

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Α	For	the 2007 calen	dar year,	or tax year beginning	, 2007	, and	endina			
В	Chec	k if applicable;		C				D Employer lo	dentification Number	
		Address change	Please use IRS label	The Equal Rights Co	enter			52-12		
		Name change	or print or type. See	11 Dupont Circle N.	.W #400			E Telephone		
	\prod_{i}	Initial return	specific	Washington, DC 2003	36				234-3062	
	П	Fermination .	Instruc- tions.					F Accounting		7
	$ \mathbf{X} $	Amended return						11		Accrual
	П	Application pending	• Section	on 501(c)(3) organizations and	4947(aV1) noneyemp		H and I are not applic		(specify)	
	_		charm	table trusts must attach a com	pleted Schedule A	•	H (a) Is this a grou			X No
_	187 - 1			1 990 or 990-EZ).			H (b) If 'Yes,' enter			Y 140
<u>G</u>	wet	site: WWW.	equair	ightscenter.org			H (c) Are all affilia	es included?	Yes	□ No
J	Org	anization type		তো ০		7	(If 'No,' attac	h a fist. See instr	uctions.)	Ш
		ck only one)				527	H (d) ts this a sepa	rate return filed b	oy an	
r	ores	ck nere – Lift	the organ	ization is not a 509(a)(3) support	orting organization and	l its		covered by a grou	up ruling? Yes	X No
	orga	anization choose	es to file :	not more than \$25,000. A retur a return, be sure to file a comp	'n is not required, but i plete return.			mption Num		
1				b, 9b, and 10b to line 12 ► 9			M Check ►	if the organ	ization is not require	ed
	THE STATE OF	Revenue	Fyner	nses, and Changes in Ne	t Accets on Frankl	<u> </u>	to attach Sch	edule 8 (Form 9	990, 990-EZ, or 990-F	?F).
11.00	1	Contributions	aiffe are	ants, and similar amounts recei	ASSELS OF FUND I	Balar	ices (See the	Instruction	1s.)	
				advised funds			ī			
				not included on line 1a)				0.50		
		Indirect public	support (i	(not included on line 1a)		15		850.		
				ins (grants) (not included on lir						
	ě	Total (add lines	S	18,850. noncash	te (a)	<u> </u>	<u> </u>			
	2	Program servi	ice reveni	ue including government fees a	and contracts (from Do) · ·	E 02)	1e	1.8,	. 85 <u>0</u> .
	3	Membership o	lues and	assessments	ina contracts (ITOIII Fa	IL VII,	iine 93)	2		
	4	Interest on sa	vinas and	temporary cash investments.	**********	• • • • •	*************	3		
	5	Dividends and	interest	from securities		• • • • • •		4	5,	080.
	6 a	Gross rents				ا		5	· — —	
				oss). Subtract line 6b from line						
R	7	Other investm	ent incon	ne (describe ►				6c		
日に 女田 く用る	Ř.			es of assets other	(A) Securities	Γ	(B) Other			
E N	U.	than inventory	/	=> OI assets officer		8a	(=) 5 (1) 5			
U E	b			s and sales expenses		8b				
	C	Gain or (loss) (att	tach schedul	e)		8c				
	C	l Net gain or (lo	oss). Com	bine line 8c, columns (A) and	(B)			8 d		
	9	Special events	s and acti	vities (attach schedule). If any	amount is from gamin	ı g, che	eck here 🕨			
	а	Gross revenue	e (not incl	uding \$	of contributions					
	L	reported on lin	ne 1b)	***************************************		9 a				
- 1				ther than fundraising expenses						
	100	Cross sales of	(loss) fro	m special events. Subtract line	9b from line 9a	,	t	9c		
				y, less returns and allowances.		10a				
		Crean and the Co	Joods 5010	1		10b				
ŀ		Gross profit or (10	ss) from sai	es of inventory (attach schedule). Subtr	ract line 10b from line 10a	• • • • • •	· · · · · · · · · · · · · · · · · · ·	10c		
	11 12	Total revenue	e – :1 t. t. v. - – :1 t. t. v.	rt VII, line 103)			• • • • • • • • • • • • • • • • • • • •	11		673.
{	13	Program consi	. Add line	s 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Uc, and II		· · · · · · · · · · · · · · · · · · ·			603.
Ē		Managament	ces (irom	line 44, column (B))						087.
EXPENSES	14			ral (from line 44, column (C))				\ \ \ 		806.
Ñ S	15 16	Payments to a	om ane 4	4, column (D))	***************************************			——	65,	608.
Ĕ	16 17	Total aveaus	иннакез (а	attach schedule)		• • • • • •		16		
	17 1Ω	Evense or /dat	is Aud IIA	es 16 and 44, column (A)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	17	1,112,	
, A	18	Not appete and	ucity for th	ne year. Subtract line 17 from I	ine 12	• • • • • •			-162,	
ASSET S	19 20	Other charges	iunu balai	nces at beginning of year (from	l line /3, column (A)).			19	451,	<u> 153.</u>
'Ť		Not accete as 4	ninet as	sets or fund balances (attach	explanation)			20		
	21	iver assets or t	iund balai	nces at end of year. Combine I	ines 18, 19, and 20		<u></u>	21	288,	255.

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 instruct.)

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22 a	Grants paid from donor advised							
	funds (attach sch) (cash \$							
	non-cash \$							
	If this amount includes							
22 h	foreign grants, check here	22 a						
220	(cash \$							
	non-cash \$)							
	If this amount includes foreign grants, check here ► □	22b						
22		22.0						
23	Specific assistance to individuals (attach schedule)	23		<u> </u>				
24	Benefits paid to or for members							
	(attach schedule)	24						
25 a	Compensation of current officers, directors, key employees, etc. listed							
	in Part V-A	25a	157,979.	104,257.	34,488.	19,234.		
b	Compensation of former officers, directors, key employees, etc. listed							
	in Part V-B	25 b	0.	0.	0.	0.		
С	Compensation and other distributions, not included above, to disqualified persons (as							
	defined under section 4958(f)(1)) and persons described in section							
	4958(c)(3)(B)	25 c	0.	0.	0.	0.		
26	Salaries and wages of employees not included on lines 25a, b, and c	26	507,526.	272 702	110 700	22.046		
		20	301,320.	373,782.	110,798.	22,946.		
` 27	Pension plan contributions not included on lines 25a, b, and c	27						
28	Employee benefits not included on							
	lines 25a - 27	28	116 220	03 554	05.00	·		
29 30	Payroll taxes	29 30	116,320.	83,554.	25,394.	7,372.		
31	Accounting fees	31						
32	Legal fees.	32						
33	Supplies	33	15,492.	11,128.	3,382.	982.		
34	Telephone	34	15,204.	10,920.	3,320.	964.		
35 36	Postage and shipping Occupancy	35 36	87,254.	62,676.	19,048.	5,530.		
37	Equipment rental and maintenance	37	20,084.	14,427.	4,384.	1,273.		
38	Printing and publications	38	2,446.	1,757.	534.	155.		
39	Travel	39	34,989.	34,989.				
40	Conferences, conventions, and meetings	40 41	1,454.	1,454.				
41 42	Depreciation, depletion, etc (attach schedule)	42	26,320.	18,906.	5,746.	1 660		
43	Other expenses not covered above (itemize):	72-	20,020.	10, 300.	5,740.	1,668.		
а	See Statement 1	43 a	127,433.	102,237.	19,712.	5,484.		
b		43 b						
۲ C		43 c 43 d						
e		43 e						
f		43 f						
g		43 g						
44	Total functional expenses. Add lines 22a							
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,112,501.	820,087.	226,806.	65,608.		
Joint	Costs. Check. ► if you are following		98-2.		·			
Are a	Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No							
If 'Ye	s,' enter (i) the aggregate amount of thes : (iii) the amount al	•			mount allocated to Prog			
****	\$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$							

art 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.

organi olease	zation. How the public pe make sure the return is	erceives an organization in such complete and accurate and full	n cases may be determined by the informally describes, in Part III, the organization's	programs and acc	omplishments.
All org lients zatíon	anizations must describe served, publications issues and 4947(a)(1) nonexe	e their exempt purpose achiever sued, etc. Discuss achievements empt charitable trusts must also	e Statement 2 ments in a clear and concise manner. Stathat are not measurable. (Section 501(c) enter the amount of grants and allocation	is to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
-	civil rights la accommodations	ws in the areas of h and government serv		C	
b_) If this amount includes foreign grants, o		820,087.
c_ -) If this amount includes foreign grants, o		
d .	(Grants and allocations) If this amount includes foreign grants, o		
e	(Grants and allocations Other program services . (Grants and allocations) If this amount includes foreign grants,) If this amount includes foreign grants,		
f	Total of Program Service	e Expenses (should equal line 4	14, column (B), Program services)		820,087.
D A A					Form ODA (2007)

BAA

Not	e:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the d	escription		(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing		<i></i>		283,537.	45	114,082.
	46	Savings and temporary cash investments			, . ,		46	
								·
	47	a Accounts receivable	47 a	27	9,709.			•
		b Less: allowance for doubtful accounts	47 b			127,151.	47 c	279,709.
								2.37.001
	48	a Pledges receivable	48 a	S # 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	er i de en de de la company			
		b Less: allowance for doubtful accounts					48 c	
	49	· · · · · · · · · · · · · · · · · · ·					49	
	50	a Receivables from current and former officers, director employees (attach schedule)	s. trus	tees, and ke	,	· · · · · · · · · · · · · · · · · · ·	50 a	
					İ		30 a	
		b Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attac	ed und hische	er section 49 dule)	^{158(f)(1))}		50 b	
A							300	
Š	51	a Other notes and loans receivable (attach schedule)	51 a					
ASSETS		b.Less: allowance for doubtful accounts					51 c	
•		Inventories for sale or use.					52	
	53					4,587.	53	5,425.
		a Investments — publicly-traded securities			TEMV	4,307.	54a	5,425.
		b Investments — other securities (attach sch)			HEMV		54 b	 ·
		a Investments — land, buildings, & equipment: basis.	55 a	□cost [_J' 'W'V		34 U	
			- J.J.a	-				
		b Less; accumulated depreciation (attach schedule)	_55 b			· , , , , , , , , , , , , , , , , , , ,	55 c	<u> </u>
		Investments – other (attach schedule)	1 1		- t		56	<u> </u>
**	57	a Land, buildings, and equipment: basis	57 a	13	1,176.	, •		***
		b Less: accumulated depreciation (attach schedule)Statement.3	57 b	8	5,801.	71,695.	57 c	45,375.
	58	Other assets, including program-related investments						
		(describe ►)		58_	
	59	Total assets (must equal line 74). Add lines 45 through	jh 58 .		<u></u>	486,970.	59	444,591.
	60	Accounts payable and accrued expenses				35,817.	60	56,336.
	61	Grants payable					61	
Ļ	62	Deferred revenue		,	[62	
Å B	63	Loans from officers, directors, trustees, and key						· · · · · · · · · · · · · · · · · · ·
Ĭ	•	employees (attach schedule)					63	
į	64	a Tax-exempt bond liabilities (attach schedule)					64 a	
T I E S		b Mortgages and other notes payable (attach schedule)			[64 b	100,000.
Š	65	,)[65	
	66	Total liabilities. Add lines 60 through 65				35,817.	6 6	156,336.
	Org	ganizations that follow SFAS 117, check here 🛌 🗓 ar	nd con	nplete lines 6	i7			
E T		through 69 and lines 73 and 74.						
	67	Unrestricted				405,153.	67	263,755.
SS	68	Temporarily restricted			[46,000.	68	24,500.
∢พพ≡พง	69	Permanently restricted					69	
O R	Org	ganizations that do not follow SFAS 117, check here 🕨		and complete	e lines	·		
_		70 through 74.						
סמהי	70	Capital stock, trust principal, or current funds					70	
	71	Paid-in or capital surplus, or land, building, and equip			ŀ	· · · · · · · · · · · · · · · · · · ·	71	
Ă	72	Retained earnings, endowment, accumulated income,	or oth	er funds			72	
Bベーベエじにの	73	Total net assets or fund balances. Add lines 67 throu			l			
Ĕ	/3	72. (Column (A) must equal line 19 and column (B) n	gn os nust e	qual line 21).		451,153.	73	288,255.
'n	74	Total liabilities and net assets/fund balances. Add lin				486,970.	74	444,591.

	ant W.A. Reconciliation of Reven	ue per Audited Financial	Statements with I	Revenue per Retur	n (See the
a b	Total revenue, gains, and other suppo Amounts included on line a but not on 1 Net unrealized gains on investments 2 Donated services and use of facilities. 3 Recoveries of prior year grants	Part I, line 12:	b1 b2 b3	a,538,447.	4,488,050.
c d	4Other (specify): Add lines b1 through b4	ut not on line a; Part I, line 6b.			3,538,447. 949,603.
e		es c and d	d2	► e	949,603. urn
a	Total expenses and losses per audited Amounts included on line a but not on 1 Donated services and use of facilities. 2 Prior year adjustments reported on Pa 3 Losses reported on Part I, line 20 4 Other (specify):	Part I, line 17: rt I, line 20	b1 b2 b3	3,538,447.	4,650,948.
c d	Add lines b1 through b4. Subtract line b from line a Amounts included on Part I, line 17, b 1 Investment expenses not included on 2 Other (specify):	ut not on line a; Part I, line 6b.	b4		3,538,447. 1,112,501.
e	Add lines d1 and d2. Total expenses (Part I, line 17). Add I adv As Current Officers, Direct or key employee at any time of	ines c and d		▶ e	
_	(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 plans	(E) Expense account and other allowances
	ee Statement 4		157,979.	0.	0.
					<u>-</u>

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Part V A Current Officers, Directors, Tru	stees, and Key En	ployees (continue	d)	,	Yes No				
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizat	ion business at board meeting	s. <u>12</u>	/995					
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)									
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'.									
If 'Yes,' attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy?									
Former Officers, Directors, Trusteness, Benefits (If any former officer, director during the year, list that person below a the instructions.)	stees, and Key Emor, trustee, or key empland enter the amount o	iployees That Received compens f compensation or othe	eived Compensatio sation or other benefits r benefits in the approp	n or Other (described be riate column.	r elow) . See				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Exp account ar allowar	nd other				
None									
				1					
									
				-					
					•				
Part VI Other Information (See the inst	ructions.)				Yes No				
76 Did the organization make a change in its acti				76					
If 'Yes,' attach a detailed statement of each of the work of the organizing or the organization of the organizat					X				
If 'Yes,' attach a conformed copy of the chang									
78a Did the organization have unrelated business b If 'Yes,' has it filed a tax return on Form 990-					N/A				
79 Was there a liquidation, dissolution, termination year? If :Yes, 'attach a statement	on, or substantial contr	action during the			X				
80 a Is the organization related (other than by assomembership, governing bodies, trustees, offic	ciation with a statewid	e or nationwide organiz	ation) through common		X				
1, 3	· · · ·	•	•	Charle Branch Co.					
b If 'Yes,' enter the name of the organization ►	and cl	heck whether it is e	xempt ornonexe	mpt.					
81 a Enter direct and indirect political expenditures	s. (See line 81 instructi	ons.)	81 a		v				
b Did the organization file Form 1120-POL for the BAA	ns yearr	· · · · · · · · · · · · · · · · · · ·			X 990 (2007)				
E: v:					\— <i>)</i>				

TEEA0106L 12/27/07

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Rait VII Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?	at no charge or at	82 a	Х	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	3,538,447.			
83a Did the organization comply with the public inspection requirements for returns and exemption		83 a	Χ_	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribute		83 b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a	ar nessi	X
b If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?		84 b	N,	A
.85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85 a	N,	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N,	Α
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.				
	B5c N/A			
d Section 162(e) lobbying and political expenditures				
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		影響		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		OF -	NI	25 APR
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	IV.	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasona dues allocable to nondeductible lobbying and political expenditures for the following tax year?	ible estimate of	85 h	N	/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				in ite
· · · · · ·	86a N/A			
	86b N/A			
	87a N/A			712-725
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301.770 if 'Yes,' complete Part IX	orporation or partnership, 01-2 and 301.7701-3?	88 a	The second secon	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	within the meaning of	88 b		Χ
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year unc				
section 4911 ► 0. ; section 4912 ► 0. ; section 49				
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If " explaining each transaction	s benefit transaction Yes,' attach a statement	89 b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	. -			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	. ▶ 0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	89 e	ļ <u>.</u>	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable in	surance contract?	89 f	AND THE REST	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	igs at any time during	89 c		X
the year?				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	(000) 004	90 t		16
91 a The books are in care of ► The Equal Rights Center Telephone num Located at ► 11 Dupont Circle N.W, Washington, DC	nper ► (202) 234- ZIP + 4 ► 2003	3062 6	_	
b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority_over a	<u> </u>	Yes	
financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country		91 L		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.				
BAA		Forr	n 99 0	(2007)

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Partivis	Part VI Other Information (continued) Yes No								
c At any	c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c X								
If 'Yes.' enter the name of the foreign country ▶									
92 Section	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here								
and en	ter the amount of tax-exempt inte	rest received o	r accr	rued during the t	ax year			N/A	
Part VII	Analysis of Income-Produc	ing Activiti	es (S	See the instru	ctions.)	<u> </u>			
	•	Unrelated	busin	ess income	Excluded by sec	tion 512, 513, or 514	(E)		
Note: Enter otherwise in	gross amounts unless dicated.	(A) Business code		(B) Amount	Exclusion code	(D) Amount	Related or e		
_	ram service revenue:					ļ			
				_ ·		_ -			
		-		·					
							·		
d				.					
, e	icare/Medicaid payments								
	& contracts from government agencies				 		,		
•	bership dues and assessments.			<u>-</u>	<u> </u>				
	est on savings & temporary cash invmnts .				14	5,080.			
	tends & interest from securities								
	ental income or (loss) from real estate:								
	-financed property	33.05.50.00.00.00.00.00.00.00.00.00.00.00.		****					
	debt-financed property			 					
	ental income or (loss) from pers prop	- ,		. ,	-				
	er investment income								
100 Gair	or (loss) from sales of assets		٠.					•	
	ncome or (loss) from special events				 				
	profit or (loss) from sales of inventory		•						
-	er revenue: a								
	se settlement award	The Foundation of the Land of					86	7,426.	
	nsulting contracts						5	6,537.	
d Ot:					1	1,710.	<u> </u>		
e e	HC1	:							
104 Subfi	otal (add columns (B), (D), and (E))					6,790.		3,963.	
105 Tota	al (add line 104, columns (B), (D),	and (E))				· · · · · · · · · · · · · · · · · · ·	93	0,753.	
Note: Line	105 plus line 1e, Part I, should eq	ual the amoun	it on li	ne 12, Part I.					
PadaVIII	Relationship of Activities	to the Acco	mpli	shment of Ex	empt Purpos	es (See the instruc	tions.)		
Line No.	Explain how each activity for whi of the organization's exempt purp	ch income is r	eporte	d in column (E) providing funds	of Part VII contri	buted importantly to the	e accomplish	nent	
103b	Case Settlement Award	ls - Compe	ensa	tion to th	e Center fo				
	mission and diversion	of resou	ırce	s and lega	l costs.	·			
103c	Consulting Contracts	- Fees re	ecei	ved in con	nection wit	h compliance t	esting		
	directly related to t	he organ	izat	<u>ion's miss</u>	ion.				
Part IX	Information Regarding Ta	xable Subs	idiari	es and Disre	garded Entition	es (See the instruc	tions,)		
	(A)	· (B)			(C)	(D)	(E)		
Name,	address, and EIN of corporation, tnership, or disregarded entity	Percentag ownership i	e of aterest	Nature o	f activities	Total income	End-of- asse		
N/A	······································		%						
,			e e						
			ષ્ટ્ર						
			ક						
Part X	Information Regarding Tr	ansfers Ass	ocia	ted with Pers	sonal Benefit	Contracts (See the	instruction	1s.)	
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
b Did th	b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes								
	Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).								

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Page 8

Par	Information Regarding Transfers To ar organization is a controlling organization	nd From Controlled En on as defined in section	i <mark>tities.</mark> Complete only if the in 512(b)(13).)
106	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controller	a controlled entity as defined	d in section 512(b)(13) of the Co	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
c				
	Totals			
107	Did the reporting organization receive any transfers for Yes, complete the schedule below for each controlle			Yes No e Code? If X
-	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
c				
	Totals			Yes No
108	Did the organization have a binding written contract i annuities described in question 107 above?.	n effect on August 17, 2006,	, covering the interest, rents, roy	
Plea Sigr Hero	Under penaltidy of perium, declare that I have exercined this returne, correct, and complete. Declaration of preparer other than of Signature of bifuer		es and statements, and to the best of my kinnich preparer has any knowledge.	
Paic Pre- pare	Firm's name (or Berry Group, CPA'S	CPA Date	/(Y D 8 employed >	reparer's SSN or PTIN (See leneral Instruction X) POO 6 3 7804
Use Only	employed), address, and ZiP+4 Alexandria, VA 22305	nue	EIN ► 20-39 Phone no. ► (70	951012 3) 838-7611 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.

2007

OMB No. 1545-0047

Name of the organization	•		521297949	ndilipei
The Equal Rights Center Compensation of the Five High	hest Paid Employees Oth	er Than Officers		d Trustees
(See instructions. List each one	e. If there are none, ente	r 'None.')	, 911 000013, am	4 11431003
(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
See Statement 5				
		249,547.	0.	0.
				·
			·	
Total number of other employees paid				
over \$50,000		0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
Partil A Compensation of the Five Hig (See instructions. List each on	hest Paid Independent C e (whether individuals or	ontractors for Pi firms). If there a	ofessional Ser re none, enter '	vices None.')
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
		•		-
	 	· -		
				
		, –		
	·			
Total number of others receiving over \$50,000 for professional services	•	0		
Bartill B Compensation of the Five Hig				
(List each contractor who performs. If there are none, enter	ormed services other than	n professional sei	rvices, whether	individuals or
		<u></u>		T
(a) Name and address of each independent contri	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
				
				
		180 per platent a description de la constant de la		
Total number of other contractors receiving				
over \$50,000 for other services				

â	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			١,,
		1	Mang suru	X
2	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. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
-	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	d Oute, excitatings, or reading of property.			
,	b Lending of money or other extension of credit?	2b		Х
	b Let falling of mortey of other extension of Greaters.			
	c Furnishing of goods, services, or facilities?	2c		X
	See Form 990, Part V	·	 	
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	X	ļ
	a Payment of compensation (or payment of reimbursement of expenses if those than \$1,000/:		 '` -	-
	e Transfer of any part of its income or assets?	. 2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	. 3a		Х
	b Did the organization have a section 403(b) annuity plan for its employees?	. 3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.	. 30		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	. 30	<u> </u>	X.
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	. 4a		Х
	b Did the organization make any taxable distributions under section 4966?	41	N	/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	. 40	N	ĮΑ
	d Enter the total number of donor advised funds owned at the end of the tax year	· · · · · ·		N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
٠	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	, . <u></u>		0.
3A	A TEEA0402L 12/27/07 Schedule A (Form 990 or	Form 9	90-E2	2) 2007

The Equal Rights Center

Schedule A (Form 990 or 990-EZ) 2007

BAA

521297949

Page 2

	Reason for Non-Private F					
cert	ify that the organization is πot a private fo	oundation because it is: (i	Please check only ONE app	olicable 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). (A	Also complete Part V.)	•			
7	A hospital or a cooperative hospital	service organization. Sect	ion 170(b)(1)(A)(iii).			
8	A federal, state, or local government	t or governmental unit. Se	ection 170(b)(1)(A)(v).			
9	A medical research organization operand state ►	erated in conjunction with	a hospital. Section 170(b)(1)(A)(iii). Er 	ter the hospit	al's name, city,
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or univer le in Part IV-A.)	sity owned or operated by	a governme	ntal unit. Secti	ion 170(b)(1)(A)(iv).
11 a	X An organization that normally receiv Section 170(b)(1)(A)(vi). (Also comp	es a substantial part of its lete the Support Schedu	s support from a governme le in Part IV-A.)	ntal unit or f	from the gener	al public.
116	A community trust. Section 170(b)(1)(A)(vi). (Also complete tl	ne Support Schedule in Pa	rt IV-A.)		
12	An organization that normally receiv from activities related to its charitable from gross investment income and unorganization after June 30, 1975. See	le, etc, tunctions — subjec inrelated business taxable	ct to certain exceptions, an	d (2) no mo tax) from bu	re than 33-1/3 Jsinesses acqu	% of its support
13	An organization that is not controlled	d by any disqualified pers	ons (other than foundation	managers)	and otherwise	meets the
	requirements of section 509(a)(3). C	theck the box that describ	es the type of supporting o	rganization:	•	
	Type I Type II Provide the		nally integrated out the supported organize	Type III ations. (See		<u> </u>
•	(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)	ls the su organizatio the sup organiz gove	l) ipported on listed in porting ration's rning	(e) Amount of support
-				docun Yes	nents?	
						, · · · · · · · · · · · · · · · · · · ·
				·		
Tota	l	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		0.
14	An organization organized and oper	rated to test for public saf	ety, Section 509(a)(4). (Sec			990 or 990-EZ) 2007
BAA	·			Conc	amore (LOHI)	223 0. 323 22, 2007

	You may use the worksheet in the					unting.
begi	ndar year (or fiscal year nning 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.)	307,960.	244,100.	210,017.	303,233.	1,065,310.
16	Membership fees received				· · · · · · · · · · · · · · · · · · ·	0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.	891,598.	1,183,386.	245,300.	371,527.	2,691,811.
18	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	8,120.	2,402.	74.	-,	10,596.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See. Stmt6.	10,782.	38,913.			49,695.
23	Total of lines 15 through 22	1,218,460.	1,468,801.	455,391.	674,760.	3,817,412
24	Line 23 minus line 17	326,862.	285,415.	210,091.	303,233.	1,125,601.
25	Enter 1% of line 23	12,185.	14,688	4,554.	6,748.	
	Organizations described on line		er 2% of amount in co		▶ 26a	22,512.
	Prepare a list for your records to show the supported organization) whose total gifts (return. Enter the total of all these excess	amounts			▶ 26b	
	Total support for section 509(a)(1				► 26c	1,125,601.
C	Add: Amounts from column (e) for	or lines: 18	10,596. 49,695.	19		
_	Public cuppert (line 26e minus lin			26 b		60,291.
	Public support (line 26c minus line Public support percentage (line					
<u>'</u> 27	Organizations described on line	12: N/A	ed by fine 200 (delito)	a(or))		94.64 %
ä	For amounts included in lines 15 name of, and total amounts recesuch amounts for each year:	, 16, and 17 that were ived in each year from	i, each 'disqualified p	erson.' Do not file thi	s list with your retur	n. Enter the sum of
	(2006)	(2005)	(2004)		_ (2003)	
ł	DFor any amount included in line to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be differences (the excess amounts)	17 that was received fit received for each ye izations described in listween the amount received for each year:	rom each person (oth ar, that was more tha ines 5 through 11b, a eived and the larger	er than 'disqualified par the larger of (1) the swell as individuals.) amount described in	persons'), prepare a le e amount on line 25 Do not file this list v (1) or (2), enter the s	ist for your records for the year or (2) vith your return, um of these
	(2006)	(2005)	(2004)		_ (2003)	
C	Add: Amounts from column (e) fo	or lines: 15		16		
•	17	20		21	27 c	
-	Public support //inc 27s total	an an an ard tetal	u iine Z/b total		27 d	
£	differences (the excess amounts) (2006) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c total min Total support percentage (line 27c)	ius iirie 270 10(dl),,,, 2) test: Enter amount :	from line 22 column	(a) ► 276		
,	Public support percentage (line	27e (numerator) divid	ed by line 23, commo	ninator))	▶ 27 ~	\{\begin{align*} \text{\text{\$\column{2}{c}} \text{\$
r F	Investment income percentage (line 18, column (e) (m	umerator) divided by	line 27f (denominate	r)). ► 27h	
	Unusual Grants: For an organizalist for your records to show, for nature of the grant. Do not file the	each year, the name on the care in the car	of the contributor, the n. Do not include the:	date and amount of t se grants in line 15.	he grant, and a brief	description of the

ZGI	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A	ı	
			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?	29		
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.)			
		400		
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	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?		 	
	a copies of all material accepts the organization of office contain to contain acceptance and a contain acceptance and a copies of all materials acceptance and a copies of a cop	32.0		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
	·	132.00		
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33 b		· · · · · · · · · · · · · · · · · · ·
ı	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
1	e Educational policies?	33 e		
,	f Use of facilities?	33 f	_	
ı	g Athletic programs?	33 g		
!	h Other extracurricular activities?	33 h		
	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?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	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		

art	VI-A Lobbying Ex (To be complete	penditures by Elected ONLY by an eligible	ting Public Charit organization that filed	iles (See instrud Form 5768)	tions.)				N/A
Chec	k ► a if the organiz	ration belongs to an affi	liated group. Check	► b if you	checke	ed 'a' and 'lir	nited	contro	ol' provisions apply.
		imits on Lobbying	-	_	ļ	(a) Affiliated tota	group	,	(b) To be completed for all electing
	(The term	'expenditures' means a	mounts paid or incurre	ed.)					organizations
36	Total lobbying expenditu	ures to influence public	opinion (grassroots lob	bying)	36				
37	Total lobbying expenditu	res to influence a legis	lative body (direct lobb	ying)	37				
38	Total lobbying expenditu								<u> </u>
39	Other exempt purpose e								
40	Total exempt purpose e	xpenditures (add lines 3	38 and 39)		40	- The second of			
41	Lobbying nontaxable an	nount. Enter the amoun	t from the following tat	ole —					
	If the amount on line 40		łobbying nontaxable a						
	Not over \$500,000								
	Over \$500,000 but not over \$1,								
	Over \$1,000,000 but not over \$				41 3000				
	Over \$1,500,000 but not over \$								
	Over \$17,000,000								
42									
43	Subtract line 42 from lin								
44	Subtract line 41 from lin				44				
	Caution: If there is an a						to be a second	2012034	
	(Some organ	izations that made a se	Averaging Period ction 501(h) election d e the instructions for li	o not have to co	mplete	(h) all of the fiv	re colu	mns	below.
	· ·		Lobbying Expen	ditures During 4	-Year	Averaging P	eriod		
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005			l) . 04	s	をま (e) いた Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e)).								
50	expenditures								
	· · · · · · · · · · · · · · · · · · ·	only bý organizations th	nat did not complete Pa	art VI-A) (See in:					N/A
Duri atte	ing the year, did the orga mpt to influence public o	nization attempt to influ pinion on a legislative r	лепсе паtional, state o matter or referendum, t	r local legislation through the use o	n, inclui of:	ding any	Yes	No	Amount
	a Volunteersb Paid staff or managemc Media advertisements.	ent (Include compensa	tion in expenses report						
	d Mailings to members, l								
	e Publications, or publish								
	f Grants to other organiz								
	g Direct contact with legi								
	h Rallies, demonstrations			or any other me	ans				

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

	nformation Reg	arding Tr	ansfers T	o and	Transactions	and	Relationships With Noncharitable	
_ I	Exempt Organiza	ations (S	ee instruc	ctions)				

51 Did the	e reporting organization on Code (other than section	directly or ind 501(c)(3) or	directly engage in a	any of the followir section 527, relat	ng with any o	ther organizati al organization	on describe s?	d in secti	on 501	(c)
	ers from the reporting or							[Yes	No
(i)Ca	ısh						.	51 a (i)		X
(ii)Ot	her assets							a (ii)		X
b Other	transactions:									
(i)Sa	ales or exchanges of asse	ets with a no	ncharitable exemp	t organization				b (i)		X
,,	rchases of assets from a						r	b (ii)		<u>X</u>
. ,	ental of facilities, equipme						7	b (iii)		X
٠,	eimbursement arrangeme						ł	b (iv)		X
	ans or loan guarantees .							b (v)		X
	erformance of services or						r	b (vi)		X
	ig of facilities, equipment							c		X
d If the sthe go	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ve is 'Yes,' o vices given t naement. sh	complete the follow by the reporting ord low in column (d) t	ring schedule. Col ganization. If the c he value of the go	umn (b) sho organization oods, other a	uld always sho received less t ssets, or servi	w the fair m han fair ma ces received	arket value rket value i:	ue of in	
(a) Line no.	(b) Amount involved		(c) noncharitable exem			on of transfers, tran	(d)			ts
N/A										
									·	
	-									
							<u>-</u>			
					-					
	<u></u>			'						·
										
					,					
						·				
	organization directly or i ibed in section 501(c) of s,' complete the following				re tax-exemp tion 527?	ot organizations		►	s X	No
	(a) Name of organization		(t Type of or	o) ganization '		Description	(c) on of relation	nship		
N/A					ļ					
										
								· · · · ·		· · · · · ·
										
					 					
					 			<u>-</u>		
					 		<u> </u>			
			I		1					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2007

OMB No. 1545-0047

Employer identification number Name of organization 521297949 The Equal Rights Center Organization type (check one): Section: Filers of: X|501(c)(3) (enter number) organization Form 990 or 990 EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.) General Rule -For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked; enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.)..... **Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Page 1

of 3

of Part I

Name of organization
The Equal Rights Center

Employer identification number 521297949

Part	Contributors (See Specific Instructions.)			
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
	WASHINGTON LAWYERS' COMM. CRUA 11 DUPONT CIRCLE WASHINGTON, DC 20036	\$_	178,137.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
2	THE NEW YORK COMMUNITY TRUST 909 3RD AVENUE NEW YORK, NY 10022	\$_		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
3	WILEY REIN LLP 1776 K STREET, NW WASHINGTON, DC 20006	\$_	669 <u>,547.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
4	CROWELL & MORING LLP 1001 PENNSYLVANIA AVE., NW WASHINGTON, DC 20004	\$_	374,616.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
5	BEVERIDGE & DIAMOND PC 1350 I STREET, NW WASHINGTON, DC 20005	\$	998,367.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
6	FRIED, FRANK, HARRIS, ET AL 1001 PENNSYLVANIA AVE., NW	_ _ _\$_	567,961.	Person Payroll Noncash X

WASHINGTON, DC 20004

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

(Complete Part II if there is a noncash contribution.)

of Part I

The Equal Rights Center

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Employer identification number 521297949

Part =	Contributors (See Specific Instructions.)			
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
	STEPTOE & JOHNSON LLP 1330 CONNECTICUT AVE., NW WASHINGTON, DC 20036	\$	117,577.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
	McDERMOTT WILL & EMERY LLP 600 THIRTEENTH STREET, NW WASHINGTON, DC 20005	\$	150,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
9	COHEN MILSTEIN ET AL 1100 NEW YORK AVE., NW WASHINGTON, DC. 20005	\$	13,155.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
10	CLEARY GOTTLIEB ET AL 2000 PENNSYLVANIA AVE., NW WASHINGTON, DC 20006	\$	95,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
11_	GILBERT RANDOLPH LLP 1100 NEW YORK AVE., NW WASHINGTON, DC 20005	\$	117,716.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Aggregate contributions	(d) Type of contribution
12	KELLEY DRYE & WARREN LLP 3050 K STREET, NW WASHINGTON, DC 20007	\$_	196,602.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Name of org	anization	Employe	ridentification number
The Ec	qual Rights Center	5212	97949
Partil	Contributors (See Specific Instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13_	K & L GATES LLP 1601 K STREET, NW WASHINGTON, DC 20006	\$ 59,769.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b)	(c) Aggregate contributions	(d) Type of contribution
		 \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$\$ 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
	TEFA0702L 07/31/07	Schedule B (Form 9	1 90, 990-EZ, or 990-PF) (2007

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of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)
Name of organization

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of Part II

Name of organization
The Equal Rights Center

BAA

Employer identification number

521297949

	Noncasti Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PRO-BONO LEGAL SERVICES		
Ī		\$178,137.	7/01/07
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	RO-BONO LEGAL SERVICES		
		\$ 669,547.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	PRO-BONO LEGAL SERVICES		
		\$374,616.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	PRO-BONO LEGAL SERVICES		
		\$ 998,367.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 6	PRO-BONO LEGAL SERVICES		
		\$ 567,961.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	PRO-BONO LEGAL SERVICES	-	
] \$117,577.	
		5	

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

The Equal Rights Center

Employer identification number

521297949

Parel Noncash Property (See Specific Instructions.)

	Tronousir Foreity (odd oposino monachansi)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	PRO-BONO LEGAL SERVICES		
		 \$150,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	PRO-BONO LEGAL SERVICES		
		\$13,155.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	PRO-BONO LEGAL SERVICES		
		\$ 95,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	PRO-BONO LEGAL SERVICES		
		\$\$117,716.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	PRO-BONO LEGAL SERVICES		
		\$196,602.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	PRO-BONO LEGAL SERVICES		
		59,769.	-
BAA	<u></u>	Schedule B (Form 990, 990-EZ	or 990-PF) (2007

Name of organization

Employer identification number

The Equal Rights Center

| 521297949 |
| Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)
| organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I N/A			
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
			·
a) from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rti	rurpose or girt		3
_			·
		(e)	
	Transferee's name, addres	Transfer of gift	Relationship of transferor to transferee
	Halisieree's Harrie, address		
	(b)	(c)	(d)
a) from	Purpose of gift	Use of gift	Description of how gift is held
art I			
		(e)	
		Transfer of gift	
	Transferen's name address		Relationship of transferor to transferee
	Transferee's name, addres		Relationship of transferor to transferee
	Transferee's name, addres		Relationship of transferor to transferee
(a)	(b)	ss, and ZIP + 4	(d)
a) from		ss, and ZIP + 4	
(a) from art l	(b)	ss, and ZIP + 4	(d)
(a) . from eart I	(b)	(c) Use of gift	(d)
(a) . from art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
(a) from art I	(b)	(c) Use of gift (e) Transfer of gift	(d)
(a) . from art l	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held

2007	Federal Statements	
	The Equal Rights Center	

521297949

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Statement 1 Form 990, Part II, Line 43 Other Expenses

	(A)	(B)	(C)	(D)
-	<u>Total</u>	Program Services	Management & General	Fundraising
Advertising	700.	700.		
Dues and subscription Insurance	2,051. 3,985.	2,051. 2,862.	870.	253.
Professional fees	82,540.	59,290.	18,019.	5,231.
Special events	4,746.	4,746.	·	·
Staff training and recruitment	4,264.	4,264.	200	
Storage	823.	20 204	823.	
Testing expenses Total	28,324. \$ 127,433.	28,324. 3 102,237.	\$ 19,712.	\$ 5,484.

Statement 2 Form 990, Part III Organization's Primary Exempt Purpose

Education, counseling, advocacy and enforcement with respect to the civil rights laws in the areas of housing, employment, public accommodations and government services.

Statement 3 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category			Basis		Accum. Deprec.		Book <u>Value</u>
Furniture and Fixtures	ş Total <u>ş</u>	3	131,176. 131,176.	\$ \$	85,801. 85,801.	<u>\$</u> \$	45,375. 45,375.

Statement 4
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other	
Rabbi Bruce E. Kahn 11 Dupont Circle, N.W. Washington, DC 20036	Executive Direc \$ 40.00	157,979.	\$ 0.	\$ 0.	
Rev. Dr. James G. Macdonell 9708 DePaul Drive Bethesda, MD 20817	President 0	0.	0.	0.	

Federal Statements

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The Equal Rights Center

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Statement 4 (continued) Form 990, Part V-A List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- bu	ition to Acco	oense ount/ ther
Kim Keenan, Esq. 888 17th Street.,NW, 4th Floor Washington, DC 20006	1st Vice Pres. \$		0. \$	0.
Peter Eldelman, Esq. 600 New Jersey Avenue, NW.#403 Washington, DC 20001	2nd Vice Pres. 0	0.	0.	0.
Msgr. Ralph Kuehner 6701 Muncaster Mill Rd. Derwood, MD 20855	Secretary 0	0.	0.	0.
Robert Dinerstein, Esq. 4801 Massachusetts Ave., NW Washington, DC 20016	Treasurer 0	0.	0.	0.
James O. Gibson 1575 Eye Street, NW, Ste 500 Washington, DC 20005	Chair of PC . 0	0.	0.	0.
Sue A. Marshall 801 Pennsylvania Ave., SE Washington, DC 20003	Director 0	0.	0.	0.
Beatritz "B.B." Otero 1420 Columbia Rd., NW Washington, DC 20009	Director 0	0.	0.	0.
Daniel B. Silver, Esq. 2000 Pennsylvania Ave., NW Washington, DC 20006	Director 0	0.	0.	0.
Jackie Simon 1 Bank Street, Ste 100 Gaithesburg, MD 20878	Director 0	0.	0.	0.
George Ruttinger, Esq. 1001 Pennsylvania Ave. NW Washington, DC 20004	Director 0	0.	0.	0.
	Total 💆	\$ <u>157,979.</u> \$	0. \$	0.

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Federal Statements

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The Equal Rights Center

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Statement 5 Schedule A, Part I Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen- sation	Contribut. EBP & DC	Expense Account
Michael Caesar 11 Dupont Circle, N.W. Washington, DC 20036	IRPM 40.00	54,711.	0.	0.
Ezinwanne Hawkins 11 Dupont Circle, N.W. Washington, DC 20036	FHPM 40.00	53,788.	0.	0.
Arlene Corbin Lewis 11 Dupont Circle, N.W. Washington, DC 20036	Comm/OR Manager 40.00	50,774.	0.	0.
Melissa Fobear 11 Dupont Circle, N.W. Washington, DC 20036	Admin. Manager 40.00	51,096.	0.	0.
Rebecca Crootoff 11 Dupont Circle, N.W. Washington, DC 20036	Nat'l Proj. Mgr 40.00	39,178.	0.	0.
•	Total	\$ 249,547.	\$ 0.	0.

Statement 6 Schedule A, Part IV-A, Line 22 Other Income

Description		<u>(a) 2006</u>	(b) 2005	(c)	2004	_(d)	2003	(e) Total
OTHER INCOME	Total	\$ 10,782. \$ 10,782.	\$ 38,913. \$ 38,913.	\$ <u>\$</u>	0.	<u>\$</u>	0.	\$ 49,695. \$ 49,695.