

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

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)

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization PUBLIC INTEREST REGISTRY	D Employer identification number 33-1025119
	Number and street (or P O box if mail is not delivered to street address) 1775 WIEHLE AVENUE	Room/suite 200
	City or town, state or country, and ZIP + 4 RESTON, VA 20190	
	E Telephone number (703) 889-5760	
F Accounting method: ☐ Cash ☒ Accrual Other (specify) _____		

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

G Website WWW.PIR.ORG

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

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 33,755,506.

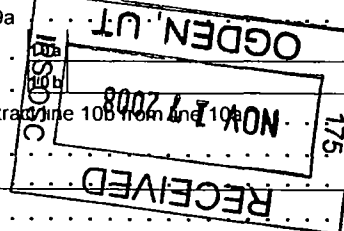
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1 Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ noncash \$)	1a		1b		1c		1d		1e		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)									2	32,776,564.
	3 Membership dues and assessments									3	
	4 Interest on savings and temporary cash investments									4	978,942.
	5 Dividends and interest from securities									5	
	6a 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	
	8a Gross amount from sales of assets other than inventory									8a	
	b Less cost or other basis and sales expenses									8b	
	c Gain or (loss) (attach schedule)									8c	
d Net gain or (loss) Combine line 8c, columns (A) and (B)									8d		
9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐											
a Gross revenue (not including \$ of contributions reported on line 1b)									9a		
b Less direct expenses other than fundraising expenses									9b		
c Net income or (loss) from special events Subtract line 9b from line 9a									9c		
10a 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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11									12	33,755,506.	
Expenses	13 Program services (from line 44, column (B))									13	28,884,819.
	14 Management and general (from line 44, column (C))									14	4,320,225.
	15 Fundraising (from line 44, column (D))									15	
	16 Payments to affiliates (attach schedule)									16	
17 Total expenses. Add lines 13, 14, 15, and 16									17	33,205,044.	
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12									18	550,462.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))									19	3,896,497.
	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, 19, and 20									21	4,446,959.

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

Form 990 (2007)

SCANNED DEC 09 2008



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐				
22b Other grants and allocations (attach schedule) (cash \$ 9,700,000 noncash \$ _____) If this amount includes foreign grants, check here ☐	9,700,000.	9,700,000.	STMT 2	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	701,005.	572,160.	128,845.	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	158,476.	129,348.	29,128.	
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	510,315.	416,519.	93,796.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	64,981.	53,038.	11,944.	
30 Professional fundraising fees				
31 Accounting fees	59,438.	48,514.	10,925.	
32 Legal fees	50,038.	40,841.	9,197.	
33 Supplies	14,115.	11,521.	2,594.	
34 Telephone	51,405.	41,957.	9,448.	
35 Postage and shipping	21,380.	17,451.	3,930.	
36 Occupancy	94,063.	76,774.	17,289.	
37 Equipment rental and maintenance	31,232.	25,491.	5,740.	
38 Printing and publications	20,688.	16,885.	3,802.	
39 Travel	327,300.	267,143.	60,158.	
40 Conferences, conventions, and meetings				
41 Interest STMT 3				
42 Depreciation, depletion, etc. (attach schedule)	82,086.	66,983.	15,103.	
43 Other expenses not covered above (itemize)				
a STMT 4	21,318,522.	17,400,194.	3,918,326.	
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	33,205,044.	28,884,819.	4,320,225.	

Joint Costs. Check ☐ if you are following SOP 98-2Are 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 \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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? **SEE STATEMENT 5**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **SEE STATEMENT 6**

(Grants and allocations \$ 9,700,000.) If this amount includes foreign grants, check here ☐

28,884,819.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

28,884,819.

Form 990 (2007)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	9,821,045.	45	15,831,322.
	46 Savings and temporary cash investments	9,432,830.	46	9,814,236.
	47a Accounts receivable	47a 189,129.		
	b Less allowance for doubtful accounts	47b	112,192.	47c 189,129.
	48a Pledges receivable	48a		48c
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	71,926.	53	112,878.
	54a Investments - publicly-traded securities	Cost FMV	54a	
	b Investments - other securities (attach schedule)	Cost FMV	54b	
Liabilities	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment basis STMT 7	57a 209,213.		
	b Less accumulated depreciation (attach schedule)	57b 174,335.	44,657.	57c 34,878.
	58 Other assets, including program-related investments (describe ► STMT 8)	21,051,558.	58	23,923,818.
	59 Total assets (must equal line 74) Add lines 45 through 58	40,534,208.	59	49,906,261.
	60 Accounts payable and accrued expenses	348,493.	60	277,021.
	61 Grants payable		61	
	62 Deferred revenue	31,681,123.	62	38,679,387.
Net Assets or Fund Balances	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► STMT 9)	4,608,095.	65	6,502,894.
	66 Total liabilities. Add lines 60 through 65	36,637,711.	66	45,459,302.
	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
67 Unrestricted	2,229,829.	67	3,613,625.	
68 Temporarily restricted	1,666,668.	68	833,334.	
69 Permanently restricted		69		
Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds		70		
71 Paid-in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,896,497.	73	4,446,959.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	40,534,208.	74	49,906,261.	

Yes	No
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75b		X
-----	--	---

75c		X
		

[illegible]

Yes	No
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76		X

77		X
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78a	X
-----	---

78b	N/A
-----	-----

79		X
----	--	---

		
80a	X	

7	1	2
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1	2	3
---	---	---

81b	X
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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911: <u>NONE</u> ; section 4912: <u>NONE</u> ; section 4955: <u>NONE</u>		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: <u>NONE</u>		
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization: <u>NONE</u>		
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed: <u>PA, VA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions).	7	
91a	The books are in care of: <u>LAWRENCE C. MARTIN</u> Telephone no: <u>703-889-5760</u> Located at: <u>1775 WIEHLE AVENUE SUITE 200, RESTON, VA</u> ZIP + 4: <u>20190</u>		
91b	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: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No

If "Yes," enter the name of the foreign country ▶ _____

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a REGISTRATION FEES					32,776,564.
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 .			14	978,942.	
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events .					
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . .				978,942.	32,776,564.
105 Total (add line 104, columns (B), (D), and (E)) ▶					33,755,506.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PIR CHARGES REGISTRARS (MEMBERS OF THE .ORG COMMUNITY) A REGISTRATION FEE PER YEAR FOR ITS SERVICES PROVIDED. THESE SERVICES PROVIDED BY PIR ARE CONSISTENT WITH, AND SUPPORTIVE OF, THE STATED CHARITABLE PURPOSES OF ISOC.

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
	%			
	%			
	%			
	%			

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

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

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 Alexa Rawl Date 11-14-08

Type or print name and title Alexa Rawl, CEO

Paid
Preparer's
Use Only

Preparer's signature [Signature] Date 11-12-08 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP Preparer's SSN or PTIN (See Gen Inst X) P00482451

2010 CORPORATE RIDGE, SUITE 400 EIN 36-6055558

MCLEAN, VA 22102 Phone no 703-847-7500

Form 990 (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

PUBLIC INTEREST REGISTRY

Employer identification number

33-1025119

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
SEE STATEMENT 13				
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 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
SEE STATEMENT 14		
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 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 ►		NONE

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

Schedule A (Form 990 or 990-EZ) 2007

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

	Yes	No
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)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 15	X	
e Transfer of any part of its income or assets?		X
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)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
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 rights to provide advice on the distribution or investment of amounts in such funds or accounts ►		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
INTERNET SOCIETY	54-1650477	11A	X		33,205,044.
Total					33,205,044.

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

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. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
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					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
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					
24 Line 23 minus line 17.					
25 Enter 1% of line 23.					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. NOT APPLICABLE . . . ▶					
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)) ▶					%
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: NOT APPLICABLE (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)) ▶					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions)

NOT APPLICABLE

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d 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)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h)

Yes	No	Amount

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

Schedule A (Form 990 or 990-EZ) 2007

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

OFFICER'S INSURANCE LIABILITY
FORM 990, PAGE 5, PART V:

DIRECTORS AND OFFICERS LIABILITY INSURANCE PREMIUMS HAVE BEEN PAID BY THE ORGANIZATION. THIS BENEFIT IS BEING REPORTED IN TOTAL AND IS NOT SHOWN IN THE ALLOCATION OF PART V.

CURRENT YEAR PREMIUM: \$15,419

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

INTERNET SOCIETY (ISOC)
1775 WIEHLE AVENUE, STE 102
RESTON, VA 20190

TO SUPPORT EXEMPT PURPOSE

SUPPORTED 501 (C) (3) ORGANIZATION

9,700,000.

TOTAL CONTRIBUTIONS PAID

9,700,000.

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
REGISTRY ADMINISTRATION	19,757,617.	16,126,167.	3,631,450.
ADVISORY & BOARD EXPENSES	133,484.	108,950.	24,534.
INSURANCE	62,711.	51,185.	11,526.
MISCELLANEOUS	23,814.	19,437.	4,377.
ICANN	592,528.	483,621.	108,907.
CONSULTANTS	219,469.	179,131.	40,338.
ADVERTISING	4,250.	3,469.	781.
OUTREACH ACTIVITIES	12,300.	10,039.	2,261.
INTELLISCAN/DOMAIN SCAN	33,000.	26,935.	6,065.
PROMOTIONS/TRADE EVENTS	136,241.	111,200.	25,041.
ICANN MEETING SPONSORSHIP	79,055.	64,525.	14,530.
BUSINESS WIRE	10,193.	8,319.	1,873.
MARKET ANALYSIS & DEMOGRAPHICS	16,938.	13,824.	3,113.
WEB BASED RESOURCE CENTER	122,624.	100,086.	22,538.
DUES & SUBSCRIPTIONS	56,029.	45,731.	10,298.
TEMPORARY HELP	354.	289.	65.
OFFICE SUPPLIES	57,915.	47,286.	10,629.
TOTALS	21,318,522.	17,400,194.	3,918,326.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

ORGANIZATION'S MISSION STATEMENT

PUBLIC INTEREST REGISTRY'S EXEMPT PURPOSES ARE:
LESSENING THE BURDENS OF GOVERNMENT AS AN INTEGRAL PART OF THE
INTERNET SOCIETY (ISOC), SUPPORTING AND ENHANCING THE IMPORTANT
MISSION OF ISOC TO FACILITATE, SUPPORT AND PROMOTE THE EVOLUTION AND
GROWTH OF THE INTERNET AS A GLOBAL RESEARCH AND COMMUNICATIONS
INFRASTRUCTURE, EDUCATING THE NONCOMMERCIAL, NGO AND NONPROFIT
COMMUNITY ABOUT HOW TO MORE EFFECTIVELY AND MORE EFFICIENTLY UTILIZE
THE INTERNET TO ACCOMPLISH THEIR IMPORTANT MISSIONS.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====PROGRAM SERVICE ACCOMPLISHMENT A

IN COLLABORATION WITH ITS PARENT, ISOC, PUBLIC INTEREST REGISTRY'S (PIR) PRIMARY ACTIVITY IS TO MAINTAIN THE .ORG DOMAIN REGISTRY AS THE EXEMPLARY TOP-LEVEL DOMAIN (TLD) REGISTRY SERVICE, OPERATED IN THE PUBLIC INTEREST, AND RESPONSIVE TO THE UNIQUE NEEDS OF THE NON-COMMERCIAL, NGO, AND NONPROFIT COMMUNITY WORLDWIDE. PIR IS COMMITTED TO ENHANCING AND SUPPORTING ISOC'S GOALS OF ENCOURAGING THE EVOLUTION OF THE INTERNET AS A RESEARCH, EDUCATION AND COMMUNICATION INFRASTRUCTURE EQUALLY ACCESSIBLE TO THE GLOBAL NON-COMMERCIAL, NGO AND NON PROFIT COMMUNITY. PIR'S ACTIVITIES ALSO INCLUDE FUNDING EDUCATIONAL PROGRAMS FOCUSED ON EXPANDING THE KNOWLEDGE AND ABILITY OF NON-COMMERCIAL, NGO, AND NON-PROFIT ORGANIZATIONS LOCATED IN TECHNOLOGICALLY DEPRIVED AREAS OF THE WORLD TO MORE EFFICIENTLY AND EFFECTIVELY USE THE INTERNET AS A TOOL TO BETTER ACCOMPLISH THEIR IMPORTANT MISSION.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL		ACCUMULATED DEPRECIATION DETAIL			
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
EQUIPMENT		209,213.			174,335.
TOTALS		209,213.	82,086.		174,335.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE FROM ISOC	833,335.
DEFERRED REGISTRY EXPENSES	23,068,828.
SECURITY DEPOSITS	4,085.
INTEREST RECEIVABLE	17,570.

TOTALS	23,923,818.
	=====

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ICANN FEE LIABILITY	406,261.
OTHER LIABILITIES	3,334,825.
CUSTOMER DEPOSITS	2,761,808.

TOTALS	6,502,894.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ALEXA RAAD 1775 WIEHLE AVENUE RESTON, VA 20190	CEO 40.00	156,560.	28,588.	NONE
DAVID MAHER 1775 WIEHLE AVENUE RESTON, VA 20190	SVP LAW & POLICY 40.00	153,348.	29,803.	NONE
LAWRENCE MARTIN 1775 WIEHLE AVENUE RESTON, VA 20190	DIR FINANCE & ADMIN 40.00	149,827.	41,408.	NONE
SUSAN ESTRADA 1775 WIEHLE AVENUE RESTON, VA 20190	CHAIRPERSON, DIRECTOR 16.00	NONE	NONE	NONE
BARBARA FRASER 1775 WIEHLE AVENUE RESTON, VA 20190	SECRETARY, DIRECTOR 8.00	NONE	NONE	NONE
GLENN RICART 1775 WIEHLE AVENUE RESTON, VA 20190	TREASURER, DIRECTOR 8.00	NONE	NONE	NONE
ERIK HUIZER 1775 WIEHLE AVENUE RESTON, VA 20190	DIRECTOR 10.00	NONE	NONE	NONE
EVA FROLICH 1775 WIEHLE AVENUE RESTON, VA 20190	DIRECTOR, INTERIM CEO 40.00	141,471.	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
		601,206.	99,799.	NONE
	GRAND TOTALS			

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EDWARD G. VILTZ 1775 WIEHLE AVENUE RESTON, VA 20190		140,952.	17,524.	NONE
GRAND TOTALS		140,952.	17,524.	NONE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
PAMELA MILER 1775 WIEHLE AVENUE RESTON, VA 20190	DIR OPERATIONS 40.00	114,269.	30,902.	NONE
NEICKOMIE NEWMAN 1775 WIEHLE AVENUE RESTON, VA 20190	CONTROLLER 40.00	94,646.	29,477.	NONE
CHRISTINE LEE 1775 WIEHLE AVENUE RESTON, VA 20190	EXE. COORDINATOR 40.00	60,373.	11,743.	NONE
MICHAEL WARD 1775 WIEHLE AVENUE RESTON, VA 20190	DIR OF MARKETING 40.00	78,201.	20,558.	NONE
	TOTAL COMPENSATION	347,489.	92,680.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
WEBBY AWARDS 19 WEST 21ST STREET, STE 602 NEW YORK, NY 10010	MARKETING	62,500.
02 COLLABORATIVE 1402 CHURCH ST.,N.W.,STE 119 WAHINGTON, DC 20005	INTERNET WEB SITE	59,065.
KAPLAN & ASSOCIATES 1220 WYNGATE ROAD WYNNEWOOD, PA 19096	EXECUTIVE CEO SEARCH	96,061.
PECK ADVISORY SERVICES 9111 TETTERTON AVE. VIENNA, VA 22182	CONSULTING	51,100.

	TOTAL COMPENSATION	268,726. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

PIR ENGAGED EVA FROLICH, A DIRECTOR AS ITS INTERIM CHIEF EXECUTIVE OFFICER WHILE AN EXECUTIVE SEARCH WAS CONDUCTED FOR A PERMAMENT CEO. EVA FROLICH, STEPPED DOWN AS BOARD CHAIRPERSON, BUT REMAINED A DIRECTOR FROM JANUARY THROUGH JULY 2007. THE FORMER CEO RESIGNED EFFECTIVE DECEMBER 31, 2006, AND THE NEW PERMAMENT CEO WAS APPOINTED JULY 9, 2007. SEE FORM 990 PART V-A.

DEPRECIATION

[illegible]

53

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

OMB No 1545-1709

► File a separate application for each return

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	PUBLIC INTEREST REGISTRY	33-1025119
	Number, street, and room or suite no. If a P.O. box, see instructions	
	1775 WIEHLE AVENUE, SUITE 102A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	RESTON, VA 20190	

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

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► THE CORPORATION

Telephone No ► 703 464-7005

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 08/15, 2008 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2007 or
 ► ☐ tax year beginning _____, _____, and ending _____, _____.

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

3a 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.	3a	\$	N/A
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.	3b	\$	
c Balance Due. 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.	3c	\$	N/A

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

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

Form **8868** (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- 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. You 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 PUBLIC INTEREST REGISTRY	Employer identification number 33-1025119
	Number, street, and room or suite no. If a P.O. box, see instructions 1775 WIEHLE AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RESTON, VA 20190	

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

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

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 **THE CORPORATION**
Telephone No. **703 464-7005** 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 **11/15/2008**
- 5 For calendar year **2007**, or other tax year beginning _____ and ending _____
- 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 **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

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	8a \$	N/A
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	8b \$	
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	8c \$	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 **Margaret Allen Bradshaw** Title **CPA Agent** Date **8/13/08**
 GRANT THORNTON LLP
 2010 CORPORATE RIDGE, SUITE 400
 MCLEAN, VA 22102

Form 8868 (Rev 4-2008)