

2007

Open to Public Inspection

Form 990

Return of Organization Exempt From Income Tax

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

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 2007 calendar year, or tax year beginning FEB 23, 2007 and ending DEC 31, 2007

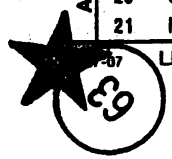
B Check if applicable: X Address change, X Name change, X Initial return. C Name of organization: THE ALLIANCE FOR DIGITAL EQUALITY, INC. D Employer identification number: 20-8455909. E Telephone number: 404-815-9484.

G Website: WWW.ALLIANCEFORDIGITALEQUALITY.ORG. J Organization type: X 501(c)(4). K Check here: [] if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 2,075,000.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes revenue from contributions (2,075,000), program service revenue, and total revenue (2,075,000). Expenses include program services (1,646,046) and total expenses (1,790,763). Net assets at end of year: 284,237.

SCANNED NOV 19 2008



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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.

| 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 |
|--|------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ 10,400 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 10,400. | 10,400. | STATEMENT 2 | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 260,509. | 232,009. | 28,500. | 0. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 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) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | | | | |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a - 27 | | | | |
| 29 Payroll taxes | | | | |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 7,000. | | 7,000. | |
| 32 Legal fees | 67,104. | | 67,104. | |
| 33 Supplies | 10,923. | 10,923. | | |
| 34 Telephone | 2,624. | 2,624. | | |
| 35 Postage and shipping | 7,967. | 7,967. | | |
| 36 Occupancy | 45,386. | 27,009. | 18,377. | |
| 37 Equipment rental and maintenance | | | | |
| 38 Printing and publications | 6,164. | 6,164. | | |
| 39 Travel | 145,012. | 122,845. | 22,167. | |
| 40 Conferences, conventions, and meetings | | | | |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | | | | |
| 43 Other expenses not covered above (itemize): | | | | |
| a _____ | | | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e _____ | | | | |
| f _____ | | | | |
| g SEE STATEMENT 1 | 1,227,674. | 1,226,105. | 1,569. | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 1,790,763. | 1,646,046. | 144,717. | 0. |

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? ► SEE STATEMENT 3 | 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 VIDEO FRANCHISING: ALLIANCE FOR DIGITAL EQUALITY WORKED WITH STATE LEGISLATORS IN GEORGIA, FLORIDA, AND TENNESSEE TO EDUCATE CONSUMERS ON LEGISLATION ALLOWING GREATER CHOICES AS IT RELATES TO CABLE TELEVISION PROVIDERS. | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 1,646,046. |
| b PROJECT DIGITAL EMPOWERMENT: EDUCATED AND ALLOWED CONSUMERS TO DEVELOP LOCAL BROADBAND POLICIES AS IT RELATES TO AN IMPACT ON PUBLIC SAFETY, EDUCATION, HEALTH, ECONOMIC DEVELOPMENT, AND CIVIC PARTICIPATION. | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| c | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| d | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| e Other program services (attach schedule) | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 1,646,046. |

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) Beginning of year | (B) End of year |
|---|--|--|--------------------|
| Assets | 45 Cash - non-interest-bearing | | 45 336,475. |
| | 46 Savings and temporary cash investments | | 46 |
| | 47 a Accounts receivable | 47a | |
| | b Less: allowance for doubtful accounts | 47b | 47c |
| | 48 a Pledges receivable | 48a | |
| | b Less: allowance for doubtful accounts | 48b | 48c |
| | 49 Grants receivable | | 49 |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | 50a |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | 50b |
| | 51 a Other notes and loans receivable | 51a | |
| | b Less: allowance for doubtful accounts | 51b | 51c |
| | 52 Inventories for sale or use | | 52 |
| | 53 Prepaid expenses and deferred charges | | 53 |
| | 54 a Investments - publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a |
| | b Investments - other securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b |
| | 55 a Investments - land, buildings, and equipment: basis | 55a | |
| | b Less: accumulated depreciation | 55b | 55c |
| | 56 Investments - other | | 56 |
| | 57 a Land, buildings, and equipment: basis | 57a | |
| b Less: accumulated depreciation | 57b | 57c | |
| 58 Other assets, including program-related investments (describe ▶ _____) | | 58 | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 0. | 59 336,475. | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 52,238. |
| | 61 Grants payable | | 61 |
| | 62 Deferred revenue | | 62 |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 |
| | 64 a Tax-exempt bond liabilities | | 64a |
| | b Mortgages and other notes payable | | 64b |
| | 65 Other liabilities (describe ▶ _____) | | 65 |
| | 66 Total liabilities. Add lines 60 through 65 | 0. | 66 52,238. |
| 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 | | 67 284,237. |
| | 68 Temporarily restricted | | 68 |
| | 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) | 0. | 73 284,237. | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 0. | 74 336,475. | |

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 | 2,075,000. |
| b | Amounts included on line a but not on Part I, line 12: | | | |
| 1 | Net unrealized gains on investments | b1 | | |
| 2 | Donated services and use of facilities | b2 | | |
| 3 | Recoveries of prior year grants | b3 | | |
| 4 | Other (specify): | b4 | | |
| | Add lines b1 through b4 | | b | 0. |
| c | Subtract line b from line a | | c | 2,075,000. |
| 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): | d2 | | |
| | Add lines d1 and d2 | | d | 0. |
| e | Total revenue (Part I, line 12). Add lines c and d | | e | 2,075,000. |

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

| | | | | |
|---|--|----|---|------------|
| a | Total expenses and losses per audited financial statements | | a | 1,790,763. |
| b | Amounts included on line a but not on Part I, line 17: | | | |
| 1 | Donated services and use of facilities | b1 | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | |
| 3 | Losses reported on Part I, line 20 | b3 | | |
| 4 | Other (specify): | b4 | | |
| | Add lines b1 through b4 | | b | 0. |
| c | Subtract line b from line a | | c | 1,790,763. |
| 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): | d2 | | |
| | Add lines d1 and d2 | | d | 0. |
| e | Total expenses (Part I, line 17). Add lines c and d | | e | 1,790,763. |

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 |
|----------------------|--|---|---|--|
| SEE STATEMENT 4 | | 257,444. | 3,065. | 0. |
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| 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 ▶ <u>4</u> | | |
| 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) SEE STATEMENT 5 | 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." 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? | | 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 |
|---|----------------------|------------------------|---|---|--|
| | NONE | | | | |
| ----- | | | | | |
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| 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? If "Yes," attach a conformed copy of the changes. | 77 | 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? N/A | 78b | |
| 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: <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a <u>0</u> | 81a | X |
| 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 Yes No X
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
83 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
84 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 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a X
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b X
85 c Dues, assessments, and similar amounts from members 85c 0.
85 d Section 162(e) lobbying and political expenditures 85d 0.
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 0.
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0.
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
85 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) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
86 b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
87 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? 88a X
88 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 N/A; section 4912 N/A; section 4955 N/A
89 b 501(c)(3) and 501(c)(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? 89b X
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 89c 0.
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization 89d 0.
89 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
89 f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
89 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 90a GA
90 b Number of employees employed in the pay period that includes March 12, 2007 90b 0
91 a The books are in care of JULIUS HOLLIS Telephone no. 404-815-9484
Located at 1447 PEACHTREE STREET, SUITE 550, ATLANTA, GA ZIP + 4 30309
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b Yes No X
If "Yes," enter the name of the foreign country N/A
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)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

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

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1a, 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)

Table with 2 columns: 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).

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers 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?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

723163 12-27-07

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). **N/A**

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 |
| | |

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

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 |
| | |

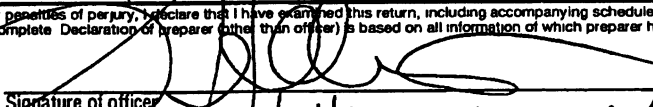
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- | | | |
| b | ----- | |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

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 |
| | |

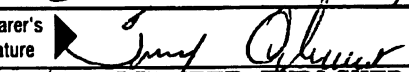
Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: 
 Date: 1/16/08

Type or print name and title: James Hollis, Chairman

Paid Preparer's Use Only

Preparer's signature: 
 Date: 10/28/08
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): P00618530
 Firm's name (or yours if self-employed), address, and ZIP + 4: BENNETT THRASHER PC, 3625 CUMBERLAND BOULEVARD, #1000, ATLANTA, GA 30339
 EIN: 58-1673613
 Phone no.: 770-396-2200

FORM 990 OTHER EXPENSES STATEMENT 1

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|-------------------------------|-------------------|----------------------------|----------------------------------|--------------------|
| DUES AND SUBSCRIPTIONS | 1,123. | 1,123. | | |
| CONSULTING FEES | 253,217. | 253,217. | | |
| INTERNET | 528. | 528. | | |
| FILING FEES | 325. | | 325. | |
| CONTRACT LABOR | 325. | 325. | | |
| CLIENT RELATIONS | 2,008. | 2,008. | | |
| SPONSORSHIPS | 6,000. | 6,000. | | |
| INSURANCE | 4,309. | 3,065. | 1,244. | |
| MISCELLANEOUS | 91. | 91. | | |
| MEDIA & COMMUNICATIONS | 959,748. | 959,748. | | |
| TOTAL TO FM 990, LN 43 | 1,227,674. | 1,226,105. | 1,569. | |

| | | | |
|----------|--|-----------|---|
| FORM 990 | CASH GRANTS AND ALLOCATIONS TO OTHERS | STATEMENT | 2 |
|----------|--|-----------|---|

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | AMOUNT |
|---|---------|
| GENERAL CONTRIBUTION DELTA SIGMA THETA SORORITY 2841 GREENBRIAR PARKWAY, SW ATLANTA, GA 30331 | 500. |
| GENERAL CONTRIBUTION ATLANTA BUSINESS LEAGUE 931 MARTIN LUTHER KING JR. DRIVE ATLANTA, GA 30314 | 900. |
| GOLF TOURNAMENT ALONZO MOURNING CHARITIES, INC. 2901 FLORIDA AVENUE COCONUT GROVE, FLORIDA 33133 | 4,000. |
| EDUCATIONAL GREATER VINE CITY OPPORTUNITIES PROGRAM, INC. 765 JONES AVENUE NW ATLANTA, GA 30314 | 5,000. |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22B | 10,400. |

| | | | |
|----------|--|-----------|---|
| FORM 990 | STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III | STATEMENT | 3 |
|----------|--|-----------|---|

EXPLANATION

ALLIANCE FOR DIGITAL EQUALITY, INC. IS A BIPARTISAN CONSUMER ADVOCACY ALLIANCE FOR THE UNDERSERVED COMMUNITIES ON MATTERS THAT PERTAIN TO INFORMATION TECHNOLOGY, TELECOMMUNICATIONS REFORM, AND PRODUCT AWARENESS.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|--------------------------|-------------------|---------------------------------|--------------------|
| JULIUS H. HOLLIS 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | CHAIRMAN 60.00 | 28,500. | 0. | 0. |
| CLARENCE AVANT 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | VICE-CHAIRMAN 10.00 | 18,000. | 0. | 0. |
| DAVID E. RIVERS 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | TREASURER 10.00 | 9,000. | 0. | 0. |
| JEANNE SIMKINS-HOLLIS 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | SECRETARY 10.00 | 7,000. | 0. | 0. |
| MAGGIE PEDRAZA 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 10,000. | 0. | 0. |
| FRANK S. JONES 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 10,000. | 0. | 0. |
| JOHN ROBERT MARKS, III 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 19,000. | 0. | 0. |
| TERI PLUMMER MCCLURE 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 10,000. | 0. | 0. |
| DR. LEROY KEITH 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 10,000. | 0. | 0. |
| MARVEL R. MITCHELL 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 10,000. | 0. | 0. |
| ROBERT S. SHUMAKE 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 3,000. | 0. | 0. |

THE ALLIANCE FOR DIGITAL EQUALITY, INC.

20-8455909

| | | | | |
|---|-----------------------------|-----------------|---------------|-----------|
| WILLIAM DIGGS 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 3,000. | 0. | 0. |
| SIDNEY HARRIS 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 10,000. | 0. | 0. |
| ANTONIA WILLIAMS-GRAY 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | ADVISOR 10.00 | 7,000. | 0. | 0. |
| B. MAYNARD SCARBOROUGH 1447 PEACHTREE STREET, SUITE 550 ATLANTA, GA 30309 | EXECUTIVE DIRECTOR 35.00 | 102,944. | 3,065. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | <u>257,444.</u> | <u>3,065.</u> | <u>0.</u> |

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 5

INDIVIDUAL'S NAME

TITLE OR ROLE

JULIUS HOLLIS

CHAIRMAN OF THE BOARD

INDIVIDUAL'S NAME

TITLE OR ROLE

JEANNE SIMKINS-HOLLIS

SECRETARY OF THE BOARD

EXPLANATION OF RELATIONSHIP

HUSBAND AND WIFE

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

ALLIANCE FOR EQUAL ACCESS, INC.

a Domestic Non-Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 09/28/2007 changing its name to

ALLIANCE FOR DIGITAL EQUALITY, INC.

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on September 28, 2007



Karen C Handel
Secretary of State



Office Of The Secretary Of State
Corporations Division

Control No: 07022234
Date Filed: 09/28/2007 12:30 PM
Karen C Handel
Secretary of State

Karen C. Handel
Secretary Of State

Chauncey Newsome
Director

Articles Of Amendment
Of
Articles Of Incorporation

SECRETARY OF
2007 SEP 28 A 1
CORPORATIONS DIVISION

Article One

The Name Of The Corporation Is:

Alliance for Equal Access, Inc.

Article Two

The Corporation Hereby Adopts The Following Amendment To Change The Name Of The Corporation.
The New Name Of The Corporation Is:

Alliance for Digital Equality, Inc.

Article Three

The Amendment Was Duly Adopted By The Following Method (choose one box only):

- The amendment was adopted by the incorporators pursuant to O.C.G.A. §14-3-1002.
- The amendment was adopted by a sufficient vote of the members of the corporation.
- The amendment was adopted by the board of directors: (choose one additional box below)
 - a) With member approval
 - b) Without member approval as member approval was not required.

Article Four

The Date Of The Adoption Of The Amendment Was:

September 24, 2007

Article Five

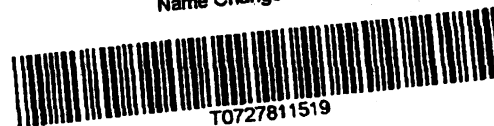
The Undersigned Does Hereby Certify That A Notice To Publish The Filing Of Articles Of Amendment To Change The Corporation's Name Along With The Publication Fee Of \$40.00 Has Been Forwarded To The Legal Organ Of The County Of The Registered Office As Required By O.C.G.A. §14-3-1005.1

IN WITNESS WHEREOF, the undersigned has executed these Articles Of Amendment

On 9/27/2007
(Date)

Chauncey Newsome attorney
(Signature And Capacity in which signing)

State of Georgia
Name Change 1 Page(s)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- 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.

| | | |
|--|---|---|
| Type or print File by the extended due date for filing the return. See instructions | Name of Exempt Organization THE ALLIANCE FOR DIGITAL EQUALITY, INC. | Employer identification number 20-8455909 |
| | Number, street, and room or suite no. If a P O. box, see instructions. 1447 PEACHTREE STREET, NO. 550 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30309 | |

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

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

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

- The books are in the care of **JULIUS HOLLIS**
Telephone No **404-815-9484** FAX No **404-745-9932**
- 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 is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**
- 5 For calendar year _____ , or other tax year beginning **FEB 23, 2007** , and ending **DEC 31, 2007**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

| | | | |
|----|---|----|---------------|
| 8a | 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. | 8a | \$ |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c | Balance Due. Subtract line 8b from line 8a. 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. | 8c | \$ N/A |

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 **Dick Howard CPA** Date **8/4/08**