

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

**C** Name of organization: **EAST AFRICAN CTR FOR EMPOWERMENT**  
 Doing Business As: **OF WOMEN AND CHILDREN**  
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 95703**  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **SEATTLE WA 98145**

**D** Employer identification number: **91-2161222**

**E** Telephone number: **(425) 681-2459**

**G** Gross receipts \$: **52,071**

**F** Name and address of principal officer:  
**SUZANNE WILSON P.O. BOX 95703, SEATTLE, WA 98145**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number: **N/A**

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: **www.EastAfricanCenter.org**

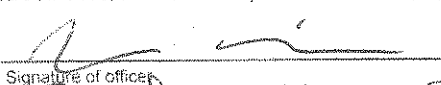
**K** Type of organization:  Corporation  Trust  Association  Other ▶


**L** Year of formation: **2005** **M** State of legal domicile: **WA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE EAST AFRICAN CENTER FOR THE EMPOWERMENT OF WOMEN AND CHILDREN IS A NON-PROFIT ORGANIZATION THAT HELPS COMMUNITIES ACHIEVE EMPOWERMENT BY INCREASING LITERACY FOR WOMEN AND CHILDREN, IMPROVING HEALTH STATUS, AND ERADICATING POVERTY.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	204,543	49,209
	9 Program service revenue (Part VIII, line 2g)	0	2,476
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175	386
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	204,718	52,071
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		23,295	13,968
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		150,063	21,286
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	173,358	96,803	
19 Revenue less expenses. Subtract line 18 from line 12	31,360	-44,732	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 100,247	End of Year 53,934
	21 Total liabilities (Part X, line 26)	2,181	600
	22 Net assets or fund balances. Subtract line 21 from line 20	98,066	53,334

**Part II Signature Block**

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

Sign Here:  Date: **11/14/2010**  
 Signature of officer: \_\_\_\_\_  
 Type or print name and title: **Jennifer Hill, OS Program Director**

Paid Preparer's Use Only:  
 Preparer's signature:  Date: **1/13/2010**  
 Check if self-employed:   
 Preparer's identifying number (see instructions): **P00736433**  
 Firm's name (or yours if self-employed): **SCHNAUFER AND WALKER, P.C.** EIN: **26-3294331**  
 address, and ZIP + 4: **2695 VILLA CREEK DR, #268, DALLAS, TX 75234** Phone no.: **(972) 798-2046**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

Or

(B) 2008 (or more recent) IRS Form 990 by adding the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and dividing the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue). No other methods may be used to calculate this percentage. All percentages must be listed to the tenth of a percent (i.e. 10.0% or 15.5%).

√ 7. I certify that an active and responsible governing body, whose members have no material conflict of interest and a majority of whom serve without compensation, directs the organization named in this application.

√ 8. I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.

√ 9. I certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.

√ 10. I certify that the organization named in this application effectively uses the funds contributed for its announced purposes.

√ 11. I certify that the organization named in this application is in compliance with all statutes, Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify OPM's Office of CFC Operations immediately.

**CERTIFYING OFFICIAL**

I, Jennifer Hill, am the duly appointed representative of  
(Print Name)

East African Center for the Empowerment of Women and Children authorized to certify and affirm all statements enclosed in this application. I certify that I have read all the certifications set forth in this document and affirm their accuracy. In addition, by checking the box next to the statement, I acknowledge and agree to comply with that certification.

Jennifer Hill  
(Signature)

US Program Director  
(Title)

Jennifer Hill  
(Typed or Printed Name)

1/14/2010  
(Date Completed)