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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)

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization
LET'S BREAKTHROUGH, INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
4 WEST 37TH STREET, 4TH FLOOR
 City or town State or country ZIP + 4
NEW YORK NY 10018

D Employer identification number
31-1793681

E Telephone number
(212) 868 - 6500

F Accounting method: Cash Accrual
 Other (specify) ▶

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

G Website. ▶ **WWW BREAKTHROUGH TV**

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

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ _____

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **744,680**

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

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

1	Contributions, gifts, grants, and similar amounts received:			
a	Contributions to donor advised funds	1a	392,304	
b	Direct public support (not included on line 1a)	1b	279,207	
c	Indirect public support (not included on line 1a)	1c	0	
d	Government contributions (grants) (not included on line 1a)	1d	0	
e	Total (add lines 1a through 1d) (cash \$ <u>671,511</u> noncash \$ <u>0</u>)	1e		671,511
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		29,224
3	Membership dues and assessments	3		0
4	Interest on savings and temporary cash investments	4		1,458
5	Dividends and interest from securities	5		3,493
6 a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		0
7	Other investment income (describe ▶ _____)	7		0
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less: cost or other basis and sales expenses	0 8a	0	0
c	Gain or (loss) (attach schedule)	0 8b	0	0
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	0 8c	0	0
8d				0
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>			
a	Gross revenue (not including \$ <u>279,207</u> of contributions reported on line 1b)	9a	38,750	
b	Less: direct expenses other than fundraising expenses	9b	48,775	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		-10,025
10 a	Gross sales of inventory, less returns and allowances	10a	0	
b	Less: cost of goods sold	10b	0	
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		0
11	Other revenue (from Part VII, line 103)	11		244
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		695,905
13	Program services (from line 44, column (B))	13		497,683
14	Management and general (from line 44, column (C))	14		62,296
15	Fundraising (from line 44, column (D))	15		73,001
16	Payments to affiliates (attach schedule)	16		0
17	Total expenses. Add lines 13 and 14, column (A)	17		632,980
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		62,925
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		958,461
20	Other changes in net assets or fund balances (attach explanation) . SCHEDULE 3	20		-1,698
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,019,688

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	96,935	72,701	19,387	4,847
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	240,647	185,961	14,661	40,025
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	29,243	22,407	2,949	3,887
29	Payroll taxes	31,309	23,989	3,158	4,162
30	Professional fundraising fees	0			
31	Accounting fees	13,289	7,303	5,589	397
32	Legal fees	0			
33	Supplies	20,917	17,471	2,757	689
34	Telephone	5,531	4,561	970	
35	Postage and shipping	5,411	4,163	1,041	207
36	Occupancy	38,167	33,264	4,903	
37	Equipment rental and maintenance	2,090	1,683	407	
38	Printing and publications	5,921	5,822		99
39	Travel	15,920	15,920		
40	Conferences, conventions, and meetings	5,757	5,757		
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule) SCHEDULE 2	10,323	8,258	2,065	0
43	Other expenses not covered above (itemize)				
a	SCHEDULE 1	111,520	88,423	4,409	18,688
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	632,980	497,683	62,296	73,001

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? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **PUBLIC AWARENESS OF RACE, RELIGION AND HUMAN RIGHTS ISSUES**

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

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a EDUCATIONAL PROGRAM - THE ORGANIZATION USES EDUCATION AND POPULAR CULTURE TO PROMOTE PUBLIC AWARENESS AND DIALOGUE ABOUT HUMAN RIGHTS AND SOCIAL JUSTICES; TO ENCOURAGE INDIVIDUALS AND COMMUNITIES TO GET INVOLVED IN PROMOTING SOCIAL HARMONY AND BUILDING A CULTURE OF HUMAN RIGHTS

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

497,683

b

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

c

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

d

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

e Other program services (attach schedule)

(Grants and allocations \$ 0) If this amount includes foreign grants, check here

0

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

497,683

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	503,032	45	741,366	
	46	Savings and temporary cash investments	22,103	46	24,526	
	47 a	Accounts receivable	0			
	b	Less: allowance for doubtful accounts	0	7,394	47c	0
	48 a	Pledges receivable	0			
	b	Less: allowance for doubtful accounts	0	0	48c	0
	49	Grants receivable	360,200	49	172,950	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51 a	Other notes and loans receivable (attach schedule)	0			
	b	Less: allowance for doubtful accounts	0	0	51c	0
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	4,531	53	16,794	
	54 a	Investments—publicly-traded securities SCHEDULE 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	28,624	54a	26,926	
	b	Investments—other securities (attach schedule)	0	54b	0	
	55 a	Investments—land, buildings, and equipment: basis	0			
	b	Less: accumulated depreciation (attach schedule)	0	55c	0	
	56	Investments—other (attach schedule)	0	56	0	
	57 a	Land, buildings, and equipment: basis	81,733			
	b	Less: accumulated depreciation (attach schedule) SCHEDULE 2	21,409	27,395	57c	60,324
58	Other assets, including program-related investments (describe <input type="checkbox"/> SECURITY DEPOSITS)	13,300	58	13,939		
59	Total assets (must equal line 74). Add lines 45 through 58	966,579	59	1,056,825		
Liabilities	60	Accounts payable and accrued expenses	8,118	60	37,137	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
	b	Mortgages and other notes payable (attach schedule)	0	64b	0	
	65	Other liabilities (describe <input type="checkbox"/>)	0	65	0	
66	Total liabilities. Add lines 60 through 65	8,118	66	37,137		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	534,248	67	650,190	
	68	Temporarily restricted	424,213	68	369,498	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	958,461	73	1,019,688	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	966,579	74	1,056,825	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	705,214
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-1,698	
2	Donated services and use of facilities	b2	29,525	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4			b 27,827
c	Subtract line b from line a			c 677,387
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): SPECIAL EVENT INDIRECT EXPENSES	d2	18,518	
	Add lines d1 and d2			d 18,518
e	Total revenue (Part I, line 12). Add lines c and d.			e 695,905

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	643,987
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	29,525	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4			b 29,525
c	Subtract line b from line a			c 614,462
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): SPECIAL EVENT INDIRECT EXPENSES	d2	18,518	
	Add lines d1 and d2			d 18,518
e	Total expenses (Part I, line 17). Add lines c and d.			e 632,980

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name MALLIKA DUTT Str 4 W 37TH ST., 4/FL City NEW YORK ST NY ZIP 10018	Title EXE DIRECTOR Hr/WK 40	96,935	0	0
Name SEE SCHEDULE 7 Str FOR OTHER NON- City COMPENSATED ST ZIP	Title Hr/WK	0	0	0
Name DIRECTORS Str City ST ZIP	Title Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 7		
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) 75b		X
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 I, 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." 75c If "Yes," attach a statement that includes the information described in the instructions.		X
d	Does the organization have a written conflict of interest policy? 75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(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
Name <u>NONE</u> Str City <u>ST</u> ZIP	0	0	0	0
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				
Name <u>N/A</u> Str City <u>ST</u> ZIP				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? 78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b	If "Yes," enter the name of the organization BREAKTHROUGH TRUST IN NEW DELHI, INDIA and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instructions.) 81a		0
b	Did the organization file Form 1120-POL for this year? 81b		X

Part VI Other Information (continued)

82 a 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 X
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.) 82b 29,525
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/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 reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs Enter: a Gross income from members or shareholders 87a N/A
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 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 X
b 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 X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 ; section 4955 0
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
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 X
90 a List the states with which a copy of this return is filed NY
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 4
91 a The books are in care of Name LET'S BREAKTHROUGH, INC. Telephone no. (212) 868 - 6500
Located at 4 WEST 37TH STREET, 4/FL City NEW YORK ST NY ZIP + 4 10018
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 X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
If "Yes," enter the name of the foreign country _____
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM AND SERVICE FEES					27,872
b SALES INCOME					1,352
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,458	
96 Dividends and interest from securities			14	3,493	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	-10,025	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER INCOME		0		0	244
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		-5,074	29,468
105 Total (add line 104, columns (B), (D), and (E))					24,394

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93(a)	CONDUCTING EDUCATIONAL EVENTS CONCERNING RACE, RELIGION AND HUMAN RIGHTS ISSUES
93(b)	DISTRIBUTION OF EDUCATIONAL VIDEO AND CD TO EDUCATE THE PUBLIC AND TO RAISE AWARENESS OF RACE, RELIGION AND HUMAN RIGHTS ISSUES
103(a)	OTHER INCOME IS USED TO CARRY OUT THE ORGANIZATION'S TAX EXEMPT ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				0

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				0

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

Yes	No
	X

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

Please Sign Here

Signature of officer: Maulika Dutt Date: 4/19/07

Type or print name and title: MAULIKA DUTT EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: Winnie Tam & Co. P.C. Date: 2/16/2007 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WINNIE TAM & CO., P.C. EIN: 13-3777972

50 BROAD STREET, SUITE 1701, NEW YORK, NY 10004 Phone no: (212) 785 - 4600

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.)

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

LET'S BREAKTHROUGH, INC.

Employer identification number

31-1793681

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LOUIS SPITZER, 4 WEST 37TH STREET, 4/FL NEW YORK, NY 10018	TECHNOLOGY & COMMUNICATIONS DIRECTOR 40	61,125	0	0
Total number of other employees paid over \$50,000		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services		0

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

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? SCHEDULE 5	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		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)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N	A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N	A
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	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	783,791	357,864	151,534	113,957	1,407,146
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	-19,295	4,784	30,386	6,187	22,062
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,680	903	749	301	4,633
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	136	557	795	383	1,871
23 Total of lines 15 through 22	767,312	364,108	183,464	120,828	1,435,712
24 Line 23 minus line 17	786,607	359,324	153,078	114,641	1,413,650
25 Enter 1% of line 23	7,673	3,641	1,835	1,208	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 28,273
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 823,034
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 1,413,650
d Add Amounts from column (e) for lines:	18 4,633	19			
22 1,871	26b 823,034				26d 829,538
e Public support (line 26c minus line 26d total)					26e 584,112
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 41 32%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____			
17 _____	20 _____	21 _____			27c 0
d Add Line 27a total _____ and line 27b total _____					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0 00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

LET'S BREAKTHROUGH, INC.
EIN. 31-1793681
FYE 12/31/06

Statement of Functional Expenses
(Form 990, Part II)

<u>Descriptions</u>	<u>Total</u>	<u>Programs</u>	<u>Adm./Gen.</u>	<u>Fundraising</u>
Other professional and consulting fees	34,637	32,062	2,500	75
Insurance	1,892	1,419	378	95
Dues, fees, and subscriptions	3,809	3,047	762	
Event expenses	18,518			18,518
Forums and workshops	16,033	16,033		
Publicity and advertising	2,741	2,741		
Program fees	30,000	30,000		
Bank charges	3,425	3,121	304	
Miscellaneous	465		465	
	<u>111,520</u>	<u>88,423</u>	<u>4,409</u>	<u>18,688</u>

SCHEDULE 1

Fixed Assets and Depreciation
(Form 990, Part II, Line 42)

<u>Categories</u>	<u>Basis / Costs</u>	<u>Method / Years</u>	<u>Acc. Deprec. 12/31/05</u>	<u>Deprec 12/31/06</u>	<u>Acc. Deprec. 12/31/06</u>	<u>Book Value 12/31/06</u>
Furniture and fixtures	8,811	S L. 5 yrs	1,484	1,093	2,577	6,234
Equipment	39,048	S L. 5 yrs	7,816	5,767	13,583	25,465
Computer software	2,745	S.L. 3 yrs	1,786	582	2,368	377
Leasehold improvements	31,129	S.L. 5 yrs		2,881	2,881	28,248
	<u>81,733</u>		<u>11,086</u>	<u>10,323</u>	<u>21,409</u>	<u>60,324</u>

SCHEDULE 2

Other Changes in Net Assets
(Form 990, Part I, Line 20)

Net unrealized loss on investments for the year ended December 31, 2006 1,698

SCHEDULE 3

LET'S BREAKTHROUGH, INC.

EIN: 31-1793681

FYE 12/31/06

Investments - Securities

(Form 990, Part IV, Line 54)

Certificates of deposit

26,926

SCHEDULE 4

Furnishing of Goods, Services and Facilities

(Form 990, Schedule A, Part III, Line 2c)

Let's Breakthrough, Inc leased its former office facility from an officer on a monthly basis until they moved into the new office space in February 2006 Rent paid to the officer for 2006 was \$750.

SCHEDULE 5

Special Event

(Form 990, Part I, Line 9)

	<u>Annual Gala</u>
Gross receipts	317,957
Less: Contribution	<u>279,207</u>
Revenue	38,750
Less: Direct expenses	<u>48,775</u>
Net loss	<u>(10,025)</u>

SCHEDULE 6

LET'S BREAKTHROUGH, INC

EIN: 31-1793681

FYE 12/31/06

BOARD OF DIRECTORS

Camille Massey
President
c/o Let's Breakthrough
4 West 37th Street, 4th Floor
New York, NY 10038

Nasser Ahmad
Treasurer
c/o Let's Breakthrough
4 West 37th Street, 4th Floor
New York, NY 10038

Geoffrey Coll
Secretary
c/o Let's Breakthrough
4 West 37th Street, 4th Floor
New York, NY 10038

Michael Hirschhorn
c/o Let's Breakthrough
4 West 37th Street, 4th Floor
New York, NY 10038

Diane Scanlon
c/o Let's Breakthrough
4 West 37th Street, 4th Floor
New York, NY 10038

Tula Goenka
c/o Let's Breakthrough
4 West 37th Street, 4th Floor
New York, NY 10038

Patricia Dhar
c/o Let's Breakthrough
4 West 37th Street, 4th Floor
New York, NY 10038

SCHEDULE 7