

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)

Department of the Treasury Internal Revenue Service

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 and ending

B Check if applicable: C Name of organization ONE ECONOMY CORPORATION D Employer identification number 52-2220052 E Telephone number 202-393-0051 F Accounting method: X Accrual

G Website: WWW.ONE-ECONOMY.COM; WWW.THEBEEHIVE.ORG H(a) Is this a group return for affiliates? X No H(b) If "Yes," enter number of affiliates N/A H(c) Are all affiliates included? N/A H(d) Is this a separate return filed by an organization covered by a group ruling? X No

I Group Exemption Number N/A M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) X 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 19,789,100.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Total revenue: 19,789,100. Total expenses: 10,781,560. Net assets at end of year: 21,343,380.

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a 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"/>			STATEMENT 3	
22b Other grants and allocations (attach schedule) (cash \$ <u>552,893</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	552,893.	552,893.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	583,136.	305,596.	89,111.	188,429.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,748,124.	3,548,749.	0.	199,375.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	377,640.	352,236.		25,404.
29 Payroll taxes	310,198.	134,688.		175,510.
30 Professional fundraising fees				
31 Accounting fees	88,391.	88,391.		
32 Legal fees				
33 Supplies	605,793.	589,130.		16,663.
34 Telephone	110,503.	109,759.		744.
35 Postage and shipping	18,734.	18,389.		345.
36 Occupancy	458,144.	273,135.	185,009.	
37 Equipment rental and maintenance	155,452.	155,452.		
38 Printing and publications	98,858.	96,642.		2,216.
39 Travel	788,622.	731,251.		57,371.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	2,885,072.	2,738,237.		146,835.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	10,781,560.	9,694,548.	274,120.	812,892.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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	204,780.	45 504,801.
	46 Savings and temporary cash investments	1,900,887.	46 4,942,146.
	47 a Accounts receivable	1,764,982.	47c 1,657,312.
	b Less: allowance for doubtful accounts	107,670.	
	48 a Pledges receivable		48c
	b Less: allowance for doubtful accounts		
	49 Grants receivable	9,147,372.	49 14,558,282.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable		51c
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	53,498.	53 76,602.
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,167.	54a 47,842.
	b Investments - other securities		54b
	55 a Investments - land, buildings, and equipment: basis		55c
	b Less: accumulated depreciation		
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis		57c
b Less: accumulated depreciation			
58 Other assets, including program-related investments (describe DEPOSITS)	18,452.	58 27,459.	
59 Total assets (must equal line 74). Add lines 45 through 58	12,599,960.	59 21,814,444.	
Liabilities	60 Accounts payable and accrued expenses	277,780.	60 428,593.
	61 Grants payable		61
	62 Deferred revenue	12,282.	62 42,471.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe)		65
66 Total liabilities. Add lines 60 through 65	290,062.	66 471,064.	
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	-570,181.	67 292,823.
	68 Temporarily restricted	12,880,079.	68 21,050,557.
	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)	12,309,898.	73 21,343,380.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	12,599,960.	74 21,814,444.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 a	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? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c 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? 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? N/A		
86	501(c)(7) organizations. 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) organizations. 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		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
90 a	List the states with which a copy of this return is filed DC		
b	Number of employees employed in the pay period that includes March 12, 2007 90b 82		
91 a	The books are in care of ONE ECONOMY CORPORATION Telephone no. 202-393-0051 Located at 1220 19TH STREET, NW, WASHINGTON, DC ZIP + 4 20036		
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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		X

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 Yes No
 If "Yes," enter the name of the foreign country N/A

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a DIGITAL COMMUNITIES					1,631,026.
b WEB PROPERTIES					45,588.
c ACCESS SERVICES					999,446.
d SPECIAL PROJECTS					90,275.
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	124,002.	
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					
103 Other revenue:					
a OTHER INCOME			01	105,728.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		229,730.	2,766,335.
105 Total (add line 104, columns (B), (D), and (E))					2,996,065.

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).
93AB	BUILDING DIGITAL COMMUNITIES TO INCREASE THE ACCESS OF LOW-INCOME RESIDENTS WITH ACCESS TO THE INTERNET AND TOOLS TO IMPROVE THEIR LIVES AROUND HEALTH, JOBS, SCHOOL, MONEY AND FAMILY.
93CD	LOW-COST INTERNET ACCESS SOLUTIONS FOR RESIDENTS IN THEIR HOMES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

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

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). **N/A**

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

	(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

	(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

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

	Date
CHIEF FINANCIAL OFFICER Type or print name and title	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 JOHNSON LAMBERT & CO LLP 700 SPRING FOREST ROAD, STE 335 RALEIGH, NC 27609	EIN	Phone no. 919-719-6400	

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 ONE ECONOMY CORPORATION	Employer identification number 52 2220052
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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
ROBERT WENDEL 1220 19TH STREET NW, SUITE 610, WASHI	DIRECTOR, ACCESS SVS 40.00	102,046.	12,503.	
WALDO MCMILLAN 1220 19TH STREET NW, SUITE 610, WASHI	VP LEGAL COUNSEL 40.00	112,000.	11,888.	
DAVID MCCONNELL 1220 19TH STREET NW, SUITE 610, WASHI	SR VP ACCESS SVCS 40.00	110,022.	3,833.	
ROBERT BOLE 1220 19TH STREET NW, SUITE 610, WASHI	VP MEDIA 40.00	105,022.	12,473.	
ALAN GREENLEE 1220 19TH STREET NW, SUITE 610, WASHI	BP CALIFORNIA 40.00	103,764.	10,988.	
Total number of other employees paid over \$50,000 ▶	15			

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
MIDTOWN TECHNOLOGIES, LLC 417 FIFTH AVENUE, 9TH FLOOR, NEW YORK, NY 10016	LOW VOLTAGE WIRING/ACCESS SER	312,844.
DECISIONSTEP 11785 BELTSVILLE DR # 1320, BELTSVILLE, MD 20705	WEB DEVELOPMENT	292,261.
CSG PROFESSIONAL SERVICES, INC. UNIT 51, P.O. BOX 4900, PORTLAND, OR 94207	WEB DEVELOPMENT	136,299.
URBAN TELEPHONE & VIDEO 369 EAST 149TH STREET, BRONX, NY 10455	INTERNET SERVICES	120,582.
TRELLON LLC 1249 SOUTH CAROLINA AVE SE, WASHINGTON, DC 20003	WEB DEVELOPMENT	110,389.
Total number of others receiving over \$50,000 for professional services ▶	8	

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	

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.) 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.		X
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)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	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
4 a	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	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the 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	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

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.)
- 11a 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.)
- 11b 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.)

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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,923,094.	5,305,729.	3,593,461.	4,075,105.	19,897,389.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,846,596.	2,354,576.	870,010.	729,481.	5,800,663.
18 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	76,216.	4,691.	7,033.	13,458.	101,398.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	8,845,906.	7,664,996.	4,470,504.	4,818,044.	25,799,450.
24 Line 23 minus line 17	6,999,310.	5,310,420.	3,600,494.	4,088,563.	19,998,787.
25 Enter 1% of line 23	88,459.	76,650.	44,705.	48,180.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 399,976.
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 ▶					26b 3,200,943.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 19,998,787.
d Add: Amounts from column (e) for lines: 18 <u>101,398.</u> 19 _____ 22 _____ 26b <u>3,200,943.</u> ▶					26d 3,302,341.
e Public support (line 26c minus line 26d total) ▶					26e 16,696,446.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 83.4873%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (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: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 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)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	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)

N/A

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
		N/A	
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(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.)

N/A

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 .)			0.

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

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

ONE ECONOMY CORPORATION

Employer identification number

52-2220052

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).

LHA 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)

Name of organization ONE ECONOMY CORPORATION	Employer identification number 52-2220052
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AT&T FOUNDATION 130 E. TRAVIS SUITE 350 SAN ANTONIO, TX 78205	\$ 7,505,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CALIFORNIA EMERGING TECHNOLOGY 550 SOUTH HOPE STREET, SUITE 300 LOS ANGELES, CA 90071	\$ 2,520,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CISCO SYSTEMS, INC. GLOBAL IMPACT P.O. BOX 7148 ALEXANDRIA, VA 22307	\$ 686,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	E*TRADE BANK 671 N. GLEBE ROAD ARLINGTON, VA 22203	\$ 678,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	FORD FOUNDATION 320 E. 43RD STREET NEW YORK, NY 10017	\$ 430,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	J.P. MORGAN CHASE FOUNDATION 601 TRAVIS STREET, 19TH FLOOR HOUSTON, TX 77002	\$ 485,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	25,942.
TOTAL TO FORM 990, PART I, LINE 20	25,942.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING/PROMOTIO	194,261.	167,187.		27,074.
INSURANCE	39,854.	39,854.		
UTILITIES	4,601.	4,601.		
BOARD EXPENSES	18,085.	18,085.		
WEB DEVELOPMENT, HOSTING AND SUPPORT - ACCESS WORK	2,077,592.	2,065,910.		11,682.
STAFF FUNCTIONS EVALUATIONS	316,602.	211,173.		105,429.
MEMBERSHIP	87,209.	87,209.		
BAD DEBT	9,198.	6,548.		2,650.
	137,670.	137,670.		
TOTAL TO FM 990, LN 43	2,885,072.	2,738,237.		146,835.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

GRANTS
SEE ATTACHMENT

552,893.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

552,893.

DESCRIPTION OF PROGRAM SERVICE ONE

DIGITAL COMMUNITIES - ONE ECONOMY WORKS IN LOCAL COMMUNITIES TO SHOW THE POSSIBILITIES OF APPLYING TECHNOLOGY TO THE PROBLEMS OF POVERTY AND ECONOMIC ISOLATION. IN 2007, ONE ECONOMY WORKED IN NEW YORK, WASHINGTON, BALTIMORE, ATLANTA, MIAMI, CHICAGO, BATTLE CREEK, PORTLAND (OR), SEATTLE, SAN FRANCISCO, SAN JOSE, KANSAS CITY, NEW ORLEANS, MISSISSIPPI AND NORTH CAROLINA IN ORDER TO DEVELOP ON-THE-GROUND STRATEGIES THAT ACCELERATED INSTALLATION OF INTERNET ACCESS AND COMPUTERS IN AFFORDABLE HOUSING, THE USE OF YOUNG PEOPLE AS TECHNOLOGY TRAINERS AND EDUCATORS AND THE INSTALLATION OF LOCAL CONTENT AND CRITICAL TRANSACTIONS INTO THE LOCAL BEEHIVES.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
_____	_____
=====	=====
	3,262,862.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

WEB PROPERTIES - ONE ECONOMY'S CORE ONLINE WEBSITE, THE BEEHIVE, SERVED MORE THAN 7.7 MILLION PEOPLE IN 2007. BY THE END OF 2007, 50 COMMUNITIES HAD "LOCAL" BEEHIVES WHERE FAMILIES COULD FIND LOCAL INFORMATION ABOUT MONEY, HEALTH, SCHOOL, JOBS, CAREERS, INSURANCE, HOUSING, TRANSPORTATION, AND GOVERNMENT INCLUDING ATLANTA, GA, BALTIMORE, MD, BATTLE CREEK, MI, CHICAGO, IL, WASHINGTON, D.C., NEW YORK, NY, PORTLAND, OR, SAN JOSE, CA, MIAMI, FL, PHILADELPHIA, PA, GREENE COUNTY, NC, NORTHEAST SOUTH DAKOTA, AND SACRAMENTO, CA.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE B

4,556,342.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

DIGITAL CONNECTORS- ONE ECONOMY WORKS IN LOCAL COMMUNITIES TO BUILD TEAMS OF SKILLED YOUNG PEOPLE, AGES 14-21, TO PROMOTE AND SUPPORT ADOPTION AND USE OF TECHNOLOGY IN LOW-INCOME COMMUNITIES AS WELL AS EXPOSE LOW-INCOME YOUTH TO HIGHER EDUCATION AND CAREERS VIA CORPORATE JOB SHADOWING AND MENTORING. TO DATE OVER 500 INTERNSHIPS HAVE BEEN CREATED FOR LOW-INCOME YOUTH WHO HAVE SERVED OVER 3,000 FAMILIES AND DELIVERED 10,000 HOURS OF SERVICE.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE C

GRANTS	EXPENSES
	207,021.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

SPECIAL PROJECTS- PROVIDED TECHNOLOGY SERVICES TO AFFORDABLE HOUSING ORGANIZATIONS, EITHER IN THE FORM OF CONSULTING SERVICES (17 PROJECTS) OR LOW VOLTAGE WIRING PROJECT MANAGEMENT SERVICES (42 PROJECTS). THESE SERVICES WERE IN 12 LOCATIONS (CA, OR, WA, NY, PA, DC, RI, TX, IL, MN, WI AND IA). OVER 6,200 HOMES GAINED FREE OR AFFORDABLE HIGHSPEED INTERNET ACCESS AS A RESULT OF THIS WORK.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	_____	1,668,323.
	=====	=====

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

TO MAXIMIZE THE POTENTIAL OF TECHNOLOGY TO HELP LOW-INCOME PEOPLE TO BUILD ASSETS AND RAISE THEIR STANDARD OF LIVING BY BRINGING ACCESS TO TECHNOLOGY TO RESIDENTS AROUND THE COUNTRY.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MML BROKERAGE ACCOUNT - EQUITIES	FMV	47,842.			47,842.
TO FORM 990, LINE 54A, COL B		47,842.			47,842.
		=====	=====	=====	=====

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REYNARD RAMSEY 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	CEO/DIRECTOR 40.00	287,590.	10,611.	0.
BENNETT HECHT 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	PRESIDENT/COO/DIRECTOR 40.00	105,000.	3,748.	0.
ALEXANDER ROSS 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	SENIOR VP EXTERNAL AFFAIRS 40.00	162,000.	14,187.	0.
JANE METCALFE 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
BENJAMIN GINSBERG 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
MICHAEL J. ROCHE 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
MARVIN SIFLINGER 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
JOSH BECKER 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
LAURA K. IPSEN 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
BRUCE MEHLMAN 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
STACEY DAVIS STEWART 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.

ONE ECONOMY CORPORATION

52-2220052

DOUG BECKER 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
DON EMERY 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
ELIZABETH FURSE 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
WILLIAM KENNARD 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
GLORIA GUARD 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
MILTON LITTLE 1220 19TH STREET NW, SUITE 610 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

554,590.	28,546.	0.
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Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning _____, 2007, and ending _____, 20__

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2007

Department of the Treasury
Internal Revenue Service

▶ **See instructions.**

Name of exempt organization

ONE ECONOMY CORPORATION

Employer identification number

52-2220052

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>19789100</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶	_____	_____	▶ CHIEF FINANCIAL OFFICER
	Signature of officer	Date	

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	JOHNSON LAMBERT & CO LLP			EIN 52-1446779
		700 SPRING FOREST ROAD, STE 335			Phone no. 919-719-6400
		RALEIGH, NC 27609			

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	_____		
		EIN _____		
		Phone no. _____		