

# 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 2005 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**NEW ROCHELLE FUND FOR EDUCATIONAL EXCELLENCE, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**NEW ROCHELLE HIGH SCHOOL - 265 CLOVE RD.**  
 City or town, state or country, and ZIP + 4  
**NEW ROCHELLE, NY 10801**

**D** Employer identification number  
**13-3944017**

**E** Telephone number  
**914-576-4657**

**F** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: **N/A**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **220,261.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  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).

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	82,631.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 82,631. noncash \$ )	1d	82,631.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	1,069.		
5	Dividends and interest from securities	5	2,751.		
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe )	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	70,000.	(B) Other	
b	Less: cost or other basis and sales expenses	8a	70,206.	8b	
c	Gain or (loss) (attach schedule)	8c	<206.>	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	8d	<206.>
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	63,810.		
b	Less: direct expenses other than fundraising expenses	9b	29,337.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	9c	34,473.
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			120,718.
13	Program services (from line 44, column (B))	13			90,915.
14	Management and general (from line 44, column (C))	14			22,607.
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17			113,522.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			7,196.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			116,500.
20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3		<85.>
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			123,611.

**RECEIVED**  
**NOV 20 2006**  
**OGDEN, UT**

SCANNED DEC 13 2006

P2

**NEW ROCHELLE FUND FOR EDUCATIONAL  
EXCELLENCE, INC.**

Form 990 (2005)

13-3944017 Page 2

**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>29,345.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 29,345.	29,345.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0.	0.	0.	0.
26 Other salaries and wages	26 14,593.		14,593.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 1,708.		1,708.	
30 Professional fundraising fees	30			
31 Accounting fees	31 300.		300.	
32 Legal fees	32			
33 Supplies	33 427.		427.	
34 Telephone	34			
35 Postage and shipping	35 4,194.	370.	3,824.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 9,992.	8,516.	1,476.	
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 4</b>	43g 52,963.	52,684.	279.	
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 113,522.	90,915.	22,607.	0.

**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

Form 990 (2005)

**NEW ROCHELLE FUND FOR EDUCATIONAL  
EXCELLENCE, INC.**

Form 990 (2005)

13-3944017 Page 3

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a INCREASE THE INVOLVEMENT OF OTHERS IN THE COMMUNITY WITH THE PROGRAMS AND INITIATIVES OF THE SCHOOLS THROUGH STUDENT PUBLICATIONS AND CIVIC AWARENESS ACTIVITIES</b>	
(Grants and allocations \$ <u>29,345.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>90,915.</u>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>90,915.</b>

Form 990 (2005)

**NEW ROCHELLE FUND FOR EDUCATIONAL  
EXCELLENCE, INC.**

Form 990 (2005)

13-3944017 Page 4

**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	
<b>Assets</b>	45	Cash - non-interest-bearing	3,444.	45	14,336.
	46	Savings and temporary cash investments	29,896.	46	87,367.
	47 a	Accounts receivable			
		b Less allowance for doubtful accounts		47c	
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	1,125.	53	
	54	Investments - securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	95,292.	54	25,000.
	55 a	Investments - land, buildings, and equipment basis			
		b Less accumulated depreciation		55c	
	56	Investments - other		56	
	57 a	Land, buildings, and equipment basis			
		b Less accumulated depreciation		57c	
58	Other assets (describe <input type="checkbox"/> )		58		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	129,757.	59	126,703.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	2,348.	60	2,218.
	61	Grants payable		61	
	62	Deferred revenue		62	
	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 <input type="checkbox"/> <b>SEE STATEMENT 8</b> )	10,909.	65	874.
66	<b>Total liabilities.</b> Add lines 60 through 65)	13,257.	66	3,092.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67	Unrestricted	116,500.	67	123,611.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	116,500.	73	123,611.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	129,757.	74	126,703.	

Form 990 (2005)

**NEW ROCHELLE FUND FOR EDUCATIONAL  
EXCELLENCE, INC.**

Form 990 (2005)

13-3944017 Page 5

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MEREDITH HILTON C/O NEW ROCHELLE H.S. - 265 CLOVE RD. NEW ROCHELLE, N.Y. 10801	CHAIRPERSON 10.00	0.	0.	0.
HARRY HAGENDORF C/O NEW ROCHELLE H.S. - 265 CLOVE RD. NEW ROCHELLE, N.Y. 10801	VICE PRESIDENT 2.00	0.	0.	0.
DEIRDRE POLOW C/O NEW ROCHELLE H.S. - 265 CLOVE RD. NEW ROCHELLE, N.Y. 10801	VICE PRESIDENT 2.00	0.	0.	0.
LINDA E. KELLY C/O NEW ROCHELLE H.S. - 265 CLOVE RD. NEW ROCHELLE, N.Y. 10801	SECRETARY 2.00	0.	0.	0.
RICHARD M. VACCARIELLO C/O NEW ROCHELLE H.S. - 265 CLOVE RD. NEW ROCHELLE, N.Y. 10801	TREASURER 2.00	0.	0.	0.
-----				
-----				
-----				
-----				
-----				



**NEW ROCHELLE FUND FOR EDUCATIONAL  
EXCELLENCE, INC.**

Form 990 (2005)

13-3944017 Page 7

<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		N/A
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N/A
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	85a		N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
<b>c</b> Dues, assessments, and similar amounts from members	85c		N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
<b>86 501(c)(7) organizations. Enter a</b> Initiation fees and capital contributions included on line 12	86a		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b		N/A
<b>87 501(c)(12) organizations. Enter a</b> Gross income from members or shareholders	87a		N/A
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
<b>89 a 501(c)(3) organizations. Enter</b> Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ <u>0.</u></span>			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶ <u>0.</u></span>			
<b>90 a</b> List the states with which a copy of this return is filed <u>NY</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005	90b		1
<b>91 a</b> The books are in care of <u>N.R. FUND FOR EDUCATIONAL EXCELLENC</u> Telephone no. <u>914-576-4657</u> Located at <u>C/O N.R.H.S. - 265 CLOVE RD., NEW ROCHELLE, N.Y.</u> ZIP + 4 <u>10801</u>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-</b> Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <u>92</u></span>	92		N/A

**NEW ROCHELLE FUND FOR EDUCATIONAL  
EXCELLENCE, INC.**

Form 990 (2005)

13-3944017 Page 8

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

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		1,069.	14		
96 Dividends and interest from securities		2,751.	14		
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					<206.>
101 Net income or (loss) from special events					34,473.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		3,820.		0.	34,267.
105 Total (add line 104, columns (B), (D), and (E))					38,087.

**Note:** Line 105 plus line 1d, 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).
	<b>SEE STATEMENT 9</b>

**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).

Please Sign Here

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

Signature of officer: *Richard M. Vaccariello* Date: 11/03/06

Signature of officer: *Meredith Hilton* Date: 11/03/06 Type or print name and title: MEREDITH HILTON, CHAIRPERSON

Paid Preparer's Use Only

Preparer's signature: RICHARD M. VACCARIELLO, C.P.A. Date: 10/25/06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: A. UZZO & COMPANY, C.P.A.'S, P.C. 287 BOWMAN AVENUE PURCHASE, N.Y. 10577

EIN: \_\_\_\_\_ Phone no.: 914-694-8800

523163  
02-03-08

**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

**2005**

Name of the organization **NEW ROCHELLE FUND FOR EDUCATIONAL EXCELLENCE, INC.** Employer identification number **13 3944017**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		0.
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

**NEW ROCHELLE FUND FOR EDUCATIONAL**

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	2b	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	2c	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	2e	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**NEW ROCHELLE FUND FOR EDUCATIONAL**

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	70,602.	74,907.	36,330.	45,142.	226,981.
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	84,069.	123,945.	53,360.	5,891.	267,265.
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 by the organization after June 30, 1975	3,008.	4,471.	5,838.	10,334.	23,651.
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	157,679.	203,323.	95,528.	61,367.	517,897.
24 Line 23 minus line 17	73,610.	79,378.	42,168.	55,476.	250,632.
25 Enter 1% of line 23	1,577.	2,033.	955.	614.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	N/A
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶ 26d	N/A
e Public support (line 26c minus line 26d total)	▶ 26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	N/A %

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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
c Add: Amounts from column (e) for lines: 15 226,981. 16 _____ 17 267,265. 20 _____ 21 _____	▶ 27c	494,246.
d Add: Line 27a total 0. and line 27b total 0.	▶ 27d	0.
e Public support (line 27c total minus line 27d total)	▶ 27e	494,246.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶ 27f	517,897.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g	95.4333%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h	4.5667%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

**NEW ROCHELLE FUND FOR EDUCATIONAL**

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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.)		
<hr/> <hr/> <hr/>			
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>32d</b>	
<hr/> <hr/> <hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>	
<hr/> <hr/> <hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	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	<b>35</b>	

**NEW ROCHELLE FUND FOR EDUCATIONAL**

Schedule A (Form 990 or 990-EZ) 2005 **EXCELLENCE, INC.**

13-3944017 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

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

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

**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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 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:

- 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.)

Yes	No	Amount
		0.

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



FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
\$20,000 TYCO INTL GROUP	20,000.	20,206.	0.	<206.>	
\$50,000 ABERDEEN ASIA PACIFIC INC FUND	50,000.	50,000.	0.	0.	
TO FORM 990, PART I, LINE 8	70,000.	70,206.	0.	<206.>	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
PANCAKE BREAKFAST	1,710.		1,710.	2,381.	<671.>	
GALA	62,100.		62,100.	26,956.	35,144.	
TO FM 990, PART I, LINE 9	63,810.		63,810.	29,337.	34,473.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES			STATEMENT	3
DESCRIPTION	AMOUNT				
CHANGE IN UNREALIZED GAIN (LOSS) ON SECURITIES	<85.>				
TOTAL TO FORM 990, PART I, LINE 20	<85.>				

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BANK CHARGES	99.		99.		
FILING FEES	60.		60.		
MEMBERSHIPS	120.		120.		
SAT COURSE LICENSING FEE	43,150.	43,150.			
CIVICS WEEK	1,339.	1,339.			
AGENDA BOOKS	6,195.	6,195.			

SCIENCE SPEAKERS  
BUREAU

2,000.

2,000.

TOTAL TO FM 990, LN 43

52,963.

52,684.

279.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL	NEW ROCHELLE SCHOOL DISTRICT	NEW ROCHELLE, N.Y. 10801	NONE	15,000.
EDUCATIONAL	ISAAC E. YOUNG MIDDLE SCHOOL	NEW ROCHELLE, N.Y. 10801	NONE	500.
EDUCATIONAL	ALBERT LEONARD MIDDLE SCHOOL	NEW ROCHELLE, N.Y. 10801	NONE	500.
EDUCATIONAL	NEW ROCHELLE HIGH SCHOOL	NEW ROCHELLE, N.Y. 10801	NONE	5,000.
EDUCATIONAL	NEW ROCHELLE SCHOOL DISTRICT	NEW ROCHELLE, N.Y. 10801	NONE	3,920.
EDUCATIONAL	NEW ROCHELLE HIGH SCHOOL	NEW ROCHELLE, N.Y. 10801	NONE	1,725.
EDUCATIONAL	NEW ROCHELLE SCHOOL DISTRICT	NEW ROCHELLE, N.Y. 10801	NONE	2,700.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				29,345.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
PART III

STATEMENT 6

EXPLANATION

TO SUPPORT THE PUBLIC SCHOOLS OF THE CITY OF NEW ROCHELLE BY ALL APPROPRIATE MEANS, BY ENCOURAGING SUPPORT FROM THE PARENTS, STUDENTS, ALUMNI, PUBLIC, COMMUNITY, BUSINESS SECTOR AND CHARITABLE FOUNDATIONS BY GENERATING FINANCIAL SUPPORT AND ENHANCING THE SCHOOLS THROUGH INVOLVMENT.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
1ST AUSTRALIAN PRIME INCOME FUND	FMV			0.	
\$20M TYCO	FMV		0.		
\$25M CALAMOS STRATEGIC	FMV			25,000.	25,000.
TO FORM 990, LINE 54, COL B				25,000.	25,000.

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT
PAYROLL TAXES WITHHELD, NOT REMITTED	874.
FEES COLLECTED IN ADVANCE	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	874.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
	ENCOURAGED GREATER SUPPORT FOR THE SCHOOLS FROM THE PUBLIC, ALUMNI, PARENTS, STUDENTS, TEACHERS AND THE COMMUNITY BY INCREASING THE VISIBILITY OF THE SCHOOL'S ACHIEVEMENTS, ACTIVITIES AND ASPIRATIONS THROUGH EXPANDED OPPORTUNITIES FOR PARTNERSHIPS WITH CULTURAL INSTITUTIONS AND ARTISTS TO PROMOTE STUDENT PERFORMANCE OPPORTUNITIES AND TO EXTEND CLASSROOM INSTRUCTION. A RECITAL WAS HELD AT SUNY PURCHASE COLLEGE IN PURCHASE NEW YORK. THE BANDS AND SINGERS FROM THE NEW ROCHELLE HIGH SCHOOL STUDENT BODY PERFORMED. BREAKFASTS WERE HELD TO WELCOME BACK HIGH SCHOOL ALUMNI. A BANQUET WAS HELD TO HONOR OUTSTANDING STUDENTS, CIVIC LEADERS AND EDUCATORS IN THE COMMUNITY.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box . . . . ▶  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>New Rochelle Fund for Educational Excellence, Inc</b>	Employer identification number <b>13-3944017</b>
	Number, street, and room or suite no If a P.O. box, see instructions <b>New Rochelle High School - 265 Clove Rd</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>New Rochelle, NY 10801</b>	

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

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

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

The books are in the care of ▶ New Rochelle Fund for Educational Excellence  
Telephone No. ▶ (914) 576-4657 FAX No. ▶ \_\_\_\_\_

If the organization does not have an office or place of business in the United States, check this box . . . . . ▶

If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ▶ . If it is for **part of the group**, check this box ▶  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 15, 2006
- 5 For calendar year 2005, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension Certain essential information to file a complete and accurate return is not available at this time.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Handwritten Signature] Title ▶ CPA Date ▶ 08/08/06

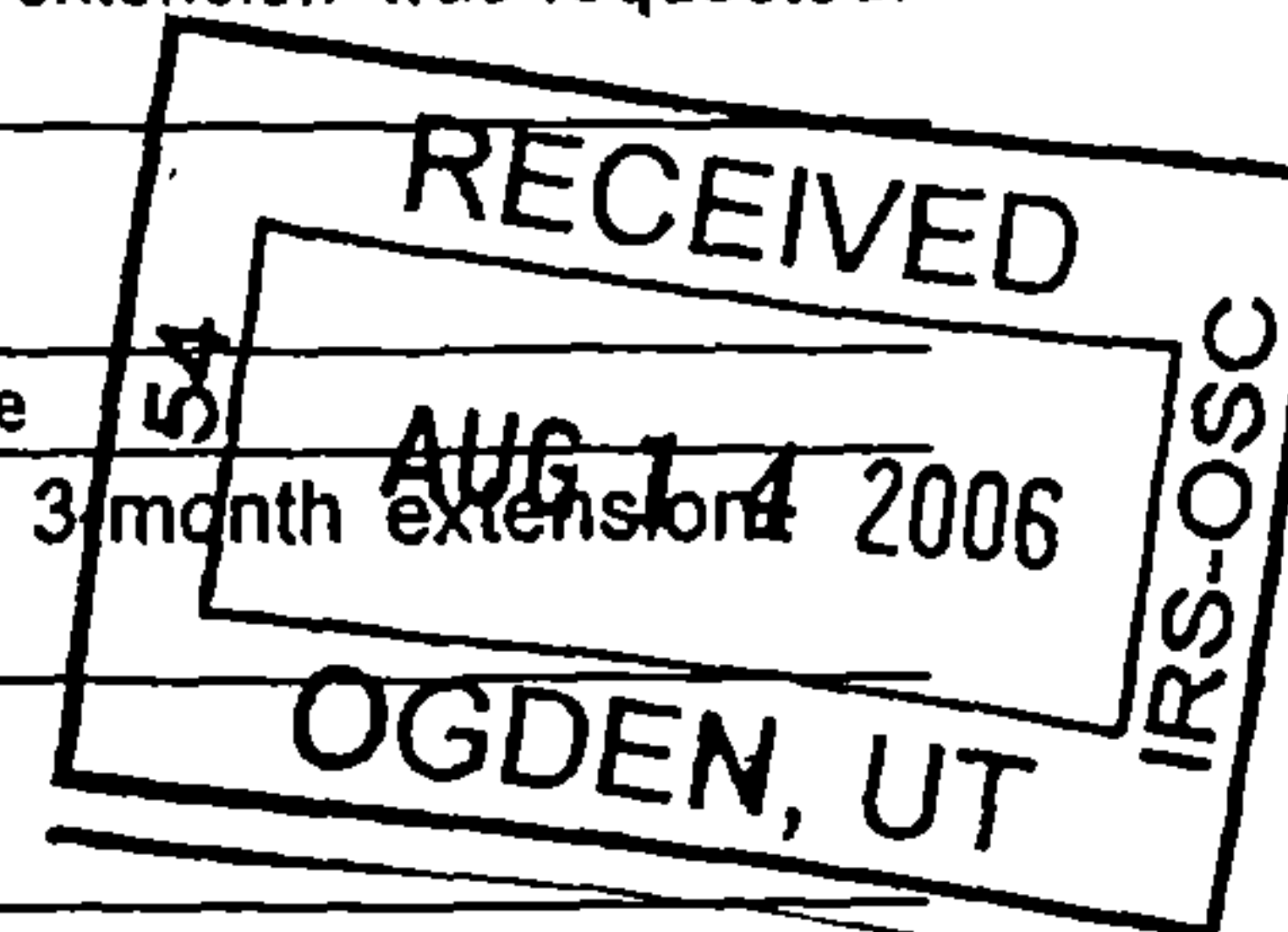
**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date 8/14/06

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>New Rochelle Fund for Educational Excellence, Inc</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>A. Uzzo &amp; Company, CPA's P.C. 287 Bowman Avenue</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Purchase, NY 10577</b>



ENVELOPE AUG 11 2006 POSTMARK DATE