Form **990**

Return of Organization Exempt From Income Tax

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

200**7**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

1/1/2007 12/31/2007 For the 2007 calendar year, or tax year beginning and ending D Employer identification number Please C Name of organization B Check if applicable: MODEST NEEDS FOUNDATION 0863430 Address change label or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number print or Name change type. 115 E 30th St (212) 463-7042 Initial return Specific City or town, state or country, and ZIP + 4 Final return Instruc-Other (specify) ▶ New York, NY 10016 Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► http://www.modestneeds.org H(c) Are all affiliates included? Yes No J Organization type (check only one) ► Ø 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an Check here ► if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes No 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. Group Exemption Number ▶ Check ► ☐ if the organization is **not** required 2.059,731 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: O 1a a Contributions to donor advised funds 1b 2,059,175 Direct public support (not included on line 1a) 0 1c c Indirect public support (not included on line 1a) . . . 1d d Government contributions (grants) (not included on line 1a) 2,059,175 e Total (add lines 1a through 1d) (cash \$ 2,059,175 noncash \$ 1e 2 0 2 Program service revenue including government fees and contracts (from Part VII, line 93) 0 3 Membership dues and assessments 556 4 Interest on savings and temporary cash investments 5 0 Dividends and interest from securities 0 6a 6b Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a . 7 Other investment income (describe ▶ (B) Other (A) Securities 8a Gross amount from sales of assets other 0 0 8a than inventory 0 8b 0 **b** Less: cost or other basis and sales expenses. 0 0 8c c Gain or (loss) (attach schedule) . . . 0 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . Special events and activities (attach schedule). If any amount is from gaming, check here ightharpoonupa Gross revenue (not including \$ _ 9a contributions reported on line 1b) 9b 0 **b** Less: direct expenses other than fundraising expenses 0 9c c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances 10a _10b 10c 0 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 0 11 11 Other revenue (from Part VII, line 103) 12 2,059,731 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 1,485,514 13 Program services (from line 44, column (B)) . . . 13 46,724 14 Management and general (from line 44, column (C)) 14 74,220 15 Fundraising (from line 44, column (D)) . . 15 16 Payments to affiliates (attach schedule) . . . 16 1,606,458 17 Total expenses. Add lines 16 and 44, column (A) 17 453,273 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 115,107 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 0 20 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20 568,380

	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(b) Fundraising
22a						30 de 18 14 de 19
	(cash \$) If this amount includes foreign grants, check here ▶ □	22a	o	0		
2b	Other grants and allocations (attach schedule)		Stmt 1		Tay you have a second of the s	
,	(cash \$, and a second s		According to the second
	If this amount includes foreign grants, check here \blacktriangleright	22b	9,007	9,007		15 15 Charles
3	Specific assistance to individuals (attach schedule) Stmt 2	23	875,983	875,983		
4	Benefits paid to or for members (attach schedule)	24	0	0		1700 - 1700 1700 - 1700
ōа	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A	25a	94,000	79,900	9,400	4,700
		230	34,000	70,000	0,100	.,
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	o	o	0	0
		200				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and			,		
	persons described in section 4958(c)(3)(B)	25c	0	0	0	0
;	Salaries and wages of employees not included					
	on lines 25a, b, and c	26	208,867	208,867	0	0
	Pension plan contributions not included on lines 25a, b, and c	27	0	0	0	0
;	Employee benefits not included on lines	28	13,569	10,223	2,015	1,331
	25a – 27	29	25,381	24,192	763	426
	Payroll taxes	30	0	0	0	0
	Accounting fees	31	4,222	0	4,222	0
	Legal fees	32	5,611	5,611	0	0
	Supplies	33	14,919	13,118	1,492	309
	Telephone	34	10,664	8,594	1,656	414
	Postage and shipping	35 36	3,174 37,875	2,160 32,194	217 3,788	797 1,893
	Occupancy	37	10,657	10,657	0	0
	Equipment rental and maintenance	38	8,367	6,120	0	2,247
	Printing and publications	39	77,286	57,943	6,497	12,846
	Conferences, conventions, and meetings.	40	4,344	1,920	1,021	1,403
	Interest	41	237	0	237	0
	Depreciation, depletion, etc. (attach schedule)	42	17,204	12,042	1,721	3,441 St
	Other expenses not covered above (itemize):		105 004	100.000	12 605	44 412
3	See Statement 4	43a	185,091	126,983	13,695	44,413
)		43b 43c				
		43d				
t a		43e				
F		43f				
g		43g				
-	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines					
	13–15)	44	1,606,458	1,485,514	46,724	74,220

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.

_					
۷	What is the organization's	s primary exempt purpose?	To provide short-term financial assistance	o indivi	Program Service
0	rganizations and 4947(a)(1		nievements in a clear and concise manner. State the evements that are not measurable. (Section 501(c)(3 nust also enter the amount of grants and allocations to		Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	a See Statement 5				oners.)
	(Grants and allocations	\$) If this amount includes foreign grants, check her	e ▶ 🔲	
ŀ	b				
	(Grants and allocations	ф			
c) If this amount includes foreign grants, check her	e ▶ 🔲	
	,				
	(Grants and allocations	\$	\ 16 Abia amang birah		
d) If this amount includes foreign grants, check here	, >	
	(Grants and allocations	\$) If this amount includes foreign grants, check here	·	
9	Other program services	-	5 5 same on book flore	- 4	
	(Grants and allocations	\$) If this amount includes foreign grants, check here	▶ □	
_	Total of Program Serv	ce expenses (should equal	line 44, column (B), Program services)	. >	1,485,514

Form **990** (2007)

P	art 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
	45	Cash—non-interest-bearing	44,013	45	196,559
	46	Savings and temporary cash investments	0	46	250,891
	j	Accounts receivable	0	47c	C
	48a	Pledges receivable			
		Less: allowance for doubtful accounts . 48b 0 Grants receivable	0	1	20,433
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	O
		Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
Assets		Other notes and loans receivable (attach schedule)	0	51c	. 0
As	52	Edde: anomarido for adaberar adocumento :	0		0
	53	Inventories for sale or use	0	 ~ 	2,873
	1	Investments—publicly-traded securities	0	54a	1,028
		Investments—publicly-traded securities (attach schedule) Cost FMV Cost FMV		54b	0
	į.	Investments—land, buildings, and equipment: basis	- -		
		Less: accumulated depreciation (attach schedule) . See Statement 6	32,620		50,168
	1	Investments—other (attach schedule)	0	56	0
		Less: accumulated depreciation (attach		57	0
	58	Other assets, including program-related investments		57c	65 100
	59	(describe ► See Statement 7) Total assets (must equal line 74). Add lines 45 through 58	38,474 115,107	59	65,128 587,080
			113,107	60	0 307,000
	60	Accounts payable and accrued expenses	0	61	335
	61 62	Grants payable	0	62	0
S					
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach	oĺ	63	0
Ē	642	schedule)	0	64a	0
Ξ.		Mortgages and other notes payable (attach schedule)		64b	0
		Other liabilities (describe ► See Statement 8	0	65	18,365
	66	Total liabilities. Add lines 60 through 65	0	66	18,700
	Orga	nizations that follow SFAS 117, check here ► ✓ and complete lines 67 through 69 and lines 73 and 74.			
Ses	67	Unrestricted	115,107	67	568,380
anc		Temporarily restricted	0	68	0
Bal		Permanently restricted	0	69	0
pun.	Orga	nizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.		end eer. Groon-	
Ž.		Capital stock, trust principal, or current funds	ľ	70	
3		Paid-in or capital surplus, or land, building, and equipment fund .		71	
se		Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets or Fund Balances	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)	115,107	73	568,380
ĺ	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	115,107	74	587,080

Pa	rt IV-A Reconciliation of Revenue per Auc instructions.)	lited Financial Statem	nents With Rev	enue per Return	(See the
	Total revenue, gains, and other support per audit	tod financial statements		a	2,059,731
a					
b _.	Amounts included on line a but not on Part I, line		b1	o Est	
1	Net unrealized gains on investments		b2	0	
2	Donated services and use of facilities		b3	0	
3	Recoveries of prior year grants		03		
4	Other (specify):		b4	0	
			D4		0
	Add lines b1 through b4			b	2,059,731
С				C	2,059,731
d	Amounts included on Part I, line 12, but not on li		1 !		
1	Investment expenses not included on Part I, line		d1	<u>O</u>	
2	Other (specify):				
			d2	<u> </u>	
	Add lines d1 and d2			d	0
е	Total revenue (Part I, line 12). Add lines c and d				2,059,731
Pa	rt IV-B Reconciliation of Expenses per Au	dited Financial Stater	ments With Ex	penses per Retu	
а	Total expenses and losses per audited financial s	statements		a	1,606,458
b	Amounts included on line a but not on Part I, line			15.6 2	
1	Donated services and use of facilities		b1	0	
2	Prior year adjustments reported on Part I, line 20		b2	0	
3	Losses reported on Part I, line 20		b3	0	
4	Other (specify):				
7	Cirici (Specify),		b4	0	
	Add lines b1 through b4			b	0
С				С	1,606,458
	Amounts included on Part I, line 17, but not on li			7.75	
ď			d1	o C	
1	Investment expenses not included on Part I, line			46-4	
2	Other (specify):		d2	0	
	Add lines at and at			d	0
e	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and	d		• • • • • • • • • • • • • • • • • • • •	1,606,458
_	rt V-A Current Officers, Directors, Trustees				
	or key employee at any time during the ye	ar even if they were not	compensated.) (S	ee the instructions.)
	o, no, emprojec ar any are a significant	(B)	(C) Compensation	(D) Contributions to employe	e (E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	benefit plans & deferred compensation plans	and other allowances
Soc	e Statement 9	week devoted to position	- V 1/	Compensation plane	
<u> </u>	5 Otatement 9				
		 			
		·			
		 			
		<u> </u>			
			y .		
					1

-	art V-A Current Officers, Directors, Truste	es and Key Employ	roop (postinus d)		Page 6
7	5a Enter the total number of officers, directors, and	trustees permitted to	ote on organizati	on husiness at hoard	Yes No
	meetings		▶		
	b Are any officers, directors, trustees, or key emplement employees listed in Schedule A, Part I, or he contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that in	ighest compensated r II-B. related to eac	professional and	other independent	And the state of the
	c Do any officers, directors, trustees, or key compensated employees listed in Schedule A independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization.". If "Yes," attach a statement that includes the infection of Does the organization have a written conflict of attached.	employees listed in , Part I, or highest of Part II-A or II-B, renat are related to the continuous description described in	n Form 990, Pa compensated pro ceive compensate organization? See	art V-A, or highest fessional and other tion from any other the instructions for	75c V
P	officer, director, trustee, or key employee riperson below and enter the amount of com	d Key Employees That	Received Compe	nsation or Other Ben	efits (If any former
	(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
		-			
		-			
					-
Pa	t Vi Other Information (See the instructions				Yes No
6	Did the organization make a change in its activitied detailed statement of each change			í	76 V
7	Were any changes made in the organizing or gove If "Yes," attach a conformed copy of the changes.	ernina documents but	not reported to t	he IRS?	77 V
	Did the organization have unrelated business grosthis return?	ss income of \$1,000 o			78a ✓
9	If "Yes," has it filed a tax return on Form 990-T fo Was there a liquidation, dissolution, termination, or	substantial contraction	on during the year	r? If "Yes," attach	78b
)a	a statement Is the organization related (other than by associati common membership, governing bodies, trustee	on with a statewide o	r nationwide orga	anization) through	79
b	organization?				80a 🗸
la	a Enter direct and indirect political expenditures. (See Did the organization file Form 1120-POL for this ye	nd check whether it is	exempt or	nonexempt	1h 🗸

Form	990 (2007)		Р	age 7
Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		
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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	~	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	MARIE .	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures	OS 1	1000	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e Tayable amount of lobbying and political expenditures (line 85d less 85e) 85f	14 T. 0.21	100	
	Taxable amount of lobbying and pointical expenditures (line odd 1035 000)	85g	n sambab	M arie Car
g			an wa	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	(Biological	19 (P
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		5	1
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		A project	
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	1	V
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		V
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	All No.	
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	Lil.		
	Enter: Amount of tax on line 89c, above, reimbursed by the organization	1994	este.	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		V
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		~
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
-	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		<u> </u>
	List the states with which a copy of this return is filed ► AR,DE,NY,TN		. .	· - •
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	463-70	142	5
	Located at ► 115 E 30th St FL1, New York, NY ZIP + 4 ► 100			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		10	

D	
Page	

Part	VI Other Information (continued)					Yes	s No
c 92	At any time during the calendar year, did the If "Yes," enter the name of the foreign cour Section 4947(a)(1) nonexempt charitable true and enter the amount of tax-exempt interest	ntry ►sts filing Form 990) in lieu of Form	1041 —Check	here		. ▶ [
Dart	VII Analysis of Income-Producing A				92		
			ousiness income		ion 512, 513, or 514	(E)	
note: indica 93	Enter gross amounts unless otherwise ted. Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related exempt fu incom	d or inctior
a b							
9							
d e							
f	Medicare/Medicaid payments						
g	Fees and contracts from government agenc	ies					
94	Membership dues and assessments	1		25	556		
95	Interest on savings and temporary cash investme			25	330		
96 97	Dividends and interest from securities . Net rental income or (loss) from real estate	A			ing a second		
a	debt-financed property						
b	not debt-financed property						
98	Net rental income or (loss) from personal proper	ty					
99	Other investment income						
100	Gain or (loss) from sales of assets other than invent	ory					
101 102	Net income or (loss) from special events Gross profit or (loss) from sales of inventor	·					
103	Other revenue: a	,					
b							
С				-			
d			_				
e 104	Subtotal (add columns (B), (D), and (E))		0	生,他是一般的 了	556		(
105	Total (add line 104, columns (B), (D), and (E)				>		556
	Line 105 plus line 1e, Part I, should equal the	he amount on line	12, Part I.				
Part							
Line ▼	No. Explain how each activity for which inco of the organization's exempt purposes (mportantly to the	accomplish	nment
Part	IX Information Regarding Taxable Su	bsidiaries and Di	sregarded Enti	ties (See the i	nstructions.)		
	(A) Name, address, and EIN of corporation,	(B) Percentage of ownership interest	(C) Nature of a		(D) Total income	(E) End-of-y asset	/ear s
-		- %	······································				
		%					
		% %					
Part	X Information Regarding Transfers As		sonal Benefit Co	ntracts (See th	ne instructions.)		
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay posts If "Yes" to (b), file Form 8870 and Form 4	, directly or indirectly, to remiums, directly of	o pay premiums on a	a personal benefit	contract? .		No No

orm 99	0 (2007)		Controlled Entities Complete	e only if the or	aaniz	ation
Part	XI Information Regarding	Fransfers 10 and From	Controlled Entities. Complete	, or ny 11 and on	J ••••••	
	is a controlling organization	on as defined in section	312(0)(10).		Yes	No
			trailed entity as defined in section	512(b)(13) of		
106	Did the reporting organization ma	ike any transfers to a con	trolled entity as defined in section	0.2(5)(70)		
	the Code? If "Yes," complete the		controlled entity:		· · · · · · · · ·	
	(A)	(B)	(C) Description of	(D)		
ļ	Name, address, of each controlled entity	Employer Identification Number	transfer	Amount of	transi	er
İ	Controlled Cristy	Number				
]				
a		j		j		
Ì						
b						
c						
Ì						
	Totals					
	Totals				Yes	No
				A1	103	
107	Did the reporting organization re	ceive any transfers from	a controlled entity as defined in se	ction		
	512(b)(13) of the Code? If "Yes,"	complete the schedule b	elow for each controlled entry.			
	(A)	(B)	(C)	(D)		
ļ	Name, address, of each	Employer Identification Number	Description of transfer	Amount of	f trans	fer
	controlled entity	Number	Hulloto.			
а						
_						
b		7				
_						
С		1				
•						
	Totals				Vac	No
					Yes	140
108	Did the organization have a bind	ling written contract in eff	ect on August 17, 2007, covering t	the interest,		
	ملم مداندان	see with and in augetion 111/ 2	IDOVA /		f my ko	owledge
	Under penalties of perjury, I declare tha	t I have examined this return, included	uding accompanying schedules and statemer er than officer) is based on all information of	which preparer has	any kno	owledge
	and belief, this true, tronject, and comp	nete. Declaration of preparer (our	l —	1 - 1 - 2		
Plea				1131 5000		
Sign	Signature of officer		Date			
Here	Keith Taylor, President					
	Type or print name and title			D CON DTN	/Son Go	n Inst X
		Docklas	self-	Preparer's SSN or PTIN	_	ai. III3t. A
Paid	Preparer's signature	Koslin	5 13/08 employed ► 14	1	74	0 10
Prepa		B. Rosken Ch	A, I.L.C. EIN	× 20-3	765	57
Use C	if self-employed), address, and ZIP + 4	Carnation Dr	Farmingall Phone no.		1 - 7	<u> </u>
	addressed with the second		· 74117	<i>35</i> Fo	orm 99	O (2007
			r			

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

MODEST NEEDS FOUNDATION				0863430
Part I Compensation of the Five High (See page 2 of the instructions.	nest Paid Employees O List each one. If there a	ther Than Offic re none, enter "l	ers, Directors, None.")	and Trustees
(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
Huriya Jabbar 115 E 30th St, New York, NY 10016, US	Vice President 50	50,196	0	
Total number of other analyses and asset for 000		ATTACHER OF LIMITURE IS A PROPERTY.		
Total number of other employees paid over \$50,000 .	0			Company of the same
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis	t each one (whether indivi	Contractors for iduals or firms). If	Professional Set there are none,	ervices enter "None.")
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
Allison and Partners 505 Sansome St, San Francisco, CA 94111-332	23, US	Public Relations		72,87
Total number of others receiving over \$50,000 for professional services	0		anna ar an	esi(singis)cjevi()
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "None of the Five Higher (List each contractor who perform firms) are the firms of the Five Higher (List each contractor who is the Five Higher (List each contractor) are the firms of the Five Higher (List each contractor) are the five Higher (List each contrac	ed services other than p	rofessional servi	Other Services ces, whether inc	lividuals or
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type o	of service	(c) Compensation
None				· · · · · · · · · · · · · · · · · · ·
Total number of other contractors receiving over \$50,000 for other services	O			

Pa	rt III Statements About Activities (See page 2 of the instructions.)	Ye	es 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 \$\bigsim \bigsim		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	a	~
b	Lending of money or other extension of credit?	b	<u> </u>
С	Furnishing of goods, services, or facilities?	С	~
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	d v	,
e	See Form 990, Pt. V	Э	1
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	a	~
b	Did the organization have a section 403(b) annuity plan for its employees?	3	~
С	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		
ď	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	<u>. t</u>	V
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		~
b	Did the organization make any taxable distributions under section 4966?)	~
С	Did the organization make a distribution to a donor, donor advisor, or related person?		V
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	,	1
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		93,143

Part IV	Reason for Non-Private	Foundation :	Status (See pages 4	through 7 c	of the instruc	tions.)
	at the organization is not a priva				plicable box.)	
5 🗌 A	church, convention of churches	s, or association	of churches. Section 170	O(b)(1)(A)(i).		
6 🗌 A	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)					
7 🗌 A	hospital or a cooperative hospi	tal service organi	zation. Section 170(b)(1)	(A)(iii).		
8 🗌 A	federal, state, or local governm	ent or governmen	ntal unit. Section 170(b)(1)(A)(v).		
	medical research organization c	•				
	n organization operated for the b Also complete the Support Sche o		or university owned or o	perated by a g	overnmental un	nit. Section 170(b)(1)(A)(iv
	n organization that normally rece 70(b)(1)(A)(vi). (Also complete the			a governmenta	I unit or from th	ne general public. Sectio
11b 🗌 A	community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	t IV-A.)	
fro fro	n organization that normally recei om activities related to its charita om gross investment income ar rganization after June 30, 1975.	able, etc., functio nd unrelated busi	ns-subject to certain ex ness taxable income (le	cceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3% of its suppor sinesses acquired by th
re	n organization that is not contro equirements of section 509(a)(3).	Check the box t	hat describes the type o	f supporting o	rganization:	
] Type I ☐ Type II	□Type	III-Functionally Integrate	ed _	Type III-Othe	er
	Provide the following info	rmation about th	ne supported organizat	ions. (See pag	ge 7 of the inst	
(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)	Is the se organizati the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support
				Yes	No	
Total	· · · · · · · · · · · · · · · · · · ·			· · · · ·	🕨	0
4 □ Ar	n organization organized and op	erated to test for	public safety. Section 5	609(a)(4). (See	page 7 of the i	nstructions.)

	rt IV-A Support Schedule (Complete online: You may use the worksheet in the instructions					accounting.
Cal	endar 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.).	506,571	395,200	194,379	209,617	1,305,767
16	Membership fees received	0	O	0	0	0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired					
19	by the organization after June 30, 1975 . Net income from unrelated business activities not included in line 18	0	0	0	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets	o	0	o	0	0
23	Total of lines 15 through 22	506,571	395,200	194,379	209,617	1,305,767
24	Line 23 minus line 17	506,571	395,200	194,379	209,617	1,305,767
25	Enter 1% of line 23	5,066	3,952	1,944	2,096	
26	Organizations described on lines 10 or 11:				▶ 26a	
	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter line	ne of and amount zation) whose tota i th your return. Er	contributed by earlights for 2003 that the total of all	each person (other rough 2006 exce these excess am	eded the ounts ▶ 26b	
d	Add: Amounts from column (e) for lines: 18					- 10 (10 m) Single (10 m)
e f					. ▶ 26e	%
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the	the name of, and t	total amounts rec	eived in each yea	vere received fron r from, each "disc	n a "disqualified qualified person."
	(2006) 0 (2005)	0	(2004)	0	. (2003)	0
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year:	ved from each pers year, that was more of through 11b, as we the larger amount	son (other than "di e than the larger ovell as individuals.) described in (1) o	squalified persons of (1) the amount of Do not file this lis or (2), enter the su	s"), prepare a list for line 25 for the yest with your return of these different	or your records to ear or (2) \$5,000. After computing ences (the excess
	(2006) 98,409 (2005)	25,250	(2004)	4,750	. (2003)	0
С	Add: Amounts from column (e) for lines: 15 20		16 21		> 27c	1,305,767
d	Add: Line 27a total	and line 27b total			. ▶ 27d	128,409
e	Public support (line 27c total minus line 27d tot	:al)			▶ 27e	1,177,358
f	Total support for section 509(a)(2) test: Enter ar	mount from line 2:	3, column (e)	▶ 27f	1,305,767	
g	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomin	ator))	▶ 27g	90 %
	Investment income percentage (line 18, colu					0 %
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fi	h year, the name	of the contribute	or, the date and	amount of the gi	3 through 2006, ant, and a brief

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)

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?	Yes No
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?	31
32	Does the organization maintain the following:	00-
а	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 32d
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.)	
		State of the state
33	Does the organization discriminate by race in any way with respect to:	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b
С	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	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.)	
34a	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
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

	Cobbying Expenditures by (To be completed ONLY by	an eligible orga	anization that f	iled Form 5768)		
Che	eck ▶ a ☐ if the organization belongs to an aft	filiated group. C	heck ► b □	if you checked "a" a	nd "limited control"	provisions appl
	Limits on Lobb	ying Expendit	ures		(a)	(b) To be complete
	(The term "expenditures" me	eans amounts pa	id or incurred.)		Affiliated group totals	for all electing organizations
36	Total lobbying expenditures to influence pub	lic opinion (grass	roots lobbying) .			
37	Total lobbying expenditures to influence a leg	gislative body (dir	rect (abbying)	37		
38	Total lobbying expenditures (add lines 36 and	d 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines	s 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the amou	unt from the follo	wing table—			18 Table 1967
	If the amount on line 40 is— The	lobbying nontax	able amount is-	_		
	Not over \$500,000	of the amount of	on line 40)		
	Over \$500,000 but not over \$1,000,000 . \$100	0,000 plus 15% of	the excess over \$	500,000	W.	
	Over \$1,000,000 but not over \$1,500,000 . \$175	,000 plus 10% of t	he excess over \$1,	000,000 } 41		
	Over \$1,500,000 but not over \$17,000,000 . \$225 Over \$17,000,000 \$1,00	,000 plus 5% of th	ne excess over \$1,	500,000		
12	Grassroots poptavable amount (anti- 050)	00,000				
43	Grassroots nontaxable amount (enter 25% of	line 41).		42		
14	Subtract line 42 from line 36. Enter -0- if line	42 is more than I	ine 36	43		
-	Subtract line 41 from line 38. Enter -0- if line	41 is more than I	ine 38	44		AND THE RESERVE AND THE RESERV
	Caution: If there is an amount on either line 4	3 or line 44, vou	must file Form 47	720	MADEL W	
	(Some organizations that made a section See the instructions	on 501(h) election	d Under Secti	ion 501(h)		
	See the instructions	for lines 45 throu	gh 50 on page 13	Somplete all of the of the instruction	five columns bel s.)	ow.
				res During 4-Yea		ind
	Calendar year (or	(a)	r			
	fiscal year beginning in) ▶	2007	(b) 2006	(c) 2005	(d) 2004	_(e)
			2000	2003	2004	Total
5	Lobbying nontaxable amount			ļ		
3	Lobbying ceiling amount (150% of line 45(e))					
					7 - 33/14/14/2004 - 11/2/20	
7	Total lobbying expenditures					
<u> </u>	Grassroots nontaxable amount					
)	Grassroots ceiling amount (150% of line 48(e))				100 Sept. 100 Se	
		and the state of the state of the state of the state of	A CONTRACTOR OF THE CONTRACTOR			
) (Grassroots lobbying expenditures	ł	ļ			
art	VI-B Lobbying Activity by Nonelec	ting Public Ch	arities		<u></u>	
	(For reporting only by organizat	tions that did r	ot complete P	art VI-A) (See p	age 13 of the i	nstructions)
ıring) the year, did the organization attempt to influe	ence national, sta	te or local legisla	tion including on	.	
emp	ot to influence public opinion on a legislative m	atter or referendu	ım, through the u	se of:	Yes No	Amount
	/olunteers				V	1000 1000
b F	Paid staff or management (Include compensatio	n in expenses re	ported on lines c	through h.)	· /	1000
C 1\	viedia advertisements				V	
/ to	Mailings to members, legislators, or the public.				V	
• F	Publications, or published or broadcast stateme	nts			V	
G	Grants to other organizations for lobbying purpo	ses			V	
) D	irect contact with legislators, their staffs, gover	nment officials, o	r a legislative boo	dy	V	
) K	fallies, demonstrations, seminars, conventions.	speeches, lecture	s, or any other m	neans	V	
1 10	otal loopying expenditures (Add lines a through	h)				0
	"Yes" to any of the above, also attach a stater	nent giving a det	alled description	of the lobbying ac	tivities.	

Par			ransfers To and Transa e page 13 of the instructio		lationships	With Non	charit	able
51 a	501(c) of the Code (other	er than section 50	indirectly engage in any of the 01(c)(3) organizations) or in secti to a noncharitable exempt orga	on 527, relating to	other organiza political organi	izations?	Yes	No
	(i) Cash (ii) Other assets					. 51a(i)		V
c d	(ii) Purchases of asset (iii) Rental of facilities, (iv) Reimbursement arr (v) Loans or loan guar (vi) Performance of ser Sharing of facilities, equ If the answer to any of the goods, other assets, or	equipment, or other angements antees vices or members ipment, mailing line above is "Yes," services given by	noncharitable exempt organization itable exempt organization ner assets	yees	I always show teived less than	n fair market	t value o	V V V V of the
(a		angement, show in	column (d) the value of the good	ds, other assets, or s	services received (d)	d: 		
	Is the organization direct	ctly or indirectly a	affiliated with, or related to, or other than section 501(c)(3)) or in	Description of trans				
	(a) Name of organizat		(b) Type of organization		(c) Description of rela	ationship		

Statement 1

Form: 990 Page: 2 Part: II

Question: 22b

Grants and Allocations

Classification Payment to Affiliate

Modest Needs Foundation Canada

Date:

Type:

Cash

Address: 219 Fort York Blvd

Grant Amt

\$8,507.00

Toronto, Ontario M5V 1B1

Canada

Purp of payment to affiliate

Relationship:

Foreign Affiliate

Description of Property:

How Determined

Book Value of Property:

Classification Medical Services

FMV of Property:

Broadway Cares Equity Fights Aids

Date:

Type:

Cash

Address: 165 W 46th St

1300

Grant Amt

\$500.00

New York, NY 10036

United States

Purp of payment to affiliate

Relationship:

None

Description of Property:

How Determined

Book Value of Property:

FMV of Property:

Total Grants:

\$9,007.00

Form: 990 Page: 2 Part: II Question: 23 MODEST NEEDS FOUNDATION

47-0863430

Specific Assistance to Individuals

Assistance Type	Total Payments
Independent Living Grants to Individuals	\$227,692.00
Hurricane Katrina Relief	\$25,049.00
Self-Sufficiency Grants to Individuals	\$575,320.00
Back to Work Grants to Individuals	\$47,922.00
Total:	\$875,983.00

Form: 990 Page: 2 Part: Il Question: 42 MODEST NEEDS FOUNDATION

47-0863430

Depreciation and Depletion

	Current
Asset	Deprec.
Computer Equipment	\$14,936.00
Software Depreciation	\$1,756.00
Furniture and Fixtures	\$512.00
Total	\$17,204.00

Form: 990 Page: 2 Part: II Question: 43

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Public Relations Consulting Fee	\$78,222.00	\$52,027.00	\$535.00	\$25,660.00
Independent Contractors	\$26,144.00	\$15,142.00	\$0.00	\$11,002.00
Staff Development	\$17,144.00	\$17,068.00	\$76.00	\$0.00
Employee Health Insurance Benefits	\$17,000.00	\$14,021.00	\$2,250.00	\$729.00
Advertising Expenses	\$16,090.00	\$11,117.00	\$0.00	\$4,973.00
Banking and Merchant Account Fees	\$15,739.00	\$9,698.00	\$5,503.00	\$538.00
Books, Subscriptions and Reference	\$4,306.00	\$3,955.00	\$111.00	\$240.00
Other Non-Personnel Expenses	\$3,164.00	\$506.00	\$2,438.00	\$220.00
Janitorial Expenses	\$3,098.00	\$1,550.00	\$800.00	\$748.00
Utilities	\$2,267.00	\$1,899.00	\$253.00	\$115.00
Business Insurance	\$1,281.00	\$0.00	\$1,281.00	\$0.00
Filing Fees	\$636.00	\$0.00	\$448.00	\$188.00
Total:	\$185,091.00	\$126,983.00	\$13,695.00	\$44,413.00

MODEST NEEDS FOUNDATION 47-0863430

Form: 990

Page: 3 Part: III Question:

Program Services

Achlevement

Human Services Programs, General/Other: Provided specific assistance to individuals who had
encountered temporary financial crises through no immediate fault of their own, thereby bolstering the
self-sufficiency of our clients and lessening the burden of state and federal agencies charged with the
care of the truly indigent. (5279 People)
Grants and Allocations:

\$9,007.00 This amount includes foreign grants: Yes

Total:

\$1,485,514.00

Form: 990 Page: 4 Part: IV Question: 55 MODEST NEEDS FOUNDATION 47-0863430

Schedule of investment Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value	
Furniture & Fixtures	\$2,563.00	\$2,222.00	\$341.00	
Computer Equipment	\$100,193.00	\$52,034.00	\$48,159.00	
Computer Software	\$10,151.00	\$8,483.00	\$1,668.00	
Total:	\$112,907.00	\$62,739.00	\$50,168.00	

Statement 7

Form: 990 Page: 4 Part: IV Question: 58

Other Assets

Asset Description	BOY Amount	EOY Amount	
Commitments to Other Organizations	\$0.00	\$7,487.00	
Other Current Receivables	\$0.00	\$10,659.00	
Security Deposits	\$10,355.00	\$29,525.00	
Travel Credits	\$1,683.00		
Undeposited Funds	\$26,436.00	\$17,457.00	
Total:	\$38,474.00	\$65,128.00	

Form: 990 Page: 4 Part: IV Question: 65 MODEST NEEDS FOUNDATION 47-0863430

Other Liabilities

Liability Description	BOY Amount	EOY Amount
Revolving Credit Balances	\$0.00	\$9,205.00
Accrued Payroll Taxes	\$0.00	\$9,160.00
Total:	\$0.00	\$18,365.00

Statement 9

Form: 990

Page: 5 Part: V

Question:

Officers, Directors, Trustees, and Key Employees

Title: Secretary Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States Compensation Explanation: Dr. Taylor's compensation was approved by the Board of Foundation, who considered his compensation to be commensurate with his service was paid in its entirety via grants from foundations made in part for that purpose. No funded any part of Dr. Taylor's salary. Elizabeth R Kohen 5 Title: Treasurer Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States John Arenberg 15 Title: Chairman Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States Thierry Mellon 10 Title: Board Member Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States	k	Comp.	Benefits	Expenses
Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States Compensation Explanation: Dr. Taylor's compensation was approved by the Board of Foundation, who considered his compensation to be commensurate with his service was paid in its entirety via grants from foundations made in part for that purpose. No funded any part of Dr. Taylor's salary. Elizabeth R Kohen 5 Title: Treasurer Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States John Arenberg 15 Title: Chairman Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States Thierry Mellon 10 Title: Board Member Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States	30 \$94	4,000.00	\$5,100.00	\$0.0
Addr 2: CSZ: New York, NY 10016 Country: United States Compensation Explanation: Dr. Taylor's compensation was approved by the Board of Foundation, who considered his compensation to be commensurate with his service was paid in its entirety via grants from foundations made in part for that purpose. No funded any part of Dr. Taylor's salary. Elizabeth R Kohen 5 Title: Treasurer Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States John Arenberg 15 Title: Chairman Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States Thierry Mellon 10 Title: Board Member Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States				
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Compensation Explanation: Dr. Taylor's compensation was approved by the Board of Foundation, who considered his compensation to be commensurate with his service was paid in its entirety via grants from foundations made in part for that purpose. No funded any part of Dr. Taylor's salary. Elizabeth R Kohen 5 Title: Treasurer Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States John Arenberg 15 Title: Chairman Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States Thierry Mellon 10 Title: Board Member Addr 1: 115 E 30th St Addr 2: CSZ: New York, NY 10016 Country: United States				
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Statement 10

Form: Schedule A

Page: 1 Part: II-A Question:

Compensation Explanation - Contractors (Professional)

Name	Expanation
Allison and Partners	Modest Needs funded the use of the services of Allison & Partners, a public relations firm, via a grant made explicitly for that purpose. No donor dollars were allocated to this expense.