

**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.

**2007****Open to Public Inspection****A** For the 2007 calendar year, or tax year beginning , and ending**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

BLACKSMITH INSTITUTE INC

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

C/O RICHARD FULLER, 2014 FIFTH AVENUE

City or town

NEW YORK

State or country

NY

ZIP + 4

10035

**D** Employer identification number

13-4075779

**E** Telephone number

646-742-0200

**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 ▶**G** Website: ▶ www.blacksmithinstitute.org**J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,354,025**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Contributions to donor advised funds . . . . .	<b>1a</b>		0		
	<b>b</b> Direct public support (not included on line 1a) . . . . .	<b>1b</b>		1,336,351		
	<b>c</b> Indirect public support (not included on line 1a) . . . . .	<b>1c</b>		0		
	<b>d</b> Government contributions (grants) (not included on line 1a) . . . . .	<b>1d</b>		0		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 1,016,856 noncash \$ 319,495) . . . . .	<b>1e</b>		1,336,351		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	<b>2</b>		0		
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>		0		
	<b>4</b> Interest on savings and temporary cash investments . . . . .	<b>4</b>		4,419		
	<b>5</b> Dividends and interest from securities . . . . .	<b>5</b>		0		
Revenue	<b>6a</b> Gross rents . . . . .	<b>6a</b>				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>				
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a . . . . .	<b>6c</b>		0		
	<b>7</b> Other investment income (describe ▶) . . . . .	<b>7</b>		0		
	<b>8a</b> Gross amount from sales of assets other than inventory . . . . .	(A) Securities		(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>8a</b>	0	0		
	<b>c</b> Gain or (loss) (attach schedule) . . . . .	<b>8b</b>	0	0		
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . .	<b>8c</b>	0	0		
	<b>8d</b> . . . . .	<b>8d</b>		0		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> . . . . .					
Revenue	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1b) . . . . .	<b>9a</b>		0		
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>9b</b>		0		
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a . . . . .	<b>9c</b>		0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0		
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		0		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . .	<b>10c</b>		0		
	<b>11</b> Other revenue (from Part VII, line 103) . . . . .	<b>11</b>		13,255		
	<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	<b>12</b>		1,354,025		
	Expenses	<b>13</b> Program services (from line 44, column (B)) . . . . .	<b>13</b>		1,008,896	
		<b>14</b> Management and general (from line 44, column (C)) . . . . .	<b>14</b>		83,069	
<b>15</b> Fundraising (from line 44, column (D)) . . . . .		<b>15</b>		22,197		
<b>16</b> Payments to affiliates (attach schedule) . . . . .		<b>16</b>		0		
<b>17</b> Total expenses. Add lines 13 and 14, column (A) . . . . .		<b>17</b>		1,114,162		
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . .		<b>18</b>		239,863		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .		<b>19</b>		514,001		
Net Assets	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>		0		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20 . . . . .	<b>21</b>		753,864		

**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
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b> 0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 47,200	47,200	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0	0	0	0
<b>c</b>	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)	<b>25c</b> 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 30,522	2,222	17,203	11,097
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 0			
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b> 0			
<b>29</b>	Payroll taxes	<b>29</b> 0			
<b>30</b>	Professional fundraising fees	<b>30</b> 0			
<b>31</b>	Accounting fees	<b>31</b> 0			
<b>32</b>	Legal fees	<b>32</b> 0			
<b>33</b>	Supplies	<b>33</b> 0			
<b>34</b>	Telephone	<b>34</b> 294	206	59	29
<b>35</b>	Postage and shipping	<b>35</b> 0	0	0	0
<b>36</b>	Occupancy	<b>36</b> 8,000	4,000	4,000	0
<b>37</b>	Equipment rental and maintenance	<b>37</b> 0			
<b>38</b>	Printing and publications	<b>38</b> 0			
<b>39</b>	Travel	<b>39</b> 0			
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 0			
<b>41</b>	Interest	<b>41</b> 0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 25,412	15,054	7,817	2,541
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See attached statement	<b>43a</b> 1,002,734	940,214	53,990	8,530
<b>b</b>		<b>43b</b> 0	0	0	0
<b>c</b>		<b>43c</b> 0	0	0	0
<b>d</b>		<b>43d</b> 0	0	0	0
<b>e</b>		<b>43e</b> 0	0	0	0
<b>f</b>		<b>43f</b> 0	0	0	0
<b>g</b>		<b>43g</b> 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 1,114,162	1,008,896	83,069	22,197

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



**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? ▶	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts. Optional for others.)
<b>a</b> BLACKSMITH INSTITUTE'S MISSION IS TO ENSURE THAT WE PROVIDE A CLEAN AND HOSPITABLE PLACE FOR FUTURE GENERATIONS. OUR FOCUS IS ON POLLUTION RELATED PROBLEMS IN DEVELOPING COUNTRIES IN PARTICULAR. WE PROVIDE STRATEGIC, TECHNICAL AND FINANCIAL SUPPORT TO LOCAL CHAMPIONS OF ORGANIZATIONS IN DEVELOPING COUNTRIES AS THEY STRIVE TO SOLVE SPECIFIC POLLUTION RELATED ENVIRONMENTAL ISSUES. (Grants and allocations \$ 295,750 ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,008,896
<b>b</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>c</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>d</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,008,896

**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	129,723	45	509,934
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c 0	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c 0	0
	49 Grants receivable	286,862	49	178,895
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c 0	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	996	53	12,705
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
55 a Investments—land, buildings, and equipment: basis	55a 0			
b Less: accumulated depreciation (attach schedule)	55b 0	55c 0	0	
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 244,639			
b Less: accumulated depreciation (attach schedule)	57b 49,768	212,191	57c 194,871	
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> GRANTS RECEIVABLE - LONG TERM )	22,000	58	0	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	651,772	59	896,405	
Liabilities	60 Accounts payable and accrued expenses	1,848	60	18,367
	61 Grants payable	113,923	61	132,154
	62 Deferred revenue	22,000	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> )	0	65	0
66 <b>Total liabilities.</b> Add lines 60 through 65	137,771	66	150,521	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	492,001	67	370,951
	68 Temporarily restricted	22,000	68	374,933
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	514,001	73	745,884
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	651,772	74	896,405



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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	867,140
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	867,140
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	867,140

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,114,162
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,114,162
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,114,162

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

(A) Name and address	(B) Title and average hours per week, devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name RICHARD FULLER Sr WEST LAKE STABLE City TUXEDO ST NY ZIP 10987	Title CHAIRMAN Hr/WK	0	0	0
Name MEREDITH BLOC Sr C/O BLACKSMITH 2 City NEW YORK ST NY ZIP 10035	Title ADMINISTRATOR Hr/WK	47,200	0	0
Name JOSHUA GINSBERG Sr 185th STREET & SO City BRONX ST NY ZIP 10460	Title BOARD MEMBER Hr/WK	0	0	0
Name SHELDON KASOV Sr C/O INDUN CAPITAL City NEW YORK ST NY ZIP 10019	Title BOARD MEMBER Hr/WK	0	0	0
Name JOSHUA MAILMAN Sr 1 WEST 67TH STREET City NEW YORK ST NY ZIP 10023	Title BOARD MEMBER Hr/WK	0	0	0
Name RONALD REEDE Sr 180 EAST 79TH STREET City NEW YORK ST NY ZIP 10021	Title BOARD MEMBER Hr/WK	0	0	0
Name MICHAEL KEMPNER Sr C/O MWW GROUP CO City RUTHERFORD ST NJ ZIP 07073	Title BOARD MEMBER Hr/WK	0	0	0
Name SIDDHARTHA SAI Sr C/O DEUTSCHE BANK City NEW YORK ST NY ZIP 10005	Title BOARD MEMBER Hr/WK	0	0	0
Name N/A City ST ZIP	Title BOARD MEMBER Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			

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

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

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>NEFERTITI RUFF</u> Str <u>124 CHANCELLOR AVE</u> City <u>NEWARK</u> ST <u>NJ</u> ZIP <u>07112</u>	0	0	0	0
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

**Part VI** Other Information (See the instructions.)

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



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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>b</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.)		
	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?		X
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> N/A	
<b>h</b>	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?	<b>85h</b> N/A	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b> 0	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> 0	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b> 0	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b> 0	
<b>88 a</b>	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	<b>88a</b>	X
<b>b</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	<b>88b</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>N/A</b>	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<b>N/A</b>	
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	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?	<b>89g</b> N/A	
<b>90 a</b>	List the states with which a copy of this return is filed	<b>NY</b>	
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b> 2	
<b>91 a</b>	The books are in care of <b>Name RICHARD FULLER</b> Telephone no. <b>646-742-0200</b> Located at <b>2014 FIFTH AVENUE</b> City <b>NEW YORK</b> ST <b>NY</b> ZIP + 4 <b>10035</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	<b>91b</b>	X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

**Part VI Other Information** (continued)

Yes	No
	X

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

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

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					4,419
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a REIMBURSED EXPENSE			01		12,678
b OTHER INCOME			01		577
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	17,674
<b>105</b> Total (add line 104, columns (B), (D), and (E))					17,674

**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).

**103a** EDUCATIONAL SEMINARS FOR ADMINISTRATOR AND OTHER STAFF RELATING TO PROGRAM PROJECTS

**103b** OTHER DONATION

**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
	0%		0	0
	0%		0	0
	0%		0	0
	0%		0	0

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

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

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

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



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

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				0

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				0

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

Yes	No
	X

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

Please  
Sign  
Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 RICHARD FULLER, CHAIRMAN  
 Type or print name and title

Paid  
Preparer's  
Use Only

Preparer's signature **PATRICIA BOYD** Date **6/30/2008** Check if self-employed ☒ Preparer's SSN or PTIN (See Gen. inst. X) **000000**  
 Firm's name (or yours if self-employed) **P. BOYD CPA, PLLC** EIN **54-2163329**  
 address, and ZIP + 4 **111 LIVINGSTON STREET, SUITE 1103, BROOKLYN, NY 11201** Phone no **718-330-0204**

**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

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

**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 benefits plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2007



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

Yes No

<b>1</b> 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.)	<b>1</b>		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b> 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.)			
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>		X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>		X
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		X
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>		
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>		X
<b>c</b> 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.	<b>3c</b>		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		X
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.	<b>4a</b>		X
<b>b</b> Did the organization make any taxable distributions under section 4965?	<b>4b</b>		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year. ▶			
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. ▶			
<b>f</b> 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. ▶			
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ▶			

**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 ☐ City ☐ ST ☐ Country
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 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	
					0
					0
					0
					0
					0
					0
<b>Total</b>					0

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,266,925	867,010	648,700	289,039	3,071,674
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					0
<b>19</b> Net income from unrelated business activities not included in line 18.					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	1,266,925	867,010	648,700	289,039	3,071,674
<b>24</b> Line 23 minus line 17	1,266,925	867,010	648,700	289,039	3,071,674
<b>25</b> Enter 1% of line 23	12,669	8,670	6,487	2,890	
<b>26</b> Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				<b>26a</b> 61,433
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 3,071,674
d Add: Amounts from column (e) for lines:	18	19			<b>26d</b> 0
	22	26b			
e Public support (line 26c minus line 26d total)					<b>26e</b> 3,071,674
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 100.00%
<b>27</b> Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines:	15	16			<b>27c</b> 0
	17	20	21		<b>27d</b> 0
d Add: Line 27a total and line 27b total					<b>27e</b> 0
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	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)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	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

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

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

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

**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				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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:

- 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.

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2007**

Name of organization

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

(HTA)

Name of organization

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ASIA DEVELOPMENT BANK  4 SAN MARTIN MARO  Foreign State or Province: NEW DELHI Foreign Country: India	\$ 14,811	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WORLD BANK  1818 H STREET NW WASHINGTON DC 20433 Foreign State or Province: Foreign Country:	\$ 60,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MAILMAN FOUNDATION  C/O BLACKSMITH INSTITUTE NEW YORK NY 10035 Foreign State or Province: Foreign Country:	\$ 25,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GREAT FOREST MANAGEMENT SERVICES INC.  2014 FIFTH AVENUE NEW YORK NY 10035 Foreign State or Province: Foreign Country:	\$ 31,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GREAT FOREST MANAGEMENT SERVICES INC.  2014 FIFTH AVENUE NEW YORK NY 10035 Foreign State or Province: Foreign Country:	\$ 319,495	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ARGONNE NATIONAL LABORATORY  9700 SOUTH CASS AVENUE ARGONNE IL 60439 Foreign State or Province: Foreign Country:	\$ 21,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>CONSERVATION, FOOD AND HEALTH FOUNDATION</u>  <u>77 SUMMER STREET</u> <u>BOSTON MA 02110</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>10,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>GREEN CROSS SWITZERLAND</u>  <u>FABRIKSTRASSE 17</u>  Foreign State or Province: <u>ZURICH</u> Foreign Country: <u>Switzerland</u>	\$ <u>346,500</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>KADOORIE CHARITABLE FOUNDATION</u>  <u>2 ICE HOUSE STREET ST. GEORGE'S BUILDING</u>  Foreign State or Province: <u>HONG KONG</u> Foreign Country: <u>Hong Kong</u>	\$ <u>14,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>SIGRID RAUSING TRUST</u>  <u>39 SLOANE STREET</u>  Foreign State or Province: <u>LONDON</u> Foreign Country: <u>England</u>	\$ <u>151,142</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>SHELDON KASOWITZ</u>  <u>1185 PARK AVENUE</u> <u>NEW YORK NY 10128</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>30,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>OAK FOUNDATION</u>  <u>511 CONGRESS STREET</u> <u>PORTLAND ME 04101</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>25,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	WILLIAM GINSBERG  C/O BLACKSMITH INSTITUTE NEW YORK NY 10035 Foreign State or Province: _____ Foreign Country: _____	\$ 10,596	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	MURRAY PALMER  6606 AVENIDA DE LAS PESCAS LaJOLLA CA 92037 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	GREEN CROSS SWITZERLAND  FABRIKSTRASSE 17  Foreign State or Province: ZURICH Foreign Country: Switzerland	\$ 313,660	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	RICHARD & RHODA GOLDMAN FUND  PO BOX 29924 SAN FRANCISCO CA 94129 Foreign State or Province: _____ Foreign Country: _____	\$ 90,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	THE COCA-COLA FOUNDATION  PO BOX 1734 ATLANTA GA 30301 Foreign State or Province: _____ Foreign Country: _____	\$ 163,685	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	_____  _____  Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

**Part II** **Noncash Property** (See Specific Instructions.)[illegible]

Name of organization

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.)

▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>1</u>			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
	For. Prov.	Country	
<u>2</u>			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
	For. Prov.	Country	
<u>3</u>			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
	For. Prov.	Country	
<u>4</u>			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
	For. Prov.	Country	



Name of organization

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
9			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. Country			
10			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. Country			
11			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. Country			
12			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. Country			

Name of organization

BLACKSMITH INSTITUTE INC

Employer identification number

13-4075779

**Part III****Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete columns (a) through (e) and the following line entry.)For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.)

▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
13			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. _____ Country _____ _____ _____		_____ _____ _____	
14			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. _____ Country _____ _____ _____		_____ _____ _____	
15			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. _____ Country _____ _____ _____		_____ _____ _____	
16			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov. _____ Country _____ _____ _____		_____ _____ _____	



Name of organization BLACKSMITH INSTITUTE INC	Employer identification number 13-4075779
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
17			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	For. Prov. Country		

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

A corporation 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 a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>BLACKSMITH INSTITUTE INC</b>		Employer identification number <b>13-4075779</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O RICHARD FULLER, 2014 FIFTH AVENUE</b>			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK NY 10035</b>			

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attached worksheet

Telephone No. ▶ 646-742-0200

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. ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2008 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2007 or
- ▶ ☐ tax year beginning . . . . . and ending . . . . .

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

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$ 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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2005)



**Line 1 (990) - Public Support and Contributions**

	Cash		Non Cash
<b>Line 1a</b> - Contributions to Donor Advised Funds . . . . .			
<b>Line 1b</b> - Direct public support			
1 Contributions . . . . .	266,596	1	319,495
2 Membership dues and assessments (contributions from the public) . . . . .		2	
3 Commercial co-venture . . . . .		3	
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4	
5 GRANTS	750,260	5	
6		6	
7		7	
8		8	
9		9	
10 Total . . . . .	1,016,856	10	319,495
<b>Line 1c</b> - Indirect public support . . . . .			
<b>Line 1d</b> - Government contributions (grants) . . . . .			

**Part II, Line 43 (990) - Other Expenses**

1,002,734

940,214

53,990

8,530

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	POLUTION RELATED PROGRAM EXPENSES	810,316	810,316	0	0
2	REPAIRS	0			
3	OFFICE EXPENSES	18,764	9,829	8,596	339
4	BANK CHARGES	2,658	2,392	266	0
5	INSURANCE	2,209	1,546	663	0
6	MEMBERSHIP DUES	954	572	287	95
7	PROFESSIONAL FEES	6,916	2,917	3,949	50
8	BOOKS & PUBLICATIONS	0			
9	IN-KIND PAYROLL	160,917	112,642	40,229	8,046
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

## Part IV, Line 57 (990) - Land, Buildings, and Equipment

Category or Item		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	COMPUTERS		X	1,753	876	1,460	876	293
2	LEASEHOLD IMPROVEMENTS		X	234,794	23,479	46,959	211,315	187,835
3	COMPUTERS		X	8,092	0	1,349	0	6,743
4							0	0
5							0	0
6							0	0
7							0	0
8							0	0
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0
				244,639	24,355	49,768	212,191	194,871



**Part IV, Line 58 (990) - Other Assets**

22,000

0

Description		Beginning	End
1	GRANTS RECEIVABLE - LONG TERM	22,000	0
2		0	
3			
4			
5			
6			
7			
8			
9			
10			

**Part VII, Line 103 (990) - Other Revenue**

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Other Revenue Description		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	REIMBURSED EXPENSES			01		12,678
b	OTHER INCOME			01		577
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

**Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes**

	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).
1	103a	EDUCATIONAL SEMINARS FOR ADMINISTRATOR AND OTHER STAFF RELATING TO PROGRAM PROJECTS
2	103b	OTHER DONATION
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		