Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

-					nnina		, 2007, and	endina		, 20	
A	For th	ne 2007 c	MARKET STREET,	year, or tax year begi	miny		-		D Employe	er identification r	number
В	Check if	applicable:	Please use IRS	C Name of organization	av.				03	05822	16
	Address	s change	label or	JUBILEE USA NETWOR Number and street (or F	A box if mail is	not delivered to	treet address) Room/suite	E Telepho	ne number	
	Name o	hange	print or type.			THOU GOILLOIGG TO			(202)	783-	-3566
	Initial re	eturn	See Specific	City or town, state or c		. A			F Accounting	method: Cash	n 🗸 Accrual
	Termina	ation	Instruc-	WASHINGTON, DC, 20	OUTLIY, AND ZIF	T 4			-	er (specify)	لستنا
	Amende	ed return	tions.	CONTRACTOR OF THE PROPERTY OF	NAMES AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY.		- havitable	H and I are no	ot applicable t	to section 527 org	ganizations.
	Applicat	ion pending	• Sec	ction 501(c)(3) organizati sts must attach a comple	ons and 4947(a	a)(1) nonexempt . (Form 990 or 99	0-EZ).	H(a) Is this a	group return	for affiliates?	Yes 🗸 No
					neu Ocheadio A	. (,			r of affiliates 🕨	
G	Websit	e: ► WW	W.JUBIL	EEUSA.ORG				H(c) Are all a	ffiliates includ	ed?	Yes No
J	Organi	zation type	(check c	only one) 🕨 🗸 501(c) (3) ∢ (insert no	.) 4947(a)(1)	or 527			See instructions.)	1
	01	. []	if the c	proprietion is not a 5090	a)(3) supporting	organization and	its gross	H(d) Is this a s	separate return	a group ruling?	Yes No
	receipts	s are norma	lly not mo	ore than \$25,000. A return i	s not required, b	ut if the organizat	on chooses		xemption Nur		
	to file a	retum, be	sure to file	e a complete return.				M Check	if th	ne organization is	s not required
				or or or and tob t	o lino 12 🛌	529,87		to attac	h Sch. B (Fo	rm 990, 990-EZ,	, or 990-PF).
******	CONTRACTOR OF THE PERSON OF TH	receipts: /	Add line	s 6b, 8b, 9b, and 10b t penses, and Chan	ges in Net	Assets or F	ınd Balar	ices (See t	he instruc	tions.)	
	art I	Reven	iue, Ex	penses, and Chan	iges in iver	received:					
	1	Contribu	utions,	gifts, grants, and sim	ıllar amounts		1a				
	а	Contribu	utions t	o donor advised fund	ds		1b	526,7	757		
	b	Direct p	ublic su	upport (not included	on line 1a)		1c				
	С	Indirect	public :	support (not included	d on line 1a)		1d				
	d	Governr	nent co	ontributions (grants) (not included	on line 1a) L		1	1e		526,757
	е	Total (ad	dd lines	1a through 1d) (cash	\$	noncasi	· (fue ma Dord	/ - //! line 93)			
	2	Program	service	revenue including go	vernment tees	s and contract	s (Irom Pan	VII, III e 90)	3		
	3	Member	ship du	ies and assessments	·				4		419
	4	Interest	on savi	ngs and temporary of	ash investm	ents			5		
	5			interest from securiti			6a		•		
	6a						6b				
	b	Less: re	ntal exp	oenses					6c		
	C	Net rent	al incor	ne or (loss). Subtrac	t line 6b trom	n line ba	• • •		7		
ē	7			nt income (describe		Securities	(E) Other	/		
Revenue	8a	Gross a	mount	from sales of assets	otner	, 6000, 11.02	8a				
Rev		than inv					8b				
_	b			er basis and sales expe	enses.		8c				
	С	Gain or	(loss) (a						8d		
	d	Net gain	or (loss	s). Combine line 8c, co	olumns (A) and	a (B)		le born			
	9			d activities (attach sche	dule). If any an	nount is from g a	aming, chec	K nere ► L			
	а	Gross re	evenue	(not including \$		of	9a				
		contribu	itions re	eported on line 1b).							
	b	Less: di	rect exp	penses other than fu	ndraising exp	benses . L	30		9c		
	С	Net inco	ome or	(1088) Itom Special et	reins. Oublik	Or 11110 OD 110	1 line 9a 10a				
	10a	Gross s	ales of	inventory, less return	is and allowa		10a 10b				
	b	Less: co	ost of g	oods sold				line 10e	10c		
	С	Gross pr	ofit or (lo	oss) from sales of invent	ory (attach sch	edule). Subtrac	t line Tub tro	m me roa	11		2,697
	11	Other re	NODUA	from Part VII line 10)(3)				•	***************************************	529,873
	12	Total re	venue.	Add lines 1e, 2, 3, 4,	5, 60, 7, 60, 8	70, 100, and 1			13		396,674
	13	Program	n servic	es (from line 44, colu	ımn (B)) .				14		53,648
Expenses	14	Manage	ment a	nd general (from line	44, column	(C))			15		29,728
oeu	15	Fundrais	sing (fro	om line 44, column (D	D))				16		<u> </u>
ŭ	1	Paymen	its to af	filiates (attach sched	ule)				•		480,050
	17			s. Add lines 16 and					10		49,823
ts	18	Excess	or (defi	cit) for the year. Subt	tract line 17 f	rom line 12					19,287
SSE	19	Not acc	ote or f	und halances at begi	inning of veal	r (from line 73	, column (4))		Manual Control of the	-12,253
Net Assets	20	ام سمالی		in not accete or func	l halances (a	ttach explana	ion)		. 21		56,857
ž	21	Net asse	ets or fu	nd balances at end of	r year. Combit	ie imes 18, 19	, aliu ZU			***************************************	

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II Statement of organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** (C) Management Do not include amounts reported on line (B) Program (D) Fundraising (A) Total and general services 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) (cash \$ ___ _____ noncash \$ _ 22a If this amount includes foreign grants, check here 🕨 🗌 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ ___ 22b If this amount includes foreign grants, check here 🕨 🗌 Specific assistance to individuals (attach 23 23 schedule) Benefits paid to or for members (attach 24 24 25a Compensation of current officers, directors, 7,035 4,523 38,692 50,250 25a key employees, etc. listed in Part V-A . . . b Compensation of former officers, directors, 25b key employees, etc. listed in Part V-B . . . Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 25c described in section 4958(c)(3)(B) Salaries and wages of employees not included 26 3,199 3,852 126,356 133,407 26 Pension plan contributions not included on 27 27 Employee benefits not included on lines 28 1,193 597 18,100 19,890 28 1,032 516 17,195 15,647 29 Pavroll taxes 29 30 Professional fundraising fees . . . 30 19,150 19,150 31 Accounting fees 31 32 32 789 5,931 788 7,508 33 33 3,072 12,287 15,359 34 Telephone 34 1,379 1,424 15,616 12,813 35 Postage and shipping . . . 35 4,400 2,934 18,334 11,000 36 Occupancy 36 37 Equipment rental and maintenance. . . 37 4,330 17,319 21,649 38 Printing and publications 38 50,470 50,470 39 39 18,310 1,017 1,017 20,344 40 Conferences, conventions, and meetings. . 40 41 41 8,253 8,253 42 Depreciation, depletion, etc. (attach schedule) 42 Other expenses not covered above (itemize): 43 10,639 2,237 69,749 82,625 43a 43b 43c 43d 43e 43f 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 29,728 396,674 480,050 13-15) Joint Costs. Check ▶ ☑ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . F 🗹 Yes 🗆 No 6,289; (ii) the amount allocated to Program services \$___ If "Yes," enter (i) the aggregate amount of these joint costs \$__ 0; and (iv) the amount allocated to Fundraising \$ 4,330 (iii) the amount allocated to Management and general \$

 		~	_		<i>(</i>			1
Statement of	Drogram	Carvica	Accom	nlishments	(See	tne ir	nstructior	1S.)
Statement of	Program	OCI VICE	ACCOIL	phomistica	1000			

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.

Program Service

orc	ograms and accomplishments.	
۸/۲	pat is the organization's primary exempt purpose? EDUCATION & OUTREACH	Program Service Expenses
All of a	organizations must describe their exempt purpose achievements in a clear and concise mainler. State the harmon clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	CONDUCTED A YEAR-LONG EDUCATION AND MOBILIZATION EFFORT TO RAISE AWARENESS ABOUT THE UNFINISHED	
а	AGENDA ON INTERNATIONAL DEBT AND THE NEED FOR MORE RESPONSIBLE GLOBAL LENDING PRACTICES. HELD	
	JUBILEE SUNDAY WITH MORE THAN 80 CONGREGATIONS. 27 NEW CHURCHES JOINED THE JUBILEE CONGREGATIONS	
	PROGRAM. ORGANIZED A TWO-WEEK EDUCATIONAL DELEGATION TO KENYA AND ZAMBIA. LAUNCHED CAMPAIGN ON	
	PRACTICES UNDERMINING GAINS ON DEBT RELIEF IN ZAMBIA. SUPPORTERS SENT OVER 10,000 HAND-MADE	
	VALENTINES TO US TREASURY SECRETARY TO RAISE A CALL FOR IMMEDIATE DEBT CANCELLATION FOR LIBERIA. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	396,674
	(Grants and allocations \$) If this amount includes foreign grants, check here LEVERAGED OVER 40,000 MESSAGES FROM SUPPORTERS TO HELP WIN COMMITTMENT FROM THE INTERNATIONAL	
b	MONETARY FUND TO PAVE THE WAY FOR LIBERIA'S DEBT REDUCTION. CONDUCTED THE SECOND ANNUAL GRASS-	l
	ROOTS EDUCATION AND TRAINING AND SKILL BUILDING CONFERENCE, WITH OVER 170 PARTICIPANTS. WORKED	
	WITH HAITIAN SOLIDARITY GROUPS TO CALL FOR EXPEDITED DEBT CANCELLATION FOR HAITI.	
	- Last how -	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
u	***************************************	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here 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)	396,674

Form **990** (2007)

P	rt IV	Balance Sheets (See the instructions.)		I	/5 \
ALIEN TO STORY	lote:	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 48,510
	AE	Cash—non-interest-bearing	58,722	45	40,310
	45	Savings and temporary cash investments		46	
	46	Savings and temporary oden investment			
	4"7-	Accounts receivable			
	4/a	Less: allowance for doubtful accounts		47c	
	D	Less. allowalide for doubtral assessment			
	40-	Pledges receivable			
	48a	Pledges receivable		48c	
	l	Grants receivable		49	
	49	Receivables from current and former officers, directors, trustees, and			
	50a	key employees (attach schedule)		50a	
		Receivables from other disqualified persons (as defined under section			
	a	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	-4-	Other notes and loans receivable (attach			
S	51a	schedule)			
Assets	h	Less: allowance for doubtful accounts . [51b]		51c	
	52	Inventories for sale or use	2.004	53	0
	53	Proposed expenses and deferred charges	3,964	54a	
	EAG	Investments—publicly-traded securities Cost LI FMV		54b	
	b	Investments—other securities (attach schedule) Cost FMV		540	
	552	Investments—land, buildings, and			٠
	004	equipment: basis			
	b	Less: accumulated depreciation (attach		55c	
	_	schedule)		56	
	56	Investments—other (attach schedule)			
	57a	Land, buildings, and equipment: basis .			
	b	Less: accumulated depreciation (attach schedule)	5,147	57c	3,234
	58	Other assets including program-related investments	11,454	58	5,113
		(describe ATTACHED	79,287	59	56,857
	59	Total assets (must equal line 74). Add lines 45 through 58	, 0,20	60	
	60	Accounts payable and accrued expenses		61	
	61	Grants payable	60,000	62	0
	62	Deferred revenue			
lities	63	Loans from officers, directors, trustees, and key employees (attach		63	
1		schedule)		64a	
Liab	64a	Tax-exempt bond liabilities (attach schedule)		64b	
اسر	1	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶)		65	
	65	Other liabilities (describe			
	66	Total liabilities. Add lines 60 through 65	60,000	66	0
	- 00	anizations that follow SFAS 117, check here ▶ ☑ and complete lines			
	Orga	67 through 69 and lines 73 and 74.			EC 057
es	677	Unrestricted	19,287	67	56,857
ű	67	Temporarily restricted		68	
Fund Balances	68 69	Permanently restricted		69	
<u>п</u>	09	anizations that do not follow SFAS 117, check here ▶ ☐ and			
Ë	Orga	complete lines 70 through 74.		70	
	70	Capital stock trust principal, or current funds		70	
ဌ	71	Paid-in or capital surplus, or land, building, and equipment fund .		72	
sel	72	Retained earnings, endowment, accumulated income, or other funds		16	
As	73	Table and exacts or fund balances. Add lines 67 through 69 or lines			
Net Assets or		70 through 72. (Column (A) must equal line 19 and column (B) must		73	
_		equal line 21)	79,287	74	56,857
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	IU7LUI		000 (200

Pal	t IV-A Reconciliation of Revenue per Aud	ited Financial Statem	ents V	/ith Rev	enue pe	er Het	urn (See trie
Parel Inches Man	instructions.)					а	T	529,873
а	Total revenue, gains, and other support per audit	ed financial statements			• • •	7.0		
b	Amounts included on line a but not on Part I, line	12:	b1					
1	Net unrealized gains on investments		b2			1		
2	Donated services and use of facilities		b3					
3	Recoveries of prior year grants					7		
4	Other (specify):		b4					
			<u> </u>			b		0
	Add lines b1 through b4					С		529,873
С	Subtract line b from line a							
d	Amounts included on Part I, line 12, but not on lin	1e a:	d1					
1	Investment expenses not included on Part I, line	ου						
2	Other (specify):		d2					
						d		0
					<u> Þ</u>	<u>е</u>	<u>L</u>	529,873
e •	Reconciliation of Expenses per Au	dited Financial States	Helita	AAICII post	enses	per R	eturr	480,050
and contract of	Total expenses and losses per audited financial s	tatements				a	<u> </u>	460,030
a	Amounts included on line a but not on Part I, line	17:				100		
b	Donated services and use of facilities		b1			-		
1	Prior year adjustments reported on Part I, line 20		b2			1.7		
2	Losses reported on Part I, line 20		b3			10%		
3 4	Other (enecify):							
4		~~~~~~~~~~~~~~~~~~	b4			b	1	0
	Add lines h1 through b4					C		480,050
С	Subtract line b from line a							
d	Amounts included on Part I, line 17, but not on li	ne a:	d1					
1	Investment expenses not included on Part I, line	6b	u					
2	Other (specify):		d2					
_						d]	0
	Add lines di dire de	,				е		480,050
е						as an c	officer,	director, trustee,
Pa	rt V-A Current Officers, Directors, Trustees or key employee at any time during the ye	ar even if they were not	COSTIPOL					
		(B)		pensation aid, enter	(D) Contribu benefit pl	tions to e ans & def	mployee erred	(E) Expense account and other allowances
	(A) Name and address	Title and average hours per week devoted to position	(ii not i	0)	compe	nsation pla	ans	
MEI	L WATKINS	EXECUTIVE DIRECTOR, 40						o
242	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036			50,250			0	V
IRAL	ANI COUNTESS	CO-CHAIR, 5		_			0	0
212	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036			0				
DA'	RIMER	CO-CHAIR, 5		•			0	0
212	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036			0				
FAT	THER SEAMUS FINN	TREASURER, 5	1	0			0	0
212	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036							
AR	REV FISHER	SECRETARY, 5		0			0	0
212	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036							
ALI	X BAUMGARTEN	BOARD MEMBER, 1		0			0	0
212	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036							
KO	I FEN BOUCHANE	BOARD MEMBER, 1		0			0	0
212	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036						***************************************	
ALI	OO CALIARI	BOARD MEMBER, 1		0			0	0
212	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036	TARREST A						
MH	IZHA CHIFAMBA	BOARD MEMBER, 1		0			0	0
	EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036	ners berings						
MA	RIE CLARKE BRILL	BOARD MEMBER, 1		0		-	0	0
212	2 EAST CAPITOL ST, NE, WASHINGTON, DC 20003-1036							Form 990 (2007)

Form	990 (2007)			The second secon	Yes No
Par	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continuea)		res No
75a	Enter the total number of officers, directors, and tr	ustees permitted to vo	ote on organizatio 	n business at board 15	Control of the contro
	Are any officers, directors, trustees, or key employeemployees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	ll-B, related to each entifies the individuals	orblessional and other through and explains the	family or business relationship(s)	75b 🗸
	compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization."	Part I, or highest of Part II-A or II-B, red at are related to the o	ceive compensation See	on from any other	75c 🗸
d	Deaths argonization have a written conflict of in	nterest policy?			75d ✓
Par	TV-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp				structions.)
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NON	E				
			·		
		,			
Par	t VI Other Information (See the instruction	s.)			Yes No
76	Did the organization make a change in its activitie	es or methods of cond			76 ✓
	Were any changes made in the organizing or gove	erning documents but			77
	Did the organization have unrelated business growthis return?				78a ✓ 78b
b	If "Yes," has it filed a tax return on Form 990-T for Was there a liquidation, dissolution, termination, o	r mis yearr r substantial contracti	 ion durina the ve	ar? If "Yes," attach	
	a statement				79 🗸
	common membership, governing bodies, truste organization?	es, officers, etc., to	any other exem	ibr or nonexembr	80a ✓
	If "Yes," enter the name of the organization ▶	and check whether it	is a exempt or		
81a b	Enter direct and indirect political expenditures. (See Did the organization file Form 1120-POL for this y	ear?			81b ✓

Form	990 (2007)		· F	age 7
A01707014000	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
	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		
b	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b 84a	√	1
b	Did the organization solicit any contributions or gifts that were not tax deductible?	84b		
b	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a 85b		
d	Section 162(e) lobbying and political expenditures Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Taxable amount of lobbying and political expenditures (line 85d less 85e) 85d 85e 85f	85g		20 M
g h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h		
87	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. Gross receipts, included on line 12, for public use of club facilities			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		4.7	
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		<u> </u>
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		√
	section 4911 0; section 4912 0; section 4955 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction engage in any section engage			
	during the year or did it become aware of an excess benefit transaction from a prior year? It less, attacking a statement explaining each transaction	89b		✓
Ч	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1		
	transaction?	89e 89f		<u>√</u>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		✓
90a	List the states with which a copy of this return is filed >			
h	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) The books are in care of ▶ JUBILEE USA NETWORK Telephone no. ▶ (202)	783	-3566	4
	Located at 222 EAST CAPITOL STINE WASHINGTON DC	1036		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No ✓

	90 (2007) Other Information (continued)		CONTRACTOR OF THE PROPERTY OF	apol-où de militable e la reconstruction de la reco			Page 8
С	At any time during the calendar year, did the	^/ 🔛					/
	Section 4947(a)(1) nonexempt charitable trust and enter the amount of tax-exempt interest	s filing Form 9 received or ac	90 in lieu of Form crued during the	1041— Check tax year	chere	• •	
Section and supplied to	VII Analysis of Income-Producing Ac	Unrelated	<i>tne instructions.</i> d business income	Excluded by sect	tion 512, 513, or 514		(E)
note:	Enter gross amounts unless otherwise ted.	(A)	(B)	(C)	(D)	exemp	ated or ot function
93	Program service revenue:	Business cod	de Amount	Exclusion code	Amount	in	come
а							
b		_					
C							
d							
e f	Medicare/Medicaid payments						
g	Fees and contracts from government agencie	s			,		
94	Membership dues and assessments		-	14	419	 	
95	Interest on savings and temporary cash investment	s		14	413		
96	Dividends and interest from securities						er lan
97	Net rental income or (loss) from real estate: debt-financed property						
a 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 .						
102 103	Gross profit or (loss) from sales of inventory Other revenue: a REIMBURSEMENTS						2,697
b b	Other revenue. a						
c		_					
d		_					
е		-			419	***************************************	2,697
104	Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E))				>		3,116
105 Note:	Line 105 plus line to Part I should equal the	amount on line	e 12. Part I.				
Part	Will Relationship of Activities to the Acc	complishment	of Exempt Purp	oses (See the	instructions.)		
Line I	No. Explain how each activity for which income of the organization's exempt purposes (other)	e is reported in o er than by provi	column (E) of Part V	/II contributed in	nportantly to the	accomp	olishment
103	A REIMBURSEMENTS TO STAFF FOR ORGANIZATI	ON'S EXPENSES					
Part	Information Regarding Taxable Subs	idiaries and D	Disregarded Entit	ies (See the in	structions.)		
	(A) Name, address, and EIN of corporation,	(B) Percentage of nership interest	(C) Nature of a	I	(D) Total income	End-d ass	E) of-year sets

Part IX Information Regarding Taxable S	ubsidiaries and D	isregarded 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 As	sociated with Per	sonal Benefit Contracts (See to	he instructions.)	

(2)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	1	No
(a) (h)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	\checkmark	No
(D)	Did the organization, daining the year, party promisers, and y			

	ie a controllina organizatii	on as delined in section of	12 D/(10).		
106	Did the reporting organization mathe Code? If "Yes," complete the	on as defined in section 5	led entity as defined in s	ection 512(b)(13) of	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D Amount o) f transfer
а		_			
b		-			
С		-			
	Totals				
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a co	ntrolled entity as defined for each controlled entit	in section y.	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	
а					
a					
			,		
b	Totals				
b	Did the organization have a bindir	cribed in question 107 above	?		Yes No
b c	Did the organization have a bindir rents, royalties, and annuities desured under penalties of perjury, I declare that I and belief, it is true, correct, and complete that I are the complete that I and belief.	cribed in question 107 above	?		1
b	Did the organization have a bindir rents, royalties, and annuities des. Under penalties of perjury, I declare that I and belief, it is true, correct, and complet	cribed in question 107 above have examined this return, including a te Declaration of preparer (other than	ccompanying schedules and state officer) is based on all informat	atements, and to the best of a cition of which preparer has a compared by the	ny knowledge ny knowledge.
b	Did the organization have a bindir rents, royalties, and annuities designed under penalties of perjury, I declare that I and belief, it is true, correct, and complete was a signature of officer PATRICIA J. Runger of the preparer's signature was a bindir rents.	cribed in question 107 above have examined this return, including a te Declaration of preparer (other than	? ccompanying schedules and sta officer) is based on all informat	tements, and to the best of ition of which preparer has a 6/23/68 Date Preparer's SSN or PTIN (S	ny knowledge ny knowledge.

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

03 **JUBILEE USA NETWORK** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part (See page 1 of the instructions. List each one. If there are none, enter "None.") (e) Expense account and other (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & deferred compensation (c) Compensation per week devoted to position allowances NONE Total number of other employees paid over \$50,000 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." (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 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.) (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of other contractors receiving over \$50,000 for other services

P	art 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, include attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expension or incurred in connection with the lobbying activities \$\$\Bigsim \frac{35,839}{\text{S39}}\$ (Must equal amounts on Part VI-A, or line i of Part VI-B.)	ses paid	1	✓	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed descrithe lobbying activities.	Other ption of		The second secon	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts we substantial contributors, trustees, directors, officers, creators, key employees, or members of their fame with any taxable organization with which any such person is affiliated as an officer, director, trustee, owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaint transactions.)	illes, or majority		1.30	
а	a Sale, exchange, or leasing of property?		2a		✓
b	b Lending of money or other extension of credit?		2b		✓
С	c Furnishing of goods, services, or facilities?		2c		✓
d	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d	✓	,
е	e Transfer of any part of its income or assets?		2e		✓
3а	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explor of how the organization determines that recipients qualify to receive payments.)	anation	3a		✓
b	b Did the organization have a section 403(b) annuity plan for its employees?		3b		✓
С	c Did the organization receive or hold an easement for conservation purposes, including easements to preserv space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	e open	3с		✓
d	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services	s? .	3d		✓
4a	lines 4f and 4g	· ·	4a 4b		√
b	Did the organization make any taxable distributions under section 4966?		40		<u> </u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?		4c		√
d	Enter the total number of donor advised funds owned at the end of the tax year	. ▶ _			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .	. >			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor accounts included on line 4d) where donors have the right to provide advice on the distribution or investment amounts in such funds or accounts	dvised ent of			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax ye	ar 🕨	•		0
		***************************************		***************************************	***************************************

Shirter Course	III	unam.										
cei	tify	that the organization is not a priv	ate foundation be	cause it is: (Please chec	k only ONE a	oplicable box.)						
5		A church, convention of churche	es, or association	of churches. Section 17	0(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 c	omplete the Support Sc	hedule in Par	t IV-A.)						
12	V	from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% 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 contrequirements of section 509(a)(3) Type I Type II	. Check the box t	qualified persons (other that describes the type of type of the type of the type of the type of type o	T supporting c	on managers) a organization:]Type III-Othe						
		Provide the following info	tion about th	o supported organizat	ions (See par	ne 8 of the inst	ructions.)					
			(b)	(c)	(Occ pag	(d)	(e)					
(a) Name(s) of supported organization(s)			Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizati the sup organi	upported on listed in oporting zation's documents?	Amount of support					
					Yes	No						
ota	 I .					🕨						
4		An organization organized and op	perated to test for	public safety. Section 5	09(a)(4). (See	page 8 of the i	nstructions.)					
				#4## 457 T		Schedule A (F	orm 990 or 990-E Z) 2007					

Not	irt IV-A Support Schedule (Complete online: You may use the worksheet in the instructions	y if you checked s for converting fr	a box on line on the accrua	10, 11, or 12.) Us ' to the cash met	e cash metho hod of accour	od of nting.	accounting.
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200	3	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	435,719					435,71
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	519					519
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						2,150
	include gain or (loss) from sale of capital assets	2,150					438,388
23	Total of lines 15 through 22	438,388					438,388
24	Line 23 minus line 17	438,388					430,300
25	Enter 1% of line 23	4,384		() !: 04		26a	
26 b c d	Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	ne of and amount ation) whose tota th your return. En ne 24, column (e)	contributed by gifts for 2003 ter the total of a	r each person (of through 2006 exc all these excess a	ther than a ceeded the mounts	26b 26c 26d 26d 26e	The second secon
27	Organizations described on line 12: a For person," prepare a list for your records to show to not file this list with your return. Enter the	r amounts include he name of, and to sum of such amo	ed in lines 15, otal amounts re ounts for each	16, and 17 that eceived in each ye year:	were received ear from, each	d fron "disq	n a "disqualified qualified person.
b	(2006)	ed from each pers ear, that was more through 11b, as w the larger amount	on (other than " than the larger ell as individuals described in (1)	disqualified perso of (1) the amount a) Do not file this or (2), enter the	ns"), prepare a t on line 25 for list with your r sum of these o	list fo the ye eturn differe	or your records to ear or (2) \$5,000. After computing nces (the excess
	(2006)				(2003)		
С	Add: Amounts from column (e) for lines: 15 20		16 21			27c 27d	435,719
d	Add: Line 27a total	nd line 27b total				27u 27e	435,719
е	Public support (line 27c total minus line 27d total	al)			438,388	., 5	.50,7.10
f	Total support for section 509(a)(2) test: Enter an	nount from line 23	, column (e) .	nator)	> 2	27g	99.40 %
g	Public support percentage (line 27e (numerat Investment income percentage (line 18, colur	or, aiviaea by iin nn (e) (numerato	e 211 (denoting) r) divided by f	ine 27f (denomir	nator)). > 2	27h	00.60 %
<u>n</u> 28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fill	in line 10, 11, o	12 that recei	ved any unusual utor, the date an	grants during d amount of t	2003 he gr	3 through 2006, ant, and a brief

Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	.,,	T - :	Т		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30				
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?					
32	Does the organization maintain the following:					
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b				
d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		1			
33	Does the organization discriminate by race in any way with respect to:					
а	Students' rights or privileges?	33a 33b				
b	Admissions policies?	33c				
C	Employment of faculty or administrative staff?	33d				
d e	Educational policies?	33e				
f	Use of facilities?	33f				
g	Athletic programs?	33g				
h	Other extracurricular activities?	33h				
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)					
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a				
b	Has the organization's right to such aid ever been revoked or suspended?	34b				
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				

Page	6

	To be completed ONLY by	Electing Public an eligible orgal	Charities (S	ee page 11 of th filed Form 5768)	ne instructions	.)				
Ch	eck ▶ a ☐ if the organization belongs to an aff		eck ⊳ b □	if you checked "a" a	nd "limited control"	provisions apply.				
	Limits on Lobby				(a) Affiliated group totals	(b) To be completed for all electing organizations				
				36		6,570				
36	Total lobbying expenditures to influence publicated lobbying expenditures to influence a leg	iic opinion (grassit	oot lobbying)			29,269				
37	Total lobbying expenditures to influence a leg Total lobbying expenditures (add lines 36 and					35,839				
38	Other exempt purpose expenditures					444,211				
39	Total exempt purpose expenditures (add lines					480,050				
40	Lobbying nontaxable amount. Enter the amount			• • •		1000				
41		lobbying nontaxa		_	12.5					
	Not over \$500,000 20%									
	Over \$500,000 but not over \$1,000,000 . \$100	0.000 plus 15% of t	he excess over	\$500,000						
	Over \$1,000,000 but not over \$1,500,000 . \$175	5.000 plus 10% of th	e excess over \$1	,000,000 41		96,010				
	Over \$1,500,000 but not over \$17,000,000. \$225	5,000 plus 5% of the	e excess over \$1	,500,000						
		00,000								
42	Grassroots nontaxable amount (enter 25% of	line 41)		42		24,003				
43	Subtract line 42 from line 36. Enter -0- if line			43		0				
44	Subtract line 41 from line 38. Enter -0- if line					0				
		10		1700						
*************	Caution: If there is an amount on either line 4	veraging Perio			250					
	See the instructions	Lob	bying Expendit	tures During 4-Yea	ar Averaging Pe					
	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))			The state of the s						
47	Total lobbying expenditures									
48	Grassroots nontaxable amount		No. Control	The second secon						
49	Grassroots ceiling amount (150% of line 48(e))	The second secon								
50 Pa	Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelect (For reporting only by organize	cting Public Chations that did n	narities	Part VI-A) (See p	page 14 of the	instructions.)				
Duri	ng the year, did the organization attempt to influence public opinion on a legislative n	uence national, sta	ite or local legis	lation, including an	1 1 1	Amount				
		nation of reference	ari, anough are			The second second				
d	Volunteers	on in expenses re	ported on lines	c through h.).						
ú	Media advertisements									
ч С	Mailings to members, legislators, or the public									
d e	Publications, or published or broadcast statem				. _ _					
f	Grants to other organizations for lobbying purp									
g	Direct contact with legislators, their staffs, gove		ما معالمه الماسية	a du						
9 h	Direct contact with legislators, their stans, down	emment officials, c	or a legislative t	ody,	•					
	Rallies, demonstrations, seminars, conventions	ernment officials, t , speeches, lecture	es, or any other	means						

	dule A (Form 990 or 990-EZ)	2007				I. N	AND DESCRIPTION OF THE PERSON NAMED IN	age		
Pa	Exempt Or	ganizations (S	Transfers To and Trans see page 14 of the instruction	ons.)						
501(c) of the Code (other than section 501(c)(3) organizations				of the following with any other organization described in section section 527, relating to political organizations? Yes No						
а	Transfers from the rep	orting organizatio	n to a noncharitable exempt org	anization of:		540(i)	100			
	(i) Cash					51a(i)		∀		
	(ii) Other assets .					a(ii)				
b	Other transactions:					1.0		/		
	(i) Sales or exchange	es of assets with	a noncharitable exempt organiza	ation		b(i)		<u>√</u>		
	(ii) Purchases of asset	ets from a noncha	aritable exempt organization .			b(ii)		<u>√</u>		
			ther assets			b(iii)		<u>√</u>		
						b(iv)		✓_		
						b(v)		✓_		
	(vi) Porformance of se	arvices or membe	rship or fundraising solicitations			b(vi)		✓		
_			lists, other assets, or paid emplo			С				
d	If the answer to any of	the above is "Yes,	" complete the following schedule by the reporting organization. If the in column (d) the value of the good	e. Column (b) shoul the organization re	ld always show the fa eceived less than fair	ir market market v	value (value i	of the		
(2	a) (b)		(c)		(d)	-1		nto		
Line	no. Amount involved	Name of non	ncharitable exempt organization	Description of trai	nsfers, transactions, and	snanny ana	ingeme	IRS		
					W-10000					
					ŧ					
	described in section 50 If "Yes," complete the f	1(c) of the Code (affiliated with, or related to, on other than section 501(c)(3)) or in the control of the contro	e or more tax-exent section 527?	empt organizations ▶	☐ Yes	V	No		
	(a) Name of organiza	ation	Type of organization		Description of relationshi	р				
