SCANNED FEB 2 4 2006

Department of the Treasury Internal Revenue Service

Short Form

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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2004

OMB No 1545-1150

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning July 1 , 2004, and ending June						30	, 20 05							
B Check if applicable: Please C Name of organization								-		itification number				
	Address	•	use IRS label or	Sankofa SBA Academy	, Inc			[95	48687	18			
님	Name cha	*	print or	Number and street (or P.O. I	box, if mail is not	delivered to street	address)	Room/suite	E Teleph	Telephone number				
H	Initial retu Final retui		type. See	1374 Navarro Ave					()				
Ħ	Amended		Specific Instruc-	City or town, state or countr	y, and ZIP + 4				F Group	Exemp	otion			
	Applicatio	n pending	tions.	Pasadena, Ca 91103					Numbe		. ▶			
	• Secti	on 501(c)(3)	organiza	ations and 4947(a)(1) nonex	empt charital	ole trusts must a	attach	G Accou	unting met	hod:	☑ Cash ☐ Accrual			
				npleted Schedule A (Form 9				Other	(specify) I	>				
								H Check	→ 🔽	f the o	rganization			
i	Websit	te: 🕨				 			required 1					
J	Organiz	zation type (d	check or	nty one)— 🗹 501(c) (3) ◀	(insert no.)	4947(a)(1) or	527	Sched	lule B (For	m 990	, 990-EZ, or 990-PF).			
K				on's gross receipts are norm										
-				n 990 Package in the mail, it ne 9 to determine gross receip						▶ \$	83,826.73			
	art i			nses, and Changes in						<u> </u>				
L						or Fully Da	iaiices (See pay	37 01 1	1	1,000.00			
	1		_	s, grants, and similar amou				•	· -	2	82,826.73			
	2	•		revenue including governr	nent tees and	contracts	•		· ·	3	02,020.73			
	3		*.	and assessments .			•	•	·	4				
	4	Investment					 Legi		0					
	5a			m sale of assets other that	•		5a 5b		- 0					
	b			er basis and sales expens		=				5c	0			
9	C	•	-	n sale of assets other tha						30				
Revenue	6			d activities (attach schedule			i ng, chec	k nere 🗩	. ⊔					
Š	a			ot including \$	or	contributions	6a		a					
Œ	1 .	reported o		•			6b	····	0	- 1				
	b		•	nses other than fundraising	•					6c	0			
	_c		-	ss) from special events ar		line ba less line	1 _ 1	•	. 0	-	_			
	7a			ventory, less returns and a	allowances	• •	7a 7b		0					
	b	Less: cost	_			- !! 7(-)	10	· · · · · ·		7c	0			
	8	Other reve	•	ss) from sales of inventor	y (line 7a les	s line 7b)		•	٠ ,	8	0			
	9			Id lines 1, 2, 3, 4, 5c, 6c,	7c. and 8)				·············	9	83,826.73			
_	10			r amounts paid (attach so			•••	·		10	0			
	11			л amounts paid (attach sc л <u>fo</u>r membors .					•	11	0			
Ŋ	12			and employe	na hanafite	• • •		•	·	12	0			
Ses	13	Profession	al foos	and other payments to in	denendent c	ontractors	•			13	12,600.00			
Expen	14	Occupation	v_rent	utilities and distinguistion	acpondent e	or it actors	•	•	Ī	14	38,084.93			
Щ	15	Printing n	EES.	utilities, and remitenance	, na			•	· [15	5,975.77			
	16	Other expe	enses (describe Instrance, fo	ood, school	supplies, book	s, event	s, equipm	ent)	16	26,678.50			
	17	Total expe		through 16)					→	17	83,339.20			
S	18			for the year (line 9 less I		•				18	487.53			
Net Assets	19		•	nd balances at beginning	-			nust agree	e with					
As	'			e reported on prior year's			(4), (19	3,374.48			
ē	20			net assets or fund balance		xplanation)			[20	0			
Z	21			d balances at end of year			20) .		. ▶	21	3,862.01			
P	art II	Balance	Sheets	s—If Total assets on line	25, column (l	3) are \$250,000	or more	, file Form	990 ins	ead o	f Form 990-EZ.			
			(9	See page 40 of the instruc	ctions.)			(A) Beg	inning of ye	ear	(B) End of year			
2	2 Casi	h, savinas. a	•	estments	•				3,374.4	_	3,862.01			
2		d and buildi								0 23	0			
2			_	>)			0 24	0			
2		al assets .							3,374.4	_	3,862.01			
2	6 Tota	al liabilities	descrit	oe ▶)			26				
2	7 Net	assets or f	und ba	lances (line 27 of column	n (B) must ag	ree with line 2°	1)		3,374.4	18 27	3,862.01			

escribe wl	statement of Program Service According organization's primary exempt purpose? hat was achieved in carrying out the organic services provided, the number of persons to the 2004 of Services the services.	Provide a kindergarten thruization's exempt purposes. In penefited, or other relevant info	u 8th grade educ a clear and conc rmation for each p	ation ise manner, rogram title.	and and	Expenses uired for 50 (4) organiz 4947(a)(1) in all for othe	1(c)(3) ations trusts;
	the 2004 - 05 school year the school pr les kindergarten - 6th.	ovided daily classroom inst	ruction to 18 stu	dents			
	(Grants \$						
		••••••					
		(G	irants \$)	29a		
				•••••			
			cranto &		30a		
Other p	rogram services (attach schedule)		irants \$ irants \$	<u>}</u>	31a		
	rogram service expenses (add lines 28a			<u>.</u> . ▶	32	83,	339.20
art IV	List of Officers, Directors, Trustees, and Ke						
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributio employee benefit deferred comper	plans &	(E) Expe account other allow	and
71 Val Vi	ockett Jr sta, Pomona, Ca 97106	President- 1hr/wk	0		0		
	dow Brook Road, Altadena, Ca 91001	Secretary/Treasurer - 1h	0		0		
	Kenyatta eo Ln #3, Los Angeles, Ca 90016	Director, 1 hr/wk	0		0		(
art V	Other Information (Note the attache	ment requirement in Gener	ral Instruction V	page 14.)	<u>l</u> _	Ye	s No
Was the Enter be Did the Such I be If "Yes 501(c)	e organization have unrelated business gross income, "has it filed a tax return on Form 990-T here a liquidation, dissolution, termination, of amount of political expenditures, direct or the organization file Form 1120-POL for the organization borrow from, or make any loans made in a prior year and still unpaids," attach the schedule specified in the line 3 (7) organizations. Enter: a Initiation fees a receipts, included on line 9, for public us	for this year? r substantial contraction during indirect, as described in the instance of the second at the start of the period cost instructions and enter the amond capital contributions include of club facilities	the year? (If "Yes nstructions. > 3 r, trustee, or key vered by this retuont involved. 3 ded on line 9	s," attach a st 37a employee or	tatemer	nt.)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	<i>3) Organizations.</i> Enter. Amount of tax imposed	l on the organization during the v	ear under:				
a 501(c)(section b 501(c)	1 4911 ► 0; section (3) and (4) organizations. Did the organization		$\frac{0}{58}$; section 4955	transaction		0	1
a 501(c)(section b 501(c) year c	n 4911 ► 0 ; section (3) and (4) organizations. Did the organization did it become aware of an excess benefits the second of the organization of	4912 ►tion engage in any section 49: it transaction from a prior year	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	
501(c)(section501(c)year cAmount	n 4911 \(\bigsquare\) ; section (3) and (4) organizations. Did the organization did it become aware of an excess benefit of tax imposed on organization managers or did.	4912 ►tion engage in any section 490 it transaction from a prior year isqualified persons during the year	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	
501(c)(section501(c)year cAmountEnter:	n 4911 \(\bigsquare\) ; section (3) and (4) organizations. Did the organization of did it become aware of an excess benefit of tax imposed on organization managers or definition of tax on line 40c, above, reimber	4912 tion engage in any section 490 it transaction from a prior year lisqualified persons during the year ursed by the organization	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	<u></u>
 501(c)(section 501(c) year of Amound Enter: List the The b 	1 4911	4912 Lion engage in any section 490 it transaction from a prior year isqualified persons during the year ursed by the organization filed. California	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	<u></u>
a 501(c)(section b 501(c) year of c Amoun d Enter: List th The b Locate	on 4911	4912 ►	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	
501(c)(section b 501(c) year c c Amoun d Enter: List th The b Locate Section	1 4911	4912 ►	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	(
b 501(c)(section b 501(c) year c c Amoun d Enter: List th Locate Section and e	(3) and (4) organizations. Did the organization of did it become aware of an excess benefit of tax imposed on organization managers or did at the composed on organization managers or did at the composed on organization managers or did at the composed of	4912 Lition engage in any section 490 it transaction from a prior year disqualified persons during the year ursed by the organization filed. California Nayo italiang Form 990-ceived or accrue	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	
501(c)(section b 501(c) year c c Amoun d Enter: List th The b Locate Section	1 4911	4912 Lition engage in any section 490 it transaction from a prior year disqualified persons during the year ursed by the organization filed. California Nayo italiang Form 990-ceived or accrue	$\frac{0}{5}$; section 4955 58 excess benefit ar? If "Yes," attact	transaction h an explana	ition.	0	

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2004

OMB No. 1545-0047

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 **Employer identification number** Sankofa SBA Academy, Inc 95:4868718 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense account and other (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & deferred compensation (c) Compensation than \$50,000 per week devoted to position allowances NONE Total number of other employees paid over \$50.000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (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

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Par	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No			
1	atte or in	ng the year, has the organization attempted to influence national, state, or local legislation, including any npt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities (Must equal amounts on line 38, VI-A, or line i of Part VI-B.)						
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.						
2	sub with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)						
а	Sale	e, exchange, or leasing of property?	2a		✓_			
ь		ding of money or other extension of credit?	2b		✓			
C		nishing of goods, services, or facilities?	2c		✓			
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1			
е		nsfer of any part of its income or assets?	2e		✓_			
3а		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3a		√			
b		you have a section 403(b) annuity plan for your employees?	3b		✓			
4a		you maintain any separate account for participating donors where donors have the right to provide advice	40		✓			
h		the use or distribution of funds? you provide credit counseling, debt management, credit repair, or debt negotiation services?	4a 4b		1			
Par			الستتن الب	-				
11a		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state	ral pub p fees, re that sinesse V-A.)	and a 33% as according to the same as a cordinate as a c	(A)(iv). ection gross s% of quired			
		Provide the following information about the supported organizations. (See page 5 of the instructions	.)					
		(a) Name(s) of supported organization(s) (b) Line from	numb n abov					
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instruc			000			

	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions						counting.
	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 200		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.						
19	Net income from unrelated business activities not included in line 18.						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						,
23	Total of lines 15 through 22				1		
24	Line 23 minus line 17						, · · · ·
25	Enter 1% of line 23						
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24 .		26a	
b	Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w	ne of and amoun zation) whose tota	t contributed by al gifts for 2000 tl	each person (oth hrough 2003 exce	er than a eeded the	26b	
C	Total support for section 509(a)(1) test: Enter li				▶	26c	
d	Add: Amounts from column (e) for lines: 18				•	26d	
e	Public support (line 26c minus line 26d total)					26e	
f	Public support percentage (line 26e (numera	ator) divided by	line 26c (denom	inator))	, , ,▶	26f	%
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and e sum of such ar	total amounts re nounts for each	ceived in each ye year:	ar from, eac	h "disqu	alified person."
	(2003) (2002)		•				
b	For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	year, that was mo	ore than the larger vell as individuals.	r of (1) the amount) Do not file this li	t on line 25 fo ist with your	or the year	ar or (2) \$5,000. After computing
	(2003) (2002)		(2001)		(2000) .		
С	Add: Amounts from column (e) for lines: 15		16 21	 · · ·	•	27c	
d	Add: Line 27a total.	and line 27b tota	al		•		
e	Public support (line 27c total minus line 27d to	otal)			•	27е	
f	Total support for section 509(a)(2) test: Enter a	amount from line	23, column (e)	. ► 27f		. 1	
g	Public support percentage (line 27e (numera	ator) divided by	line 27f (denomi	nator))	. ▶	27g	%
<u>h</u>	Investment income percentage (line 18, colu	umn (e) (numera	tor) divided by li	ine 27f (denomin	ator)). ▶	27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea						

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pai	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			·
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	-	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	1	
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.)	31	✓	
	During open enrollment we advertise in the Pasadena Journal which has a large distribution in the San Gabriel Valley.			
32	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	1	
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		1
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	1	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	✓	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) The school has never given any type of financial assistance			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	<u> </u>	1
b	Admissions policies?	33b		1
C	Employment of faculty or administrative staff?	33c		1
a	Scholarships or other financial assistance?	33e		1
f	Use of facilities?	33f		1
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.)			
			<u> </u> 	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		1
b	Has the organization's right to such aid ever been revoked or suspended?	34b		✓
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					structions.)				
Chec	ck 🏲 a 🔲 if the organization belongs to an affilia	ted group. Chec	k ⊳ b ☐ if	you checked "	a" and "l	imited control"	provisions apply.			
•	Limits on Lobbyir	•			A	(a) ffiliated group totals	(b) To be completed for ALL electing			
	(The term "expenditures" mear	ns amounts paid	or incurred.)				organizations			
36	Total lobbying expenditures to influence public				36					
37	Total lobbying expenditures to influence a legis	• •		· · · ⊢	37 38					
38	Total lobbying expenditures (add lines 36 and 3	-		· · · ⊢	39					
39				· · ⊢	40					
40	Total exempt purpose expenditures (add lines 3		4-bl-	· · -						
41	Lobbying nontaxable amount. Enter the amount		-	i	1					
		bbying nontaxal of the amount on		` ,	- 1					
	• •									
	Over \$500,000 but not over \$1,000,000 . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000									
	Over \$1,500,000 but not over \$1,500,000 . \$225,0	•		,000,000						
	Over \$17,000,000 \$1,000	=	GACESS Ο VCΓ Ψ1,0	,00,000						
42	Grassroots nontaxable amount (enter 25% of li	•		• •	42					
43	Subtract line 42 from line 36. Enter -0- if line 42	•	 e 36	· ·	43					
44	Subtract line 41 from line 38. Enter -0- if line 4				44					
							•			
	Caution: If there is an amount on either line 43	or line 44, you m	nust file Form 47	20.						
		eraging Period								
	(Some organizations that made a section See the instructions for					e columns be	elow.			
		Lobi	bying Expenditu	ıres During 4	-Year /	Averaging Pe	Period			
	Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002		(d) 2001	(e) Total			
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots nontaxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
50	Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelec	Aine Dublic Cl								
	(For reporting only by organiza	tions that did r	not complete			ge 11 of the	e instructions.)			
	ng the year, did the organization attempt to influ				ing any	Yes No	Amount			
	mpt to influence public opinion on a legislative m	latter or referendi	um, through the	use or:			 			
a				 						
b	Paid staff or management (Include compensation	on in expenses re	ported on lines	e arougn n.)		 				
G	Media advertisements. Mailings to members, legislators, or the public		•	•	•					
d e	Publications, or published or broadcast statem	ents	•							
f	Grants to other organizations for lobbying purp			• •						
g	Direct contact with legislators, their staffs, gove		or a legislative t	oodv.	•					
9 h	Rallies, demonstrations, seminars, conventions				• •					
i	Total lobbying expenditures (Add lines c through	gh h.)			•					
-	If "Yes" to any of the above, also attach a state		etailed description	n of the lobb	ving ac	tivities.				

Par	t VI			nsfers To and Transaction 1 of the instructions.)	s and Relationships With Noncl	naritabl	e Ex	empt
51					following with any other organization on 527, relating to political organization			
a	Tra	nsfers from the rep	orting organization	to a noncharitable exempt orga	nization of:		Yes	+
	(i)	Cash				51a(i)		1
	(ii)	Other assets				a(ii)	ļ	✓
b	Oth	er transactions:						1
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organizat	ion	b(i)	ļ	
	(ii)	Purchases of asse	ets from a nonchari	itable exempt organization		b(ii)		/
	(iii)	Rental of facilities	s, equipment, or oth	ner assets		b(iii)	ļ	✓
	(iv)	Reimbursement a	rrangements			b(iv)		/
	(v)	Loans or loan gua	arantees			b(v)	<u> </u>	1
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations		b(vi)	<u> </u>	1
C	Sha	aring of facilities, eq	uipment, mailing lis	sts, other assets, or paid employ	yees	c	<u></u>	✓
d	qoo	ds, other assets, o	r services given by	the reporting organization. If the	Column (b) should always show the fance organization received less than fair s, other assets, or services received:			
	a) no.	(b) Amount involved	Name of nonc	(c) chantable exempt organization	(d) Description of transfers, transactions, and	shanng an	angen	ents
								· · · · ·
								
		<u> </u>						
								,
		<u> </u>					····	
		ļ						
 52a					e or more tax-exempt organizations			71 N
<u>b</u>		Yes," complete the				☐ Yes	3 b	Z No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relations	hip		
								
		· · · · · · · · · · · · · · · · · · ·						
								
								
					 			
		<u></u>						
					<u> </u>			
		· · · · · · · · · · · · · · · · · · ·						
								
					 			

Sankofa SBA Academy 95-4868-718

Attachment: Part IV Directors

(A) Name and Address	(B) Title and average hours per week	(C) Compensation	(D) Contribution to benefit plan	(E) Expense Account
Laureen-Nadirah Nayo				
2492 Saint Pierre Av Altadena, Ca 91103	Director, 12 hrs	-0-	-0-	-0-