Amounts from column (e) for lines 18 58,568 19 _____ 22 _____ 26b _____					26d 58,568
e Public support (line 26c minus line 26d total)					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%
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				
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
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					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ and line 27b total _____					27c 0
d Add Line 27a total _____ and line 27b total _____					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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 10 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)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
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 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)	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0

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 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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.)			0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of
(i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Yes No
51a(i) X
a(ii) X
b(i) X
b(ii) X
b(iii) X
b(iv) X
b(v) X
b(vi) X
c X

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: 51a(i), 900, The Frank Foundation, Charitable Contribution.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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)

Section 501(c)(3) 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)(3) 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 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 ▶ Organization
- Telephone No ▶ 703-242-8800 FAX No ▶ 703-242-8802
- 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)(3) corporation required to file Form 990-T) extension of time until 9/15/2007 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 2/1/2006 and ending 1/31/2007

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 5069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
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	\$
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

- 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 The Datz Foundation	Employer identification number 52-1496940
	Number, street, and room or suite no. If a P.O. box see instructions 311 Maple Avenue West Room No E	For IRS use only
	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-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input 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 the care of Organization Telephone No. **703-242-8800** FAX No. **703-242-8802**
- 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 12/15/2007

5 For calendar year _____, or other tax year beginning 2/1/2006, and ending 1/31/2007

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 More time is requested to acquire all client escrow & prepaid income information which is needed to complete and file an 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	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 instructions	8c	\$	0

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 [Handwritten Signature] Title CPA for organization Date 9/11/2007

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.

Type or print	Name Fellon Marans, CPA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 14907 Bowfin Ter
	City or town, province or state, and country (including postal or ZIP code) Bradenton, FL 34202

Line 8 (990) - Gain/Loss from Sale of Assets Other than Inventory

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depreciation
										Cost	Donated value		
1	Sale of Securities	X				Various	Purchase	Various	415,527	374,682			
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
Totals:										Gross sales		Cost, other basis and expenses	
Public Securities										415,527	374,682		
Non-Public Securities										0	0		0
Other sales										0	0		0

Line 20 (990) - Other Changes in Net Assets or Fund Balances

15,523

	Description	Total
1	Increase in Unrealized Holding Gain on Securities	15,523
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Line 43 (990) - Other Deductions

293,326

260,192

33,134

0

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Accrediation Expense	675	675		
2 Auto Expense	4,016	2,008	2,008	
3 Advertising	12,382	11,763	619	
4 Authetication Fees	24,001	24,001		
5 Investment Expenses	21,115		21,115	
6 Computer Expense	1,783		1,783	
7 Client Expenses	-2,491	-2,491		
8 Charitable Contributions	1,400		1,400	
9 Referral Fees	22,541	22,541		
10 Consulting	1,208	1,208		
11 Miscellaneous	196		196	
12 Board of Director Fees	900		900	
13 Insurance	25,567	20,454	5,113	
14 Contact Labor-Social Workers	180,033	180,033		
15	0			
16	0			
17	0			
18	0			
19	0			
20	0			

Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Accounts Receivable	2,000	22,530		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	2,000	22,530	0	0

Line 56 (990) - Other Investments

Check one box to indicate how investments are listed:

Cost

End of year market value (FMV)

			Book value	Beginning	End
1	Merrill Lynch # 4780 (All MM Funds)	1		177,236	186,685
2	Merrill Lynch #4248 (Stocks, Bonds, Gov.t Securities, MM Fund)	2		709,099	765,314
3		3		0	0
4		4		0	0
5		5		0	0
6		6		0	0
7		7		0	0
8		8		0	0
9		9		0	0
10		10		0	0
11	Total other investments	11	0	886,335	951,999

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	62,158	64,481	51,394	55,739
8	Leasehold Improvements	5,703	5,703	4,610	5,289
9	Vehicle	21,619	21,619	19,791	21,566
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	89,480	91,803	75,795	82,594
18	Buildings and equipment (less accumulated depreciation)			13,685	9,209
19	Total land, buildings and equipment			13,685	9,209

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

5,586

8,297

		Beginning	End
1	Prepaid Expenses	2,546	2,786
2	Utility Deposit	200	200
3	Rent Deposit	850	850
4	Accrued Interest Receivable	1,990	4,461
5			
6			
7			
8			
9			
10			

Line 65 (990) - Other Liabilities

373,084

242,561

		Beginning	End
1	Client Escrow	46,606	29,823
2	Prepaid home Study and Placement Fees	326,478	212,738
3			
4			
5			
6			
7			
8			
9			
10			

Form 4562 Statement - 990

1/31/2007

Item No	Description of Property	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	2006 Deprec	2006 Accum Deprec
---------	-------------------------	------------------------	------------	-----------	---------------------	--------------------	-------------------	----------------	-----------------	--------	-----------	--------------------------------	-------------	-------------------

Depreciation Detail

MACRS deductions for prior years (Line 17)														
98	Carpet	12/31/1997	R-2	100 00%	4,501	0	0	4,501	10	SL	HY	3,638	450	4,088
99	Leasehold Improvmt	1/15/1998	R-2	100 00%	1,202	0	0	1,202	10	SL	HY	971	120	1,091
111	File Cabinet	11/30/2000	F-11	100 00%	1,666	0	0	1,666	7	SL	HY	1,230	238	1,468
112	Chair	12/30/2000	F-11	100 00%	143	0	0	143	7	SL	HY	103	20	123
115	Lamp	2/26/2001	F-11	100 00%	107	0	0	107	7	SL	HY	74	15	89
116	Computer	2/28/2001	F-5	100 00%	2,292	0	0	2,292	5	SL	HY	2,253	39	2,292
117	Copier	3/31/2001	F-6	100 00%	750	0	0	750	5	SL	HY	650	75	725
118	Printer	5/31/2001	F-5	100 00%	486	0	0	486	5	SL	HY	453	33	486
119	Computer	9/30/2001	F-5	100 00%	370	0	0	370	5	SL	HY	321	37	358
120	Furniture	10/31/2001	F-11	100 00%	222	0	0	222	7	SL	HY	135	32	167
121	Copier	12/31/2001	F-6	100 00%	791	0	0	791	5	SL	HY	566	79	645
131	Furniture	1/15/2002	F-11	100 00%	1,071	0	0	1,071	7	SL	HY	472	153	625
126	Printer	7/15/2002	F-5	100 00%	290	0	0	290	5	SL	HY	208	58	266
125	Copier	9/15/2002	F-6	100 00%	4,875	0	0	4,875	5	SL	HY	3,656	975	4,631
127	Furniture	9/15/2002	F-11	100 00%	993	0	0	993	7	SL	HY	485	142	627
128	Computer	10/15/2002	F-5	100 00%	2,085	0	0	2,085	5	SL	HY	1,390	417	1,807
130	Computer	11/15/2002	F-5	100 00%	1,318	0	0	1,318	5	SL	HY	858	264	1,122
129	Computer	11/16/2002	F-5	100 00%	1,396	0	0	1,396	5	SL	HY	907	279	1,186
133	Computer	7/31/2003	F-5	100 00%	521	0	0	521	5	SL	HY	260	104	364
134	Computer	10/31/2003	F-5	100 00%	589	0	0	589	5	SL	HY	265	118	383
135	Computer	12/31/2003	F-5	100 00%	1,300	0	0	1,300	5	SL	HY	541	260	801
136	Computer	1/31/2004	F-5	100 00%	760	0	0	760	5	200DB	HY	298	88	386
138	Printer	3/15/2004	F-5	100 00%	263	0	0	263	5	SL	HY	79	53	132
137	Filing cabinet	3/15/2004	F-11	100 00%	757	0	0	757	7	SL	HY	162	108	270
139	Vacuum Cleaner	5/15/2004	F-11	100 00%	237	0	0	237	7	SL	HY	51	34	85
140	Computer	12/4/2004	F-5	100 00%	1,739	0	0	1,739	5	SL	HY	522	348	870
141	Computer	5/15/2005	F-5	100 00%	840	0	0	840	5	SL	HY	84	168	252
142	Computer	9/2/2005	F-5	100 00%	679	0	0	679	5	SL	HY	68	136	204
Total MACRS deductions for prior years (Line 17)					32,243	0	0	32,243				20,700	4,843	25,543

Total MACRS deductions for prior years (Line 17)

ADS class life (Line 20a)														
143	Computer	7/19/2006	F-5	100 00%	552	0	0	552	5	SL	HY	0	55	55
144	Display Banner	10/10/2006	F-11	100 00%	1,771	0	0	1,771	7	SL	HY	0	127	127
Total ADS class life (Line 20a)					2,323	0	0	2,323				0	182	182
Subtotal					34,566	0	0	34,566				20,700	5,025	25,725

Subtotal

Listed Property

Listed property with more than 50% business use (Line 25 and 26)

114	Auto	12/2/2000	V-5	100 00%	21,619	0	0	21,619	5	SL	HY	19,791	1,775	21,566
Total listed prop with > 50% business use					21,619	0	0	21,619				19,791	1,775	21,566
Subtotal Listed Property					21,619	0	0	21,619				19,791	1,775	21,566
Subtotal					56,185	0	0	56,185				40,491	6,800	47,291

Subtotal Listed Property

Item No	Description of Property	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	2006 Deprec	2006 Accum Deprec
---------	-------------------------	------------------------	------------	-----------	---------------------	--------------------	-------------------	----------------	-----------------	--------	-----------	--------------------------------	-------------	-------------------

Form 4562 Reconciliation

Annual depreciation and amortization	6,800
Special allowance except listed property (Line 14) - current year assets	0
Special allowance - listed property (Line 25) - current year assets	0
Section 179 deduction claimed (includes prior year disallowed)	0
Section 179 deduction carried forward to future year	0
Section 179 deduction (Line 12)	0
Less amortization included in total annual depreciation and amortization (Line 44)	0
Form 4562, Line 22	6,800

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 Lite 75c

1 Mark Eckman and Vivian Datoff, Executive 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-Questions 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 1/31/2007 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