

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2006

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 7/01/06 , and ending 6/30/07

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

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

C Name of organization
WEST WINDSOR-PLAINSBORO EDUCATION FOUNDATION, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 280

City or town, state or country, and ZIP + 4
PRINCETON JUNCTION NJ 08550

D Employer identification number
22-3441000

E Telephone number
609-716-5000

F Group Exemption Number ►

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► **WWW.WWPEF.ORG**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

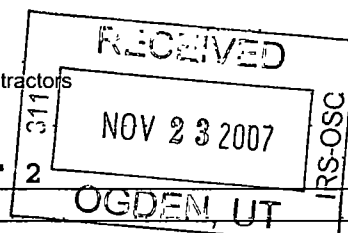
J Organization type (check only one)- 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ **29,568**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															29,404											
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income															164											
	5a	Gross amount from sale of assets other than inventory																										
	b	Less cost or other basis and sales expenses																										
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																										
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	b	Less direct expenses other than fundraising expenses																										
c	Net income or (loss) from special events and activities (line 6a less line 6b)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																											
8	Other revenue (describe ► _____)																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)															29,568												
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1															17,667											
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits															15,996											
	13	Professional fees and other payments to independent contractors															700											
	14	Occupancy, rent, utilities, and maintenance															127											
	15	Printing, publications, postage, and shipping															1,019											
	16	Other expenses (describe ► SEE STATEMENT 2)															5,716											
	17	Total expenses (add lines 10 through 16)															41,225											
	18	Excess or (deficit) for the year (line 9 less line 17)															-11,657											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															35,877											
20	Other changes in net assets or fund balances (attach explanation)																											
21	Net assets or fund balances at end of year (combine lines 18 through 20)															24,220												



Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35,877	24,220
23	Land and buildings		
24	Other assets (describe ► _____)		
25	Total assets	35,877	24,220
26	Total liabilities (describe ► _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,877	24,220

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

Form **990-EZ** (2006)

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? SUPPORT LOCAL PUBLIC EDUCATION	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 GRANTS TO ASSIST IN THE EDUCATION OF STUDENTS IN VARIOUS SUBJECTS, BENEFITING OVER 4,500 STUDENTS.	
(Grants \$ 17,667) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 31,711
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 31,711

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
SEE STATEMENT 3				

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33			X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34			X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a			X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36			X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	0		
b Did the organization file Form 1120-POL for this year?	37b			X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a			X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b			
39 501(c)(7) organizations Enter				
a Initiation fees and capital contributions included on line 9	39a			
b Gross receipts, included on line 9, for public use of club facilities	39b			

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 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 (4) organizations. 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 an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Enter amount of tax on line 40c reimbursed by the organization 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		X
40e		X

41 List the states with which a copy of this return is filed NJ

42a The books are in care of **MARCIA SMITH FLERES** Telephone no **609-716-5000**
P.O. BOX 280
 Located at **PRINCETON JUNCTION, NJ** ZIP + 4 **08550**

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)?
 If "Yes," enter the name of the foreign country _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If "Yes," enter the name of the foreign country _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 43

Please Sign Here

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

Signature of officer *Robert A. Bartolucci* Date 11/13/07
 Type or print name and title Robert A. Bartolucci President

Paid Preparer's Use Only

Preparer's signature *Peter S. Martin* Date _____ Check if self-employed
PETER S. MARTIN, CPA Preparer's SSN or PTIN (See Gen Instr X) **P00360267**

Firm's name (or yours if self-employed), address, and ZIP + 4 **CIVALE SILVESTRI ALFIERI MARTIN & HIGGIN EIN 22-3403296**
1540 KUSER ROAD, SUITE A4 Phone no **609-581-0300**
MERCERVILLE, NJ 08619-3828

**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

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

WEST WINDSOR-PLAINSBORO EDUCATION FOUNDATION, INC.

Employer identification number

22-3441000

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) Comp	(d) Contnb to empl ben plans & deferred comp	(e) Expense account & other 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.")

(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 ▶		

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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2006

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

Yes No

<p>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.)</p>	1		X
<p>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</p>			
<p>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)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a 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)</p>	3a	X	SEE STATEMENT 4
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>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</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>	► _____		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>	► _____		
<p>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</p>	► _____ 0		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>	► _____ 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 ►
- 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 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 Intergrated
 - 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					

- 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.)	34,887	12,982	6,500	1,846	56,215
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	14,855	7,530	48,689	34,530	105,604
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	229	337	436	749	1,751
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.					0
23 Total of lines 15 through 22	49,971	20,849	55,625	37,125	163,570
24 Line 23 minus line 17	35,116	13,319	6,936	2,595	57,966
25 Enter 1% of line 23	500	208	556	371	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	0
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	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	
e Public support (line 26c minus line 26d total)	▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	%

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) 0 (2004) 0 (2003) 0 (2002) 0					
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) 0 (2004) 0 (2003) 0 (2002) 0					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 105,604 20 _____ 21 _____	▶	27c	161,819		
d Add Line 27a total _____ and line 27b total _____	▶	27d			
e Public support (line 27c total minus line 27d total)	▶	27e	161,819		
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶	▶	27f	163,570		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	98.9295%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	1.0705%		

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?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	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		

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)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is- The lobbying nontaxable amount is-		
Not over \$500,000 20% of the amount on line 40		
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	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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)

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					
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					

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.) **N/A**

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.)

Yes	No	Amount

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

6090 WEST WINDSOR-PLAINSBORO EDUCATION

Federal Statements

22-3441000

FYE: 6/30/2007

9:42 AM

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			FMV Explan
				Cash Contrib	NonCash Contrib	Book Value	
H.S. SCHOLARSHIPS		NONE		\$ 6,000	\$		
346 CLARKSVILLE ROAD							
PRINCETON JUNCTION NJ 08550							
LIBRARY FOR NON-GRADED SPECIAL ED		NONE			572		
75 GROVERS MILL ROAD							
PLAINSBORO NJ 08536							
CUCUMBER PHIL		NONE			340		
346 CLARKSVILLE ROAD							
PRINCETON JUNCTION NJ 08550							
FIRST LEGO LEAGUE CLUB		NONE			510		
55 GROVERS MILL ROAD							
PLAINSBORO NJ 08636							
MILLSTONE RIVER TOURING THEATRE CO.		NONE					
75 GROVERS MILL ROAD					301		
PLAINSBORO NJ 08536							
ALL ABOARD READING		NONE					
303-305 CLARKSVILLE ROAD					686		

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			Book Value	BV Explain	FMV Explain
				Cash Contrib	NonCash Contrib				
PRINCETON JUNCTION NJ 08550				\$	\$				
ASTONISHING ASTRONOMY-STAR BOUND		NONE		1,118					
75 GROVERS MILL ROAD									
PLAINSBORO NJ 08536									
AUDIO BOOKS		NONE			487				
10 SOUTHFIELD ROAD									
PRINCETON JUNCTION NJ 08550									
DIGITAL DNA ANALYSIS		NONE			799				
346 CLARKSVILLE ROAD									
PRINCETON JUNCTION NJ 08550									
FUTURE CITY COMPETITION		NONE				97			
10 SOUTHFIELD ROAD									
PRINCETON JUNCTION NJ 08550									
MATH, SCIENCE, AND ARTISAN BREAD		NONE				132			
601 NEW VILLAGE ROAD									
PRINCETON JUNCTION NJ 08550									
SMART BOARD		NONE				1,469			

6090 WEST WINDSOR-PLAINSBORO EDUCATION
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Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			Book Value	BV Explain	FMV Explain
				Cash Contrib	NonCash Contrib				
346 CLARKSVILLE ROAD PRINCETON JUNCTION NJ 08550		NONE		\$	\$				
UNITY DAY 346 CLARKSVILLE ROAD PRINCETON JUNCTION NJ 08550		NONE		326					
EDUCATIONAL AMPLITHEATER 90 GROVERS MILL ROAD PLAINSBORO NJ 08536		NONE		335					
CAREER EXPLORATIONS 55 GROVERS MILL ROAD PLAINSBORO NJ 08636		NONE		1,065					
ELECTRICITY ENHANCED 75 GROVERS MILL ROAD PLAINSBORO NJ 08536		NONE		579					
HELPING STUDENTS WHO STUTTER 392 VILLAGE ROAD EAST PRINCETON JUNCTION NJ 08550		NONE		285					

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity			FMV Explan
				Cash Contrib	NonCash Contrib	Book Value	
IMPROVING THE MILLSTONE RIVER 90 GROVERS MILL ROAD PLAINSBORO NJ 08536		NONE	\$	400 \$	\$		
MUSIC MATERIAL FOR PRE-SCHOOL 75 GROVERS MILL ROAD PLAINSBORO NJ 08536		NONE		281			
PROBE ECOLOGICAL WORKSHOP 90 GROVERS MILL ROAD PLAINSBORO NJ 08536		NONE		292			
PROFESSOR NEMO'S SALT WATER AQUARIU 75 GROVERS MILL ROAD PLAINSBORO NJ 08536		NONE		779			
SPEAKING OUT 75 GROVERS MILL ROAD PLAINSBORO NJ 08536		NONE		294			
SUPPORT GROUP FOR AT RISK STUDENTS 90 GROVERS MILL ROAD		NONE		520			

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22-3441000

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Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity		Book Value	BV Explan	FMV Explan
				Cash Contrib	NonCash Contrib			
PLAINSBORO NJ 08536				\$ 17,667	\$ 0	\$ 0		
TOTAL				\$ 17,667	\$ 0	\$ 0		

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
EXPENSES	
SUPPLIES	791
TRAVEL	864
CONFERENCEES AND MEETINGS EXP	298
ADMINISTRATIVE	510
ADVERTISING	114
BANK & CREDIT CARD FEES	114
DUES	125
INSURANCE	357
NJ FILING AND RESTORATION FEE	405
PRINTING	2,039
WEBSITE	99
TOTAL	<u>\$ 5,716</u>

Federal Statements

22-3441000

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Statement 3 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DENISE DWYER, ESQ P.O. BOX 280 PRINCETON JUNCTION NJ 08850	PRESIDENT	2	0	0	0
ROBERT J. DUNNE, III P.O. BOX 280 PRINCETON JUNCTION NJ 08850	V. PRES/TREAS	2	0	0	0
ROBERT BARTOLINI, PHD P.O. BOX 280 PRINCETON JUNCTION NJ 08850	TRUSTEE	.5	0	0	0
PATRICIA BOCARSLY, PHD P.O. BOX 280 PRINCETON JUNCTION NJ 08850	TRUSTEE	.5	0	0	0
RICHARD KAYE P.O. BOX 280 PRINCETON JUNCTION NJ 08850	TRUSTEE	.5	0	0	0
HEMANT SARMA P.O. BOX 280 PRINCETON JUNCTION NJ 08850	TRUSTEE	.5	0	0	0
JAY VEEZHINATHAN P.O. BOX 280 PRINCETON JUNCTION NJ 08850	TRUSTEE	.5	0	0	0
LAVINIA KUMAR P.O. BOX 280 PRINCETON JUNCTION NJ 08850	TRUSTEE	.5	0	0	0

Statement 4 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

ORGANIZATION HAS A COMMITTEE THAT REVIEWS GRANT APPLICATIONS FROM TEACHERS, STAFF AND STUDENTS FOR SPECIAL PROJECTS IN THE SCHOOLS. ORGANIZATION DOES NOT GIVE SCHOLARSHIPS DIRECTLY TO STUDENTS. A DONATION IS MADE TO THE SCHOOL DISTRICT'S HIGH SCHOOL SCHOLARSHIP FUND WHICH MAKES THE DECISION REGARDING WITH STUDENTS RECEIVE SCHOLARSHIPS (WEST WINDSOR PLAINSBORO HIGH SCHOOL SCHOLARSHIP FUND).

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Form with fields: Type or print, Name of Exempt Organization (WEST WINDSOR-PLAINSBORO EDUCATION FUND), Employer identification number (22-3441000), Number, street, and room or suite no (P.O. BOX 280), City, town or post office, state, and ZIP code (PRINCETON JUNCTION NJ 08550)

Check type of return to be filed (File a separate application for each return)

Form with checkboxes for Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Form with checkboxes and text: The books are in the care of, Telephone No, FAX No, If the organization does not have an office or place of business in the United States, check this box, If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

Form with text: I request an additional 3-month extension of time until 5/15/08, For calendar year, or other tax year beginning 7/01/06, and ending 6/30/07, If this tax year is for less than 12 months, check reason, State in detail why you need the extension: ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

Form with fields: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits, 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, 8c Balance Due. Subtract line 8b from line 8a

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature, Title (CPA), Date (8/15/07)

Notice to Applicant. (To Be Completed by the IRS)

Form with checkboxes: We have approved this application, We have not approved this application, We have not approved this application, We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested, Other

Director, Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form with fields: Name (CIVALE SILVESTRI ALFIERI MARTIN & HIGGIN), Number and street (1540 KUSER ROAD, SUITE A4), City or town, province or state, and country (MERCERVILLE NJ 08619-3828)

Form **8868**
(Rev April 2007)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization WEST WINDSOR-PLAINSBORO EDUCATION FUND	Employer identification number 22-3441000
	Number, street, and room or suite no If a P.O. box, see instructions P.O. BOX 280	
	City, town or post office, state, and ZIP code For a foreign address, see instructions PRINCETON JUNCTION NJ 08550	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶

Telephone No ▶

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **2/15/08**, to file the exempt organization return for the organization named above The extension is for the organization's return for

- ▶ calendar year or
- ▶ tax year beginning **7/01/06**, and ending **6/30/07**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2007)