

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2007**Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

**Open to Public Inspection****A For the 2007 calendar year, or tax year beginning****, 2007, and ending****B** Check if applicable:

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

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

**C** Name of organization

Local Learning: The National Network for Folk Arts in Education

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

72 East First Street

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

New York

NY 10003

**D** Employer identification number

20-2728398

**E** Telephone number

(212) 529-1955

**F** Group Exemption Number

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

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶**I** Website: ▶ N/A**J** Organization type (check only one) — ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 39,725.

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

|         |          |                                                                                                                                                  |                                                                                                                    |         |
|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------|
| REVENUE | 1        | Contributions, gifts, grants, and similar amounts received                                                                                       | 1                                                                                                                  | 36,625. |
|         | 2        | Program service revenue including government fees and contracts                                                                                  | 2                                                                                                                  | 3,100.  |
|         | 3        | Membership dues and assessments                                                                                                                  | 3                                                                                                                  |         |
|         | 4        | Investment income                                                                                                                                | 4                                                                                                                  |         |
|         | 5a       | Gross amount from sale of assets other than inventory                                                                                            | 5a                                                                                                                 |         |
|         | 5b       | Less cost or other basis and sales expenses                                                                                                      | 5b                                                                                                                 |         |
|         | 5c       | Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schd)                                             | 5c                                                                                                                 |         |
|         | EXPENSES | 6                                                                                                                                                | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |         |
| 6a      |          | Gross revenue (not including \$ of contributions reported on line 1)                                                                             | 6a                                                                                                                 |         |
| 6b      |          | Less direct expenses other than fundraising expenses                                                                                             | 6b                                                                                                                 |         |
| 6c      |          | Net income or (loss) from special events and activities. Subtract line 6b from line 6a                                                           | 6c                                                                                                                 |         |
| 7a      |          | Gross sales of inventory, less returns and allowances                                                                                            | 7a                                                                                                                 |         |
| 7b      |          | Less cost of goods sold                                                                                                                          | 7b                                                                                                                 |         |
| 7c      |          | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a                                                                    | 7c                                                                                                                 |         |
| 8       |          | Other revenue (describe ▶ )                                                                                                                      | 8                                                                                                                  |         |
| ASSETS  | 9        | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)                                                                                   | 9                                                                                                                  | 39,725. |
|         | 10       | Grants and similar amounts paid (attach schedule)                                                                                                | 10                                                                                                                 |         |
|         | 11       | Benefits paid to or for members                                                                                                                  | 11                                                                                                                 |         |
|         | 12       | Salaries, other compensation, and employee benefits                                                                                              | 12                                                                                                                 |         |
|         | 13       | Professional fees and other payments to independent contractors                                                                                  | 13                                                                                                                 | 21,000. |
|         | 14       | Occupancy, rent, utilities, and maintenance                                                                                                      | 14                                                                                                                 |         |
|         | 15       | Printing, publications, postage, and shipping                                                                                                    | 15                                                                                                                 | 2,772.  |
|         | 16       | Other expenses (describe ▶ See Other Expenses Statement)                                                                                         | 16                                                                                                                 | 2,414.  |
|         | 17       | <b>Total expenses</b> (add lines 10 through 16)                                                                                                  | 17                                                                                                                 | 26,186. |
|         | 18       | Excess or (deficit) for the year. Subtract line 17 from line 9                                                                                   | 18                                                                                                                 | 13,539. |
|         | 19       | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19                                                                                                                 | 0.      |
|         | 20       | Other changes in net assets or fund balances (attach explanation)                                                                                | 20                                                                                                                 |         |
|         | 21       | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | 21                                                                                                                 | 13,539. |

**Part II Balance Sheets** — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Instructions)

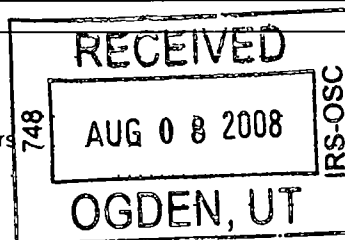
|                                                                                       | (A) Beginning of year | (B) End of year |
|---------------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                                     | 0.                    | 13,539.         |
| 23 Land and buildings                                                                 | 0.                    | 0.              |
| 24 Other assets (describe ▶ )                                                         | 0.                    | 0.              |
| 25 <b>Total assets</b>                                                                | 0.                    | 13,539.         |
| 26 <b>Total liabilities</b> (describe ▶ )                                             | 0.                    | 0.              |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 0.                    | 13,539.         |

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

TEEA0812 12/27/07

Form **990-EZ** (2007)

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

What is the organization's primary exempt purpose? Promote folk and traditional arts culture and artists in education  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

|           |                                                                                                                                                                                                              |            |                |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| <b>28</b> | <u>Promote folk and traditional arts, culture, and artists in education</u><br>-----<br>-----<br>-----<br>(Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | <u>25,939.</u> |
| <b>29</b> | -----<br>-----<br>-----<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                    | <b>29a</b> |                |
| <b>30</b> | -----<br>-----<br>-----<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                    | <b>30a</b> |                |
| <b>31</b> | Other program services (attach schedule)<br>(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                   | <b>31a</b> |                |
| <b>32</b> | <b>Total program service expenses</b> Add lines 28a through 31a <input type="checkbox"/>                                                                                                                     | <b>32</b>  | <u>25,939.</u> |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See 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 and deferred compensation | (E) Expense account and other allowances |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| See List of Officers, Etc. Statement<br>-----<br>-----<br>-----<br>-----<br>-----<br>-----<br>----- |                                                          |                                            |                                                                       |                                          |
| -----<br>-----<br>-----<br>-----<br>-----<br>-----<br>-----                                         |                                                          |                                            |                                                                       |                                          |
| -----<br>-----<br>-----<br>-----<br>-----<br>-----<br>-----                                         |                                                          |                                            |                                                                       |                                          |
| -----<br>-----<br>-----<br>-----<br>-----<br>-----<br>-----                                         |                                                          |                                            |                                                                       |                                          |

**Part V Other Information** (Note the statement requirement in the instructions.)

|                                                                                                                                                                                                                                                     | Yes        | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>33</b> Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change                                                                                            | <b>33</b>  | X   |
| <b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes                                                                                              | <b>34</b>  | X   |
| <b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T |            |     |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?                                                                                                     | <b>35a</b> | X   |
| <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                    | <b>35b</b> | N/A |
| <b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement                                                                                                               | <b>36</b>  | X   |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> <u>0.</u>                                                                                               |            |     |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                              | <b>37b</b> | X   |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                  | <b>38a</b> | X   |
| <b>b</b> If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved                                                                                                                                          | <b>38b</b> | N/A |
| <b>39</b> <b>501(c)(7) organizations</b> Enter                                                                                                                                                                                                      |            |     |
| <b>a</b> Initiation fees and capital contributions included on line 9                                                                                                                                                                               | <b>39a</b> | N/A |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                      | <b>39b</b> | N/A |

**Part V Other Information** (Note the statement requirement in the instructions.) (Continued)

**40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.

**b** 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

|            | Yes | No |
|------------|-----|----|
| <b>40b</b> |     | X  |
| <b>40c</b> |     |    |
| <b>40d</b> |     |    |
| <b>40e</b> |     | X  |

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

**d** Enter amount of tax on line 40c reimbursed by the organization

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

**41** List the states with which a copy of this return is filed New York  
Utah

**42 a** The books are in care of Local Learning: NNFAE Telephone no (212) 529-1955  
Located at 72 East First Street New York NY ZIP + 4 10003

**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.

|            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | X  |
| <b>42c</b> |     | X  |

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?  
If 'Yes,' enter the name of the foreign country.

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

Please  
Sign  
Here

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

Paddy Bowman  
Signature of officer

7/26/08  
Date

PADDY BOWMAN PRESIDENT  
Type or print name and title

Paid  
Pre-  
parer's  
Use  
Only

Preparer's signature Q. Ball

Date 7/21/08

Check if self-employed ☐

Preparer's SSN or PTIN (See General Instruction X)

Firm's name (or yours if self-employed), address, and ZIP + 4  
BALLO & CO.  
67 HUDSON STREET, SUITE 1C  
NEW YORK

NY 10013

EIN 133254761  
Phone no (212) 406-1640

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Form 990-EZ (2007)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under**  
**Section 501(c)(3)****(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or 4947(a)(1) Nonexempt Charitable Trust****Supplementary Information — (See separate instructions.)****► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

**2007**

Name of the organization

Local Learning: The National Network for Folk Arts in Education

Employer identification number

20-2728398

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation | (e) Expense account and other allowances |
|---------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|------------------------------------------|
| -----                                                         |                                                          |                  |                                                                       |                                          |
| -----                                                         |                                                          |                  |                                                                       |                                          |
| -----                                                         |                                                          |                  |                                                                       |                                          |
| -----                                                         |                                                          |                  |                                                                       |                                          |
| -----                                                         |                                                          |                  |                                                                       |                                          |
| -----                                                         |                                                          |                  |                                                                       |                                          |
| Total number of other employees paid over \$50,000            | None                                                     |                  |                                                                       |                                          |

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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 |
|-----------------------------------------------------------------------------|---------------------|------------------|
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| Total number of others receiving over \$50,000 for professional services    | None                |                  |

**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 instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

**a** Sale, exchange, or leasing of property?

**b** Lending of money or other extension of credit?

**c** Furnishing of goods, services, or facilities?

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**e** Transfer of any part of its income or assets?

- 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)

**b** Did the organization have a section 403(b) annuity plan for its employees?

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

- 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?

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

**d** Enter the total number of donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ \_\_\_\_\_ 0

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ \_\_\_\_\_ 0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

| (a)<br>Name(s) of supported<br>organization(s) | (b)<br>Employer identification<br>number (EIN) | (c)<br>Type of<br>organization (described<br>in lines 5 through 12<br>above or IRC section) | (d)<br>Is the supported<br>organization listed in<br>the supporting<br>organization's<br>governing<br>documents? |    | (e)<br>Amount of<br>support |
|------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----|-----------------------------|
|                                                |                                                |                                                                                             | Yes                                                                                                              | No |                             |
|                                                |                                                |                                                                                             |                                                                                                                  |    |                             |
|                                                |                                                |                                                                                             |                                                                                                                  |    |                             |
|                                                |                                                |                                                                                             |                                                                                                                  |    |                             |
|                                                |                                                |                                                                                             |                                                                                                                  |    |                             |
|                                                |                                                |                                                                                             |                                                                                                                  |    |                             |
|                                                |                                                |                                                                                             |                                                                                                                  |    |                             |
|                                                |                                                |                                                                                             |                                                                                                                  |    |                             |
| <b>Total</b> ▶                                 |                                                |                                                                                             |                                                                                                                  |    |                             |

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

BAA

Schedule A (Form 990 or 990-EZ) 2007

**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)<br>2006 | (b)<br>2005 | (c)<br>2004 | (d)<br>2003 | (e)<br>Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|--------------|
| <b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)                                                                                                                                                                                         | 0.          | 0.          | 0.          | 0.          | 0.           |
| <b>16</b> Membership fees received                                                                                                                                                                                                                                                        |             |             |             |             |              |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose                                                                                             |             |             |             |             |              |
| <b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975 |             |             |             |             |              |
| <b>19</b> Net income from unrelated business activities not included in line 18                                                                                                                                                                                                           |             |             |             |             |              |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf                                                                                                                                                                              |             |             |             |             |              |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.                                                                   |             |             |             |             |              |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.                                                                                                                                                                                     |             |             |             |             |              |
| <b>23</b> Total of lines 15 through 22                                                                                                                                                                                                                                                    | 0.          | 0.          | 0.          | 0.          | 0.           |
| <b>24</b> Line 23 minus line 17                                                                                                                                                                                                                                                           | 0.          | 0.          | 0.          | 0.          | 0.           |
| <b>25</b> Enter 1% of line 23                                                                                                                                                                                                                                                             | 0.          | 0.          | 0.          | 0.          | 0.           |

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for section 509(a)(1) test. Enter line 24, column (e).

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

|            |    |
|------------|----|
| <b>26a</b> | 0. |
| <b>26b</b> |    |
| <b>26c</b> | 0. |
| <b>26d</b> |    |
| <b>26e</b> | 0. |
| <b>26f</b> | %  |

**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.

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

|            |   |
|------------|---|
| <b>27c</b> |   |
| <b>27d</b> |   |
| <b>27e</b> |   |
| <b>27f</b> |   |
| <b>27g</b> | % |
| <b>27h</b> | % |

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?**29**

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**

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )

**32** Does the organization maintain the following**a** Records indicating the racial composition of the student body, faculty, and administrative staff?**32a****b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?**32b****c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?**32c****d** Copies of all material used by the organization or on its behalf to solicit contributions?**32d**

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )

**33** Does the organization discriminate by race in any way with respect to**a** Students' rights or privileges?**33a****b** Admissions policies?**33b****c** Employment of faculty or administrative staff?**33c****d** Scholarships or other financial assistance?**33d****e** Educational policies?**33e****f** Use of facilities?**33f****g** Athletic programs?**33g****h** Other extracurricular activities?**33h**

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )

**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**

If you answered 'Yes' to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation**35**



Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

|                       |               |
|-----------------------|---------------|
| Travel                | 1,436.        |
| Supplies              | 511.          |
| Meetings & conference | 177.          |
| Telephone             | 246.          |
| Bank charges          | 44.           |
| <b>Total</b>          | <b>2,414.</b> |

Form 990-EZ, Page 2, Part IV

**List of Officers, Etc. Statement**

| (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 and deferred compensation | (E) Expense account and other allowances |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>Paddy B. Bowman<br>72 East First Street<br>New York NY 10003           | President<br>10.00                                       | 21,000.                                   | 0.                                                                    | 0.                                       |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>Amanda Dargan<br>72 East First Street<br>New York NY 10003             | Secretary<br>0.50                                        | 0.                                        | 0.                                                                    | 0.                                       |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>Betty Belanus<br>72 East First Street<br>New York NY 10003             | Bd. member<br>0.50                                       | 0.                                        | 0.                                                                    | 0.                                       |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>Maida Owens<br>72 East First Street<br>New York NY 10003               | Bd. member<br>0.50                                       | 0.                                        | 0.                                                                    | 0.                                       |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>Anne Pryor<br>72 East First Street<br>New York NY 10003                | Bd. member<br>0.50                                       | 0.                                        | 0.                                                                    | 0.                                       |
| Business <input type="checkbox"/> Person <input checked="" type="checkbox"/><br>Steve Zeitlin<br>72 East First Street<br>72 East First Street NY 10003 | Bd. member<br>0.50                                       | 0.                                        | 0.                                                                    | 0.                                       |

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

OMB No 1545-1709

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|                                                                                            |                                                                                                                       |  |                                                     |  |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>Local Learning: The National Network for Folk Arts in Education</b>                 |  | Employer identification number<br><b>20 2728398</b> |  |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>72 East First Street</b>                 |  |                                                     |  |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>New York, NY 10003</b> |  |                                                     |  |
|                                                                                            |                                                                                                                       |  |                                                     |  |

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

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

- The books are in the care of ► **Paddy Bowman**

Telephone No. ► ( **703** ) **836 7499** FAX No. ► ( )

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ☐ . . . . . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**07** or
  - ☐ tax year beginning . . . . ., 20 . . . . ., and ending . . . . ., 20 . . . . .

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

|                                                                                                                                                                                                                               |           |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                    | <b>3a</b> | \$          |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.                                               | <b>3b</b> | \$          |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ <b>0</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

*C. B. Miller, CPA 5/12/08*