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**Form 990**

**Return of Organization Exempt From Income Tax**

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

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

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

**Name of organization:**

US HUMAN RIGHTS NETWORK

**Number and street or (P.O. box if mail is not delivered to street address):**

250 HILL STREET

**City or town, state or country, and ZIP + 4:**

ATLANTA, GEORGIA 30312

**Telephone number:**

(404) 588-9761

**Employer identification number:**

20-2404443

**Accounting method:**

Accrual

**Group Exemption Number:**

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

H(d) If “No,” attach a list

K Check here if the organization is not a 501(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.

**Organization type:** (check only one)

X 501(c) (3) (insert no.)

**G Website:**

ushrnetwork.org

**L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12.**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received:</td>
</tr>
<tr>
<td>a</td>
<td>Contributions to donor advised funds</td>
</tr>
<tr>
<td>b</td>
<td>Direct public support (not included on line 1a)</td>
</tr>
<tr>
<td>c</td>
<td>Indirect public support (not included on line 1a)</td>
</tr>
<tr>
<td>d</td>
<td>Government contributions (grants) (not included on line 1a)</td>
</tr>
<tr>
<td>e</td>
<td>Total (add lines 1a through 1d) (cash $616,350 noncash $)</td>
</tr>
<tr>
<td>1e</td>
<td>616,350</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts (from Part VII, line 93)</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
</tr>
<tr>
<td>4</td>
<td>Interest on savings and temporary cash investments</td>
</tr>
<tr>
<td>5</td>
<td>Dividends and interest from securities</td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
</tr>
<tr>
<td>b</td>
<td>Less: rental expenses</td>
</tr>
<tr>
<td>c</td>
<td>Net rental income or (loss). Subtract line 6b from line 6a</td>
</tr>
<tr>
<td>6c</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other investment income (describe)</td>
</tr>
<tr>
<td>8a</td>
<td>Gross amount from sales of assets other than inventory</td>
</tr>
<tr>
<td>b</td>
<td>Less: cost or other basis and sales expenses.</td>
</tr>
<tr>
<td>c</td>
<td>Gain or (loss) (attach schedule)</td>
</tr>
<tr>
<td>d</td>
<td>Net gain or (loss). Combine line 8c, columns (A) and (B)</td>
</tr>
<tr>
<td>8d</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Special events and activities (attach schedule). If any amount is from gaming, check here</td>
</tr>
<tr>
<td>a</td>
<td>Gross revenue (not including $ of contributions reported on line 1b)</td>
</tr>
<tr>
<td>b</td>
<td>Less: direct expenses other than fundraising expenses</td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from special events. Subtract line 9b from line 9a</td>
</tr>
<tr>
<td>9c</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
</tr>
<tr>
<td>b</td>
<td>Less: cost of goods sold</td>
</tr>
<tr>
<td>c</td>
<td>Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a</td>
</tr>
<tr>
<td>11</td>
<td>Other revenue (from Part VII, line 103)</td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11</td>
</tr>
<tr>
<td>12</td>
<td>616,350</td>
</tr>
<tr>
<td>13</td>
<td>Program services (from line 44, column (B))</td>
</tr>
<tr>
<td>14</td>
<td>Management and general (from line 44, column (C))</td>
</tr>
<tr>
<td>15</td>
<td>Fundraising (from line 44, column (D))</td>
</tr>
<tr>
<td>16</td>
<td>Payments to affiliates (attach schedule)</td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 16 and 44, column (A)</td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year. Subtract line 17 from line 12</td>
</tr>
<tr>
<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 28, column (A))</td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (attach explanation)</td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18, 19, and 20</td>
</tr>
<tr>
<td>21</td>
<td>388,848</td>
</tr>
</tbody>
</table>

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

Cat. No 11282Y

G12 17 Form 990 (2006)
## 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.)

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22a Grants paid from donor advised funds (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash $ ______________________ noncash $ ______________________)</td>
<td>22a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22b Other grants and allocations (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash $ ______________________ noncash $ ______________________)</td>
<td>22b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)</td>
<td>25a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)</td>
<td>25b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>25c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEE DETAIL ATTACHED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Salaries and wages of employees not included on lines 25a, b, and c</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Pension plan contributions not included on lines 25a, b, and c</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Employee benefits not included on lines 25a – 27</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Legal fees</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Supplies</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Telephone</td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Occupancy</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Printing and publications</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Travel</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Interest</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc. (attach schedule)</td>
<td>42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other expenses not covered above (itemize):</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>43a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>43b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>43c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>43d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>43e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>43f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>43g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td>44</td>
<td>301,774</td>
<td>246,403</td>
<td>55,371</td>
</tr>
</tbody>
</table>

### 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? ▶ Human Rights Advocacy & Education**

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.)

<table>
<thead>
<tr>
<th>a</th>
<th>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants and allocations $)</td>
<td>If this amount includes foreign grants, check here ▶</td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $)</td>
<td>If this amount includes foreign grants, check here ▶</td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $)</td>
<td>If this amount includes foreign grants, check here ▶</td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $)</td>
<td>If this amount includes foreign grants, check here ▶</td>
</tr>
<tr>
<td>e</td>
<td>Other program services (attach schedule)</td>
</tr>
<tr>
<td>(Grants and allocations $)</td>
<td>If this amount includes foreign grants, check here ▶</td>
</tr>
<tr>
<td>f</td>
<td>Total of Program Service Expenses (should equal line 44, column (B), Program services). ➤ 246,403</td>
</tr>
</tbody>
</table>
### Balance Sheets (See the instructions.)

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash—non-interest-bearing</td>
<td>110,885</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>46</td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td>47a</td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>47b</td>
<td></td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>48a</td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>48b</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>49</td>
</tr>
<tr>
<td>50a</td>
<td>Receivables from current and former officers, directors, trustees, and key employees (attach schedule)</td>
<td>50a</td>
</tr>
<tr>
<td>b Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)</td>
<td>50b</td>
<td></td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable (attach schedule)</td>
<td>51a</td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>51b</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>53</td>
</tr>
<tr>
<td>54a</td>
<td>Investments—publicly-traded securities</td>
<td>54a</td>
</tr>
<tr>
<td>b Investments—other securities (attach schedule)</td>
<td>54b</td>
<td></td>
</tr>
<tr>
<td>55a</td>
<td>Investments—land, buildings, and equipment: basis</td>
<td>55a</td>
</tr>
<tr>
<td>b Less: accumulated depreciation (attach schedule)</td>
<td>55b</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Investments—other (attach schedule)</td>
<td>56</td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment: basis</td>
<td>2,583</td>
</tr>
<tr>
<td>b Less: accumulated depreciation (attach schedule)</td>
<td>57b</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Other assets, including program-related investments (describe ▶)</td>
<td>58</td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74). Add lines 45 through 58</td>
<td>113,468</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>2,592</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>62</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td>63</td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities (attach schedule)</td>
<td>64a</td>
</tr>
<tr>
<td>b Mortgages and other notes payable (attach schedule)</td>
<td>64b</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe ▶)</td>
<td>65</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities. Add lines 60 through 65</td>
<td>2,592</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here ▶ □ and complete lines 67 through 69 and lines 73 and 74.**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>Unrestricted</td>
<td>110,876</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>68</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td>69</td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 70 through 74.**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Capital stock, trust principal, or current funds</td>
<td>70</td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>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)</td>
<td>110,876</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets/fund balances. Add lines 66 and 73</td>
<td>113,468</td>
</tr>
</tbody>
</table>
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  616,350

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
   Add lines b1 through b4  
   b

b  Subtract line b from line a  
   c

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
   Add lines d1 and d2  
   d

e  Total revenue (Part I, line 12). Add lines c and d  
   e  616,350

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

a  Total expenses and losses per audited financial statements  
   a  301,774

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
   Add lines b1 through b4  
   b

c  Subtract line b from line a  
   c

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
   Add lines d1 and d2  
   d

e  Total expenses (Part I, line 17). Add lines c and d  
   e  301,774

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.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajamu S. Baraka</td>
<td>Executive</td>
<td>74,903.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2671 Pineywood Dr, East Point 30344</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JanVieve Williams</td>
<td>Programs</td>
<td>49,743.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28-2 Daniel Street, Atlanta 30312</td>
<td>Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V-A

Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. ▶ ALL

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶

75c X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d X

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any 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>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part VI

Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

78b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

80a 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?

80b If "Yes," enter the name of the organization ▶ and check whether it is □ exempt or □ nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

81b Did the organization file Form 1120-POL for this year?
<table>
<thead>
<tr>
<th>Part VI</th>
<th>Other Information (continued)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>82a</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; 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.)</td>
<td></td>
<td>82b</td>
<td></td>
</tr>
<tr>
<td>83a</td>
<td>Did the organization comply with the public inspection requirements for returns and exemption applications?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84a</td>
<td>Did the organization solicit any contributions or gifts that were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td>84b</td>
<td></td>
</tr>
<tr>
<td>85</td>
<td><strong>501(c)(4), (5), or (6) organizations.</strong> a Were substantially all dues nondeductible by members?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
<td>85a</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; 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.</td>
<td></td>
<td>85b</td>
<td></td>
</tr>
<tr>
<td>c Dues, assessments, and similar amounts from members</td>
<td>85c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Section 162(e) lobbying and political expenditures</td>
<td>85d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</td>
<td>85e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</td>
<td>85f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</td>
<td>85g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>85h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>86</td>
<td><strong>501(c)(7) orgs.</strong> Enter: a Initiation fees and capital contributions included on line 12</td>
<td>86a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on line 12, for public use of club facilities</td>
<td>86b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87</td>
<td><strong>501(c)(12) orgs.</strong> Enter: a Gross income from members or shareholders</td>
<td>87a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>87b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88a</td>
<td>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 &quot;Yes,&quot; complete Part IX.</td>
<td>88a</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Part XI.</td>
<td>88b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>89a</td>
<td><strong>501(c)(3) organizations.</strong> Enter: Amount of tax imposed on the organization during the year under: section 4911</td>
<td>89a</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; attach a statement explaining each transaction</td>
<td>89b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</td>
<td>89c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Enter: Amount of tax on line 89c, above, reimbursed by the organization</td>
<td>89d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?</td>
<td>89e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?</td>
<td>89f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>89g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90a</td>
<td>List the states with which a copy of this return is filed</td>
<td>Georgia</td>
<td></td>
</tr>
<tr>
<td>b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)</td>
<td>90b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>91a</td>
<td>The books are in care of Andre', Powell, Accountant. Telephone no. (404) 588-9761. Located at 250 Hill Street, Suite 330 Atlanta, GA ZIP + 4 30312.</td>
<td>91a</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; enter the name of the foreign country</td>
<td>91b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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 ▶

  - **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 |

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

**Note:** Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th></th>
<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
<th>(E) Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Business code</td>
<td>(B) Amount</td>
<td>(C) Exclusion code</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>Program service revenue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Medicare/Medicaid payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Fees and contracts from government agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Membership dues and assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>Interest on savings and temporary cash investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>Dividends and interest from securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>Net rental income or (loss) from real estate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>debt-financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>not debt-financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Net rental income or (loss) from personal property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Other investment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Gain or (loss) from sales of assets other than inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>Net income or (loss) from special events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>Other revenue: a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>Subtotal (add columns (B), (D), and (E))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Total (add line 104, columns (B), (D), and (E))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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).

### 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**

### 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).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Name, address, of each controlled entity</th>
<th>Employer Identification Number</th>
<th>Description of transfer</th>
<th>Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Name, address, of each controlled entity</th>
<th>Employer Identification Number</th>
<th>Description of transfer</th>
<th>Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Please Sign Here**

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

**Preparer's Signature**

**Signature of Officer**

**Date**

**Total**

**Preparer's SSN or PTIN (See Gen Inst X)**

**Paid Preparer's Use Only**

Firm's name (or yours if self-employed), address, and ZIP + 4

**Phone no.** 770-964-4827

---

Form 990 (2006)
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.)

**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.")

<table>
<thead>
<tr>
<th>Name and address of each employee paid more than $50,000</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation</th>
<th>Contributions to employee benefit plans &amp; deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajamu S. Baraka</td>
<td>Executive Dir.</td>
<td>74,903.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2671 Pineywood Dr, East Point 30344</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.")

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $50,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $50,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
### Part III Statements About Activities

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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 &quot;Yes,&quot; 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.)</td>
<td>X</td>
</tr>
</tbody>
</table>

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Sale, exchange, or leasing of property?</td>
</tr>
<tr>
<td>2b</td>
<td>Lending of money or other extension of credit?</td>
</tr>
<tr>
<td>2c</td>
<td>Furnishing of goods, services, or facilities?</td>
</tr>
<tr>
<td>2d</td>
<td>Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?</td>
</tr>
<tr>
<td>2e</td>
<td>Transfer of any part of its income or assets?</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>Did the organization make grants for scholarships, fellowships, student loans, etc.? (If &quot;Yes,&quot; attach an explanation of how the organization determines that recipients qualify to receive payments.)</td>
</tr>
<tr>
<td>3b</td>
<td>Did the organization have a section 403(b) annuity plan for its employees?</td>
</tr>
<tr>
<td>3c</td>
<td>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 &quot;Yes,&quot; attach a detailed statement</td>
</tr>
<tr>
<td>3d</td>
<td>Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>Did the organization maintain any donor advised funds? If &quot;Yes,&quot; complete lines 4b through 4g. If &quot;No,&quot; complete lines 4f and 4g</td>
</tr>
<tr>
<td>4b</td>
<td>Did the organization make any taxable distributions under section 4966?</td>
</tr>
<tr>
<td>4c</td>
<td>Did the organization make a distribution to a donor, donor advisor, or related person?</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4d</td>
<td>Enter the total number of donor advised funds owned at the end of the tax year</td>
</tr>
<tr>
<td>4e</td>
<td>Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4f</td>
<td>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</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4g</td>
<td>Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2006
<table>
<thead>
<tr>
<th>Item Description</th>
<th>(A) Total</th>
<th>(B) Program Services</th>
<th>(C) Management And General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants Paid From Donor Advised Funds</td>
<td>124,647</td>
<td>99,718</td>
<td>24,929</td>
</tr>
<tr>
<td>Other Grants and Allocations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Assistance to Individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits Paid to or for Members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation of current officers, directors, key employees, etc listed in Part V-B</td>
<td>14,538</td>
<td>11,630</td>
<td>2,908</td>
</tr>
<tr>
<td>Compensation of former officers, directors, key employees, etc listed in Part V-B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensations and other distributions not included above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Wages of employees not included on lines 25a, b and c</td>
<td>14,284</td>
<td>11,427</td>
<td>2,857</td>
</tr>
<tr>
<td>Pension plan contributions not included on lines 25a, b and c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits not included on lines 25a - 27</td>
<td>14,284</td>
<td>11,427</td>
<td>2,857</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>11,499</td>
<td>9,199</td>
<td>2,300</td>
</tr>
<tr>
<td>Professional Fundraising Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting Fees</td>
<td>750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Fees</td>
<td>7,075</td>
<td>5,660</td>
<td>1,415</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>8,878</td>
<td>7,103</td>
<td>1,776</td>
</tr>
<tr>
<td>Postage and shipping</td>
<td>4,198</td>
<td>3,358</td>
<td>840</td>
</tr>
<tr>
<td>Occupancy</td>
<td>14,245</td>
<td>11,396</td>
<td>2,849</td>
</tr>
<tr>
<td>Equipment Rental &amp; Maintenance</td>
<td>3,094</td>
<td>2,475</td>
<td>619</td>
</tr>
<tr>
<td>Printing &amp; Publications</td>
<td>13,904</td>
<td>11,124</td>
<td>2,781</td>
</tr>
<tr>
<td>Travel</td>
<td>27,023</td>
<td>27,023</td>
<td></td>
</tr>
<tr>
<td>Conferences, conventions and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation, depletion, etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Expenses not covered above (Itemize)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a T-Shirts</td>
<td>730</td>
<td>730</td>
<td></td>
</tr>
<tr>
<td>b Sales Tax</td>
<td>166</td>
<td>166</td>
<td></td>
</tr>
<tr>
<td>c Employee Training</td>
<td>513</td>
<td>410</td>
<td>103</td>
</tr>
<tr>
<td>d Website &amp; Internet Expenses</td>
<td>5,391</td>
<td>4,312</td>
<td>1,078</td>
</tr>
<tr>
<td>e Food &amp; Water</td>
<td>3,794</td>
<td>3,035</td>
<td>759</td>
</tr>
<tr>
<td>f Bank Service Charges</td>
<td>455</td>
<td>364</td>
<td>91</td>
</tr>
<tr>
<td>g Contributions</td>
<td>510</td>
<td>408</td>
<td>102</td>
</tr>
<tr>
<td>h Dues &amp; Subscriptions</td>
<td>215</td>
<td>172</td>
<td>43</td>
</tr>
<tr>
<td>i Licenses &amp; Permits</td>
<td>90</td>
<td>72</td>
<td>18</td>
</tr>
<tr>
<td>j Miscellaneous Expenses</td>
<td>2,359</td>
<td>1,887</td>
<td>472</td>
</tr>
<tr>
<td>k Consulting &amp; Professional</td>
<td>41,256</td>
<td>33,005</td>
<td>8,251</td>
</tr>
<tr>
<td>l Payroll Processing Fees</td>
<td>2,163</td>
<td>1,730</td>
<td>433</td>
</tr>
<tr>
<td><strong>Total Functional Expenses</strong></td>
<td>291,774</td>
<td>246,403</td>
<td>55,371</td>
</tr>
</tbody>
</table>

(729)  
314,576  301,774
Coordinating Committee and Alternate Representatives 2006

Criminal Punishment Caucus
Caucus Representative
Tonya McClary
American Friends Service Committee Criminal Justice Program
tmclary@afsc.org

Death Penalty Caucus
Caucus Representative
Rick Halpern
rhalpern@mail.smu.edu

Discrimination Caucus
Caucus Representative
Margaret Huang
Global Rights
margareth@globalrights.org

Documentation Caucus
Caucus Representative
Cathy Albisa
National Economic and Social Rights Initiative
cathy@nesri.org

Economic and Social Rights Caucus
Caucus Representative
Cheri Honkala
Poor People's Economic Human Rights Campaign
kwru@kwru.org

Education Caucus
Caucus Representative
Felisa Tibbitts
Human Rights Education Associates
ftibbitts@hrea.org

Health Caucus
Caucus Representative
Patty Skuster
IPAS
skusterp@ipas.org

Housing Caucus
Caucus Representative
Maria Foscari
National Law Center on Homelessness and Poverty
mfoscarini@nlchn.org

**Immigration and Refugee Caucus**

**Caucus Representative**
Arnoldo Garcia
National Network for Immigrant and Refugee Rights
agarcia@nnirr.org

**Organizing Caucus**

**Caucus Representative**
Ramona Ortega
Urban Justice Center
rortega@urbanjustice.org

**Legal Caucus**

**Caucus Representative**
Cynthia Soohoo
csoohoo@law.columbia.edu

**Scholarship Caucus**

**Caucus Representative**
Radhika Balakrishnan
rbalakra@idc.org

**Workers’ Rights Caucus**

**Caucus Representative**
Janice Hill
Mississippi Workers’ Center for Human Rights
rightsms@bellsouth.net
Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6099, 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

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>US HUMAN RIGHTS NETWORK</td>
<td>20 2404443</td>
</tr>
</tbody>
</table>

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

• The books are in the care of

Andre' Powell

Telephone No. (404) 588-9761
FAX No. (404) 588-9763

• 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 it 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 extension for a section 501(c) corporation required to file Form 990-T extension of time until .
   August 15, 20. If it is for the organization's name:
   ☑ calendar year 20. or
   ☑ tax year beginning ., 20, and ending ., 20.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6099, enter the tentative tax, less any nonrefundable credits. See instructions. 3a $

3b 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 $

3c 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.
Form 8868 (Rev 4-2007)  

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

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>File by the extended due date for filing the return. See instructions.</td>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>For IRS use only.</td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check type of return to be filed** *(File a separate application for each return):*  
- [ ] Form 990  
- [ ] Form 990-PF  
- [ ] Form 1041-A  
- [ ] Form 5069  
- [ ] Form 990-BL  
- [ ] Form 990-T (sec. 401(a) or 408(a) trust)  
- [ ] Form 4720  
- [ ] Form 8870  
- [ ] Form 990-EZ  
- [ ] Form 990-T (trust other than above)  
- [ ] 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.  
  - Telephone No.  
  - FAX No.  
  -  
- If the organization does not have an office or place of business in the United States, check this box.  
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _________. If this is for the whole group, check this box.  
  -  
  - If it is for part of the group, check this box.  
  -  
- List with the names and EINs of all members the extension is for.

4. I request an additional 3-month extension of time until _________________, 20____.  
5. For calendar year ________, or other tax year beginning _________________, 20____, and ending _________________, 20____.  
6. If this tax year is for less than 12 months, check reason:  
   - [ ] Initial return  
   - [ ] Final return  
   - [ ] Change in accounting period  
7. State in detail why you need the extension.  
   ____________________________________________________________  
   ________________________

**8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax:**  
   - less any nonrefundable credits. See instructions.  
   - ________________________

**8b. 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.  
   - ________________________

**8c. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, 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**  
**ACCOUNTANT**  
**Date**  
**05/31/07**

**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. We have not 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:  
  ____________________________________________________________

**RECEIVED IN CORRES**  
**IRS OCG 515**  
**AUG 08 2007**

**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.**  
**Name**  
**Number and street (Include suite, room, or apt. no.) or a P.O. box number**  
**City or town, province or state, and country (Including postal or ZIP code)**