

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning 08/17, 2007, and ending 12/31/2007

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

MAKE IT RIGHT FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

111 EAST HARGETT STREET, SUITE 300

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

RALEIGH, NC 27601

D Employer identification number

26-0723027

E Telephone number

(919) 743-2500

F Accounting method:

☐ Cash☒ Accrual

Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

G Website: ▶ WWW.MAKEITRIGHTNOLA.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no.) 4947(a)(1) or 527K 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 ▶ 15,363,084.

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

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds		1a			
b Direct public support (not included on line 1a)		1b	15,138,432.		
c Indirect public support (not included on line 1a)		1c			
d Government contributions (grants) (not included on line 1a)		1d			
e Total (add lines 1a through 1d) (cash \$ 15,138,432. noncash \$)		1e	15,138,432.		
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2			
3 Membership dues and assessments		3			
4 Interest on savings and temporary cash investments		4	2,223.		
5 Dividends and interest from securities		5			
6a Gross rents		6a			
b Less: rental expenses		6b			
c Net rental income or (loss). Subtract line 6b from line 6a		6c			
7 Other investment income (describe ▶)		7			
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses		8a			
c Gain or (loss) (attach schedule)		8b			
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8c			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)		9a			
b Less: direct expenses other than fundraising expenses		9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c			
10a Gross sales of inventory, less returns and allowances		10a	222,429.		
b Less: cost of goods sold		10b	38,485.		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	183,944.		
11 Other revenue (from Part VII, line 103)		11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	15,324,599.		
13 Program services (from line 44, column (B))		13	2,677,724.		
14 Management and general (from line 44, column (C))		14	31,871.		
15 Fundraising (from line 44, column (D))		15	179,326.		
16 Payments to affiliates (attach schedule)		16			
17 Total expenses. Add lines 16 and 44, column (A)		17	2,888,921.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	12,435,678.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19			
20 Other changes in net assets or fund balances (attach explanation)		20			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	12,435,678.		

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

Form 990 (2007)

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
22a Grants paid from donor advised funds (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule)	(cash \$ <u>4,405.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 4,405.	4,405.	STMT 3	
23 Specific assistance to individuals (attach schedule).		23			
24 Benefits paid to or for members (attach schedule).		24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A		25a NONE			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B		25b			
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)		25c			
26 Salaries and wages of employees not included on lines 25a, b, and c		26			
27 Pension plan contributions not included on lines 25a, b, and c		27			
28 Employee benefits not included on lines 25a - 27		28			
29 Payroll taxes		29			
30 Professional fundraising fees		30 103,400.			103,400.
31 Accounting fees		31			
32 Legal fees		32 64,501.	60,665.	3,732.	104.
33 Supplies		33 3,436.	3,109.	327.	
34 Telephone		34 13,803.	13,803.		
35 Postage and shipping		35 1,696.	1,687.	9.	
36 Occupancy		36 21,925.	21,891.	34.	
37 Equipment rental and maintenance		37			
38 Printing and publications		38 1,952.	1,952.		
39 Travel		39 58,264.	36,510.	21,754.	
40 Conferences, conventions, and meetings		40 1,680.		1,680.	
41 Interest		41			
42 Depreciation, depletion, etc. (attach schedule)		42 498.		498.	
43 Other expenses not covered above (itemize):					
a STMT 4		43a 2,613,361.	2,533,702.	3,837.	75,822.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		44 2,888,921.	2,677,724.	31,871.	179,326.

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? ► **SEE STATEMENT 5**

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 SEE EXEMPT PURPOSE STATEMENT FOR EXPLANATION OF OUR PROGRAM**SERVICES**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

2,677,724.**b**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

2,677,724.Form **990** (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	45	
	46 Savings and temporary cash investments	46	3,220,613.
	47a Accounts receivable	47a 58,501.	
	b Less: allowance for doubtful accounts	47b	47c 58,501.
	48a Pledges receivable	48a 9,742,741.	
	b Less: allowance for doubtful accounts	48b	48c 9,742,741.
	49 Grants receivable	49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	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
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	STMT. 7.	53 31,130.
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
	56 Investments - other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a 3,747.	
b Less: accumulated depreciation (attach schedule)	57b 498.	57c 3,249.	
58 Other assets, including program-related investments (describe ►)		58	
59 Total assets (must equal line 74). Add lines 45 through 58		59 13,056,234.	
Liabilities	60 Accounts payable and accrued expenses	60	620,556.
	61 Grants payable	61	
	62 Deferred revenue	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	63	
	64a Tax-exempt bond liabilities (attach schedule)	64a	
	b Mortgages and other notes payable (attach schedule)	64b	
	65 Other liabilities (describe ►)	65	
66 Total liabilities. Add lines 60 through 65		66 620,556.	
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	67	12,435,678.
	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)	73	12,435,678.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	74	13,056,234.	



a	Total revenue, gains, and other support per audited financial statements.	a	15,663,980.
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	300,896.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	38,485.
	Add lines b1 through b4	b	339,381.
c	Subtract line b from line a	c	15,324,599.
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	15,324,599.

a	Total expenses and losses per audited financial statements	a	3,228,302.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	300,896.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):----- -----	b4	38,485.
	Add lines b1 through b4	b	339,381.
c	Subtract line b from line a	c	2,888,921.
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	2,888,921.

[illegible]

Yes	No
-----	----

75b	x	
-----	---	--

	
75c	X

75d	X	
-----	---	--

(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.)

[illegible]

Yes	No
-----	----

76		X

77		X
----	--	---

78a		X

78b	N/A
-----	-----

79	X
----	---

80a		X

81b	X
-----	---

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b		N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	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.	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. Enter: a Initiation fees and capital contributions included on line 12		
86a		N/A	
b	Gross receipts, included on line 12, for public use of club facilities		
86b		N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a		N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b		N/A	
88a	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		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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
	section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		
89e			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		
89f			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
89g			X
90a	List the states with which a copy of this return is filed ▶		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	NONE
91a	The books are in care of ▶ SAMUEL WHITT	Telephone no. ▶	919-743-2500
	Located at ▶ 111 EAST HARGETT STREET, SUITE 300 RALEIGH, NC	ZIP + 4 ▶	27601
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)?	91b	X
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)Yes ☐ No ☒c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☒

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 | 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					
b					
c					
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	2,223.	
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					183,944.
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,223.	183,944.
105 Total (add line 104, columns (B), (D), and (E)) ▶					186,167.

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).
102	TO INCREASE AWARENESS OF MAKE IT RIGHT THROUGH SALES OF MAKE IT RIGHT T-SHIRTS

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).

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
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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
	N/A

Please
Sign
Here

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

• TH Signature of officer Date 8/17/08
• THOMAS F. OARDEN III EXECUTIVE DIRECTOR
Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature • gk Date 8/13/08 Check if self-employed • ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 • GRANT THORNTON LLP EIN • 201 S. COLLEGE ST., STE. 2500 Phone no. • 704-632-3500
CHARLOTTE, NC 28244

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

MAKE IT RIGHT FOUNDATION

Employer identification number

26-0723027

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

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
SEE STATEMENT 10		
Total number of others receiving over \$50,000 for professional services ►		1

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
SEE STATEMENT 11		
Total number of other contractors receiving over \$50,000 for other services ►		7

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

Schedule A (Form 990 or 990-EZ) 2007

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.)	1		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?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3a 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.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b		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	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		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 ► _____			
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 rights to provide advice on the distribution or investment of amounts in such funds or accounts ► _____			NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____			NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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
- 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 8 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					▶

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

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Part V Private School Questionnaire (See page 9 of the instructions.)**NOT APPLICABLE****(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?	29	
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?	30	
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.) _____ _____ _____	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	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?	34a	
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.	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

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

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

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?

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:

52a 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 ☒ No

Schedule A (Form 990 or 990-EZ) 2007

Schedule of Contributors

OMB No. 1545-0047

2007

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

Name of organization

MAKE IT RIGHT FOUNDATION

Employer identification number

26-0723027

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

General Rule -

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

Special Rules -

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

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

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

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

Name of organization **MAKE IT RIGHT FOUNDATION**

Employer identification number

26-0723027**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>3,198,928.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>3,784,608.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION

AMOUNT

INTEREST INCOME

INTEREST INCOME

2,223.

TOTAL

TOTAL

2,223.

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	222,429.
INVENTORY AT BEGINNING OF YEAR	NONE
PURCHASES	38,485.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	38,485.
MINUS ENDING INVENTORY	NONE

COST OF GOODS SOLD	38,485.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

COMMON GROUND RELIEF

PO BOX 6128

NEW ORLEANS, LA 70174

NONE

PUBLIC

TO ASSIST IN THE PURCHASE OF EQUIPMENT

4,405.

TOTAL CONTRIBUTIONS PAID

4,405.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BUSINESS REGISTRATION FORMS	1,194.	30.	1,164.	
BANK FEES	39.		39.	
ARCHITECTURE	331,222.	331,222.		
PROCESSING FEES	8,530.			8,530.
OUTSIDE BUILDING CONTRACT SERV	1,083,791.	1,083,791.		
CONTRACT BUILDING LABOR	85,609.	85,609.		
TEMP STAFFING/RECRUITING	16,484.	16,484.		
PUBLIC RELATIONS	169,340.	136,840.		32,500.
COMPUTER SUPPLIES AND SERVICE	6,057.	6,057.		
CONSTRUCTION SITE EXPENSES	5,596.	5,596.		
MEMBERSHIPS AND DUES	60.			60.
OTHER CONSTRUCTION COSTS	845,702.	843,768.	1,934.	
MEALS AND ENTERTAINMENT	38,356.	2,924.	700.	34,732.
INSURANCE	21,381.	21,381.		
TOTALS	2,613,361.	2,533,702.	3,837.	75,822.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

EXEMPT PURPOSE

MAKE IT RIGHT WAS FORMED FOR THE PURPOSES OF PROVIDING RELIEF IYEP, N THE FORM OF HIGH QUALITY HOUSING TO THE POOR AND DISTRESSED OR UNDERPRIVILEGED AND IMPROVING THE DEVELOPMENT OF THE COMMUNITIES IN WHICH THEY LIVE. THE ORGANIZATION'S ACTIVITIES WILL ALSO HELP LESSEN THE BURDENS OF GOVERNMENT BY ASSISTING IN THE REBUILDING OF COMMUNITIES. FOLLOWING HURRICANE KATRINA, LOCAL, STATE AND FEDERAL GOVERNMENT AGENCIES STARTED THE PROCESS OF REBUILDING NEW ORLEANS. MAKE IT RIGHT WILL HELP INCREASE THE PACE OF REDEVELOPMENT TO BENEFIT COMMUNITY RESIDENTS AND THE GOVERNMENT AGENCIES ASSISTING THEM, ESPECIALLY IN THOSE AREAS THAT HISTORICALLY HAVE NOT HAD A STRONG ADVOCATE.

PROGRAM SERVICE ACCOMPLISHMENTS

1. ALL MAKE IT RIGHT FOUNDATION ACTIVITIES TO DATE RELATE TO ITS PROGRAM IN NEW ORLEANS TO HELP RE-BUILD THE LOWER 9TH WARD. ITS MISSION IN NEW ORLEANS CAN BE SUMMARIZED AS FOLLOWS: TO BE A CATALYST FOR REDEVELOPMENT OF THE LOWER 9TH WARD, BY BUILDING A NEIGHBORHOOD COMPRISED OF SAFE AND HEALTHY HOMES THAT ARE INSPIRED BY CRADLE TO CRADLE THINKING, WITH AN EMPHASIS ON HIGH-QUALITY DESIGN, WHILE PRESERVING THE SPIRIT OF THE COMMUNITY'S CULTURE. IN 2007, THE ORGANIZATION ACCOMPLISHED THE FOLLOWING MILESTONES:
2. THE ENTITY WAS FORMED AND AN ORGANIZATIONAL STRUCTURE PUT IN PLACE.
3. A MEMORANDUM OF UNDERSTANDING WAS EXECUTED WITH A "COALITION" OF COMMUNITY ORGANIZATIONS. LIKE MANY NEIGHBORHOODS IN NEW ORLEANS, THE LOWER 9TH WARD HAD SEVERAL COMMUNITY GROUPS ORGANIZED TO SUPPORT THEIR CONSTITUENTS. PREVIOUSLY, THESE GROUPS HAD WORKED INDEPENDENTLY. MAKE IT RIGHT HELPED TO BRING THESE GROUPS TOGETHER INTO A "COALITION", FOR THE PURPOSE OF CONSOLIDATING EFFORTS FOR THE BENEFIT OF THE ENTIRE COMMUNITY.
4. THIRTEEN ARCHITECTURAL FIRMS FROM LOCAL, NATIONAL AND INTERNATIONAL LOCATIONS WERE ASSEMBLED TO CONTRIBUTE DESIGNS TO THE PROJECT. A CORE IDEA OF THE MAKE IT RIGHT PROJECT IS TO BUILD HOMES THAT ARE AFFORDABLE AND UTILIZE "GREEN" TECHNOLOGY SO THEY ARE ENERGY EFFICIENT. THIRTEEN PROMINENT ARCHITECTURAL FIRMS HAVE AGREED TO PROVIDE THEIR SERVICES TO ACHIEVE THIS GOAL AND GIVE RESIDENTS A CHOICE OF DESIGN FOR THEIR NEW HOMES.
5. THE SITE OF THE INITIAL HOMES WAS SELECTED. KATRINA DEVASTATED THE ENTIRE CITY, SO IDENTIFYING A TARGET AREA WAS CHALLENGING. AFTER THOROUGH ANALYSIS OF THE CITY, A TARGET AREA WAS SELECTED. FACTORS INCLUDED IN THIS ANALYSIS INCLUDED: ELEVATIONS, CITY REDEVELOPMENT PLANS, SAFETY ISSUES, INDEPENDENT AND/OR THIRD-PARTY SOIL SAMPLES, SYMBOLIC IMPORTANCE, ETC.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

6. A ROBUST WEBSITE WAS CREATED TO HELP EDUCATE AND SUPPORT FUNDRAISING EFFORTS.

7. IN DECEMBER 2007, MAKE IT RIGHT HELD AN EVENT TO HIGHLIGHT THE URGENT NEED OF THE RESIDENTS OF THE LOWER 9TH WARD. THE PROJECT INVOLVED THE CONSTRUCTION OF OVER 100 SCAFFOLDING STRUCTURES, SURROUNDED IN PINK FABRIC, AS WELL AS PRESS COVERAGE OF BRAD PITT'S ACTIVITIES IN THE AREA. WE HAVE SINCE COINED THIS AS THE "PINK PROJECT". THIS PROJECT SUCCESSFULLY DIRECTED ATTENTION TO OUR ACTIVITIES IN NEW ORLEANS. AN ADDITIONAL PURPOSE OF THE EVENT WAS TO RAISE MONEY TO BUILD HOMES. POTENTIAL DONORS WERE GIVEN A WEBSITE ADDRESS FOR ONLINE DONATIONS AND A MAILING ADDRESS FOR THOSE WHO WISHED TO SEND CHECKS. ALL CONTRIBUTIONS MADE VIA CHECK OR THE WEB HAVE BEEN USED TO HELP FAMILIES IN THE PROCESS OF RETURNING HOME IN THE LOWER 9TH WARD. IN ADDITION, WE MADE AVAILABLE ON THE WEBSITE A FEW MERCHANDISE ITEMS (INCLUDING TEE SHIRTS, HATS AND A TOTE BAG). MAKE IT RIGHT USED NET PROCEEDS FROM THE SALE OF SUCH MERCHANDISE TO HELP BUILD HOMES. ALL DONATIONS, WHETHER FROM THE PINK PROJECT OR OTHERWISE, HAVE GONE INTO A GENERAL FUND SINCE MAKE IT RIGHT'S ONLY PROGRAM AT THIS POINT IS THE RECONSTRUCTION OF THE LOWER 9TH WARD. THIS PROJECT ALSO SERVES TO HIGHLIGHT THE SOCIAL NEEDS OF THE FORMER RESIDENTS OF THE LOWER 9TH WARD. AS A RESULT, SUPPORT WAS ALSO RECEIVED FROM PEOPLE THROUGHOUT THE WORLD.

8. MAKE IT RIGHT BEGAN ITS HOMEOWNER SERVICES PROGRAM THAT INCLUDED MANY FACTORS TO HELP THE RETURN OF FORMER RESIDENTS. THIS PROGRAM INCLUDES MANY FACETS OF HOMEOWNER SUPPORT, INCLUDING BUT NOT LIMITED TO: (1) LAND AND FAMILY IDENTIFICATION; (2) FINANCIAL ANALYSIS AND SUPPORT; (3) HOME OWNERSHIP EDUCATION AND SUPPORT; AND (4) IDENTIFICATION OF QUALIFIED PARTNERS ABLE TO ASSIST IN HOMEOWNER COUNSELING.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	31,130. -----
TOTALS	31,130. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TOM DARDEN 111 EAST HARGETT STREET, SUITE 300 RALEIGH, NC 27601	BOARD MEMBER 2.00	NONE	NONE	NONE
BILL MCDONOUGH 111 EAST HARGETT STREET, SUITE 300 RALEIGH, NC 27601	BOARD MEMBER 2.00	NONE	NONE	NONE
BRAD PITT 111 EAST HARGETT STREET, SUITE 300 RALEIGH, NC 27601	BOARD MEMBER 2.00	NONE	NONE	NONE
SAM WHITT 111 EAST HARGETT STREET, SUITE 300 RALEIGH, NC 27601	INTERIM EXECUTIVE DIRECTOR 20.00	NONE	NONE	NONE
TOM E. DARDEN III 111 EAST HARGETT STREET, SUITE 300 RALEIGH, NC 27601	EXECUTIVE DIRECTOR 40.00	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: TOM DARDEN
NAME OF RELATED ENTITY: TOM E. DARDEN III
TITLE OR ROLE: EXECUTIVE DIRECTOR
RELATIONSHIP: SON

NAME OF OFFICER, DIRECTOR, ETC: TOM E. DARDEN III
NAME OF RELATED ENTITY: TOM DARDEN
TITLE OR ROLE: BOARD MEMBER
RELATIONSHIP: FATHER

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
WILLIAMS ARCHITECTS 824 BARONNE STREET NEW ORLEANS, LA 70113	ARCHITECTURE	178,610.
ECD/HOPE 4 OLD RIVER PLACE JACKSON, MS 39202	RESIDENT SERVICES	133,205.
BEUERMAN MILLER FITZGERALD 748 CAMP STREET NEW ORLEANS, LA 70130	PUBLIC RELATIONS	127,345.
THE ASHMEAD GROUP 223 MASSACHUSETTS AVENUE NE/2ND FLOOR WASHINGTON, DC 20002	FUNDRAISING	103,400.
PARSONS BRINKERHOFF QUADE & DOUGLAS, INC 1660 LINCOLN STREET, SUITE 2100 DENVER, CO 80264	ENGINEERING	100,079.
TOTAL COMPENSATION		642,639.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
CENTER STAGING 3925 PETERS ROAD HARVEY, LA 70058	SCAFFOLD CONTRACTOR	369,652.
SOLAR ELECTRIC LIGHT FUND 1612 K STREET NW, SUITE 402 WASHINGTON, DC 20006	SOLAR PANELS	328,380.
MARINE TOPS & COVERS, LLC 205 SIGMA STREET BELLE CHASSE, LA 70037	AWNINGS	251,420.
REHAGE ENTERTAINMENT, INC 1010 COMMON STREET, SUITE 2350 NEW ORLEANS, LA 70112	EVENT PRODUCTION	136,186.
TWITCHELL CORPORATION DEPT 3490 PO BOX 2153 BIRMINGHAM, AL 35287	FABRIC PROVIDER	135,850.
TOTAL COMPENSATION		----- 1,221,488. =====