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## Filing Instructions

**Prepared for:**

A LEG TO STAND ON  
267 FIFTH AVENUE NO. 301  
NEW YORK, NY 10016

**Prepared by:**

SHERB & CO., LLP  
805 THIRD AVENUE  
NEW YORK, NY 10022

2006 FORM 990

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2007.

MAIL TO - INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

2006 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

NEW YORK FORM CHAR500 SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUALS.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2007.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$125 MADE PAYABLE TO NYS DEPARTMENT OF LAW.  
INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE  
REMITTANCE.

**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 2006 calendar year, or tax year beginning and ending**

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

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

**C Name of organization**  
**A LEG TO STAND ON**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**267 FIFTH AVENUE 301**  
 City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10016**

**D Employer identification number**  
**02-0594709**

**E Telephone number**  
**212-683-8805**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

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

**G Website:** ▶ **WWW.ALTSO.ORG**

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

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

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **943,248.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**  
**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		<b>679,200.</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>617,396.</b> noncash \$ <b>61,804.</b> )		<b>1e</b>		<b>679,200.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>		
	<b>3</b> Membership dues and assessments		<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments		<b>4</b>		<b>9,438.</b>
	<b>5</b> Dividends and interest from securities		<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a		<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )		<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	<b>9a</b>		<b>254,610.</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		<b>74,957.</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a		<b>9c</b>	<b>SEE STATEMENT 1</b>	<b>179,653.</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>			
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		<b>12</b>		<b>868,291.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>304,402.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>124,069.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>457,751.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)		<b>17</b>		<b>886,222.</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>&lt;17,931.&gt;</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>269,860.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20		<b>21</b>		<b>251,929.</b>

**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 3</b>	67,392.	21,942.	22,725.	22,725.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	22,013.	0.	10,156.	11,857.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	106.		106.	
<b>29</b> Payroll taxes	6,669.		6,669.	
<b>30</b> Professional fundraising fees	54,498.			54,498.
<b>31</b> Accounting fees	4,500.		4,500.	
<b>32</b> Legal fees	38,859.		38,859.	
<b>33</b> Supplies	23,466.		1,682.	21,784.
<b>34</b> Telephone	1,266.		1,266.	
<b>35</b> Postage and shipping	41,777.		2,864.	38,913.
<b>36</b> Occupancy	12,224.		12,224.	
<b>37</b> Equipment rental and maintenance	850.			850.
<b>38</b> Printing and publications	34,584.			34,584.
<b>39</b> Travel	3,238.		3,238.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	396.	131.	135.	130.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 2</b>	574,384.	282,329.	19,645.	272,410.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	886,222.	304,402.	124,069.	457,751.

**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? ► <b>SEE STATEMENT 4</b>	<b>Program Service Expenses</b> (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.)	
<b>a PROVIDING MEDICAL CARE TO THOSE IN NEED, SUCH AS CORRECTIVE SURGERY AND THE PROVISION OF PROSTHETIC LIMBS</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>304,402.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>304,402.</b>

Form 990 (2006)

**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 .....	258,694.	45	258,647.
	46 Savings and temporary cash investments .....	986.	46	
	47 a Accounts receivable .....	33,250.		
	b Less: allowance for doubtful accounts .....		47c	33,250.
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....	1,888.	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 .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	30.	53	66.
	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 .....			
	b Less: accumulated depreciation .....		55c	
	56 Investments - other .....		56	
	57 a Land, buildings, and equipment: basis .....	2,073.		
b Less: accumulated depreciation <b>STMT 5</b> .....	1,087.	57c	986.	
58 Other assets, including program-related investments (describe .....		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	277,980.	59	292,949.	
Liabilities	60 Accounts payable and accrued expenses .....	8,120.	60	33,670.
	61 Grants payable .....		61	6,250.
	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 <b>▶ DUE TO RELATED PARTY</b> .....		65	1,100.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	8,120.	66	41,020.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	194,860.	67	240,929.
	68 Temporarily restricted .....	75,000.	68	11,000.
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....	269,860.	73	251,929.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	277,980.	74	292,949.	

**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	943,248.
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): <u>DIRECT EXPENSES FOR SPECIAL EVENT</u>	b4	74,957.
	Add lines b1 through b4	b	74,957.
c	Subtract line b from line a	c	868,291.
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	<b>Total revenue</b> (Part I, line 12). Add lines c and d	e	868,291.

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

a	Total expenses and losses per audited financial statements	a	961,179.
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): <u>DIRECT EXPENSES FOR SPECIAL EVENT</u>	b4	74,957.
	Add lines b1 through b4	b	74,957.
c	Subtract line b from line a	c	886,222.
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	<b>Total expenses</b> (Part I, line 17). Add lines c and d	e	886,222.

**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 6		56,947.	10,445.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <b>11</b>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ..... If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy? .....	75d	X

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (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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<b>Part VI Other Information</b> <i>(See the instructions.)</i>		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 <b>Form 990-T</b> for this year? ..... <b>N/A</b>	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 <b>N/A</b> ..... _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) ..... <b>81a</b>   <b>0</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? .....	81b	X



Part VI Other Information (continued)		Yes	No
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? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	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?		
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	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		X
89a	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.		
89b	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? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	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?		X
90 a	List the states with which a copy of this return is filed		
90b	Number of employees employed in the pay period that includes March 12, 2006		3
91 a	The books are in care of MEERA RAO Telephone no. 212-683-8805 Located at 267 FIFTH AVENUE, NEW YORK, NY ZIP + 4 10016		
91b	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		X
	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) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	9,438.	
96 Dividends and interest from securities .....					
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....					
101 Net income or (loss) from special events .....					179,653.
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		9,438.	179,653.
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					189,091.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	SPECIAL FUNCTION TO GENERATE CONTRIBUTIONS TO BE USED FOR
101	EXEMPT PURPOSE

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

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

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

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

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

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

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

<b>Yes</b>	<b>No</b>

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

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.

<b>Yes</b>	<b>No</b>

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

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?

<b>Yes</b>	<b>No</b>

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

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

---

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date **08/09/07** Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 **SHERB & CO., LLP  
805 THIRD AVENUE  
NEW YORK, NY 10022** EIN \_\_\_\_\_

Phone no. **212-838-5100**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

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

OMB No. 1545-0047

**2006**

Name of the organization

**A LEG TO STAND ON**

Employer identification number

**02 0594709**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>LAUREN ROSATO</u> <u>106 PERRY AVENUE, NORWALK, CT 06850</u>	<u>EXEC. DIRECTOR</u> <u>40.00</u>	<u>56,947.</u>	<u>10,445.</u>	
Total number of other employees paid over \$50,000	<b>0</b>			

**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
<u>GRISWOLD AND GRISWOLD</u>	<u>FUNDRAISING</u>	<u>54,498.</u>
Total number of others receiving over \$50,000 for professional services	<b>0</b>	

**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
<u>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services	<b>0</b>	

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

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

Schedule A (Form 990 or 990-EZ) 2006

**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 Integrated       Type III-Other

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

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

- 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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	420,578.	543,931.	192,936.		1,157,445.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	420,578.	543,931.	192,936.	0.	1,157,445.
<b>24</b> Line 23 minus line 17	420,578.	543,931.	192,936.		1,157,445.
<b>25</b> Enter 1% of line 23	4,206.	5,439.	1,929.		
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 23,149.
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					<b>26b</b> 43,802.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 1,157,445.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b <u>43,802.</u>					<b>26d</b> 43,802.
e Public support (line 26c minus line 26d total)					<b>26e</b> 1,113,643.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b> 96.2156%
<b>27 Organizations described on line 12:</b> 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: <b>N/A</b> (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b> (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ <b>27f</b> N/A					
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> N/A %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> N/A %

**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.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	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.)			
_____			
_____			
34 a	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? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	



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

N/A

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**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				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

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:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

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



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTER EQUIPMENT	063004	SL	6.00	16	1,770.			1,770.	590.		295.
2	FURNITURE AND FIXTURES	063005	SL	3.00	16	303.			303.	101.		101.
	* TOTAL 990 PAGE 2 DEPR					2,073.		0.	2,073.	691.	0.	396.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT 1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ROCKTOBERFEST	254,610.		254,610.	74,957.	179,653.
TO FM 990, PART I, LINE 9	254,610.		254,610.	74,957.	179,653.

FORM 990	OTHER EXPENSES				STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PAYROLL FEES	1,534.		1,534.		
INSURANCE	3,300.		2,690.	610.	
GRANTS	96,000.	96,000.			
ADVERTISING	3,119.			3,119.	
TRAVEL & ENTERTAINMENT	4,329.	4,329.			
TRAINING	10,000.	10,000.			
FOOD AND BEVERAGE	10,954.			10,954.	
MARKETING	6,991.			6,991.	
REGISTRATION FEES	5,591.			5,591.	
MEDICAL SUPPLIES	159,488.	159,488.			
OFFICE EXPENSES	5,336.		5,336.		
BANK SERVICE CHARGES	8,320.		8,320.		
WEB EXPENSES	8,999.	8,999.			
MAIL CAMPAIGN MAILING MANAGEMENT FEES	164,288.			164,288.	
OTHER EVENT COSTS	56,589.			56,589.	
MISC.	17,625.			17,625.	
	11,921.	3,513.	1,765.	6,643.	
TOTAL TO FM 990, LN 43	574,384.	282,329.	19,645.	272,410.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3  
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LAUREN ROSATO	56,947.	10,445.		67,392.
A. PROGRAM SERVICES	18,541.	3,401.		21,942.
B. MANAGEMENT AND GENERAL	19,203.	3,522.		22,725.
C. FUNDRAISING	19,203.	3,522.		22,725.
TOTAL PROGRAM SERVICES				21,942.
TOTAL MANAGEMENT AND GENERAL				22,725.
TOTAL FUNDRAISING				22,725.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				67,392.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

A LEG TO STAND ON INTENDS TO HELP TRANSFORM THE LIVES OF CHILDREN WITH LIMB DISABILITIES IN DEVELOPING COUNTRIES BY OFFERING THEM THE PHYSICAL CAPABILITIES AND SELF-ESTEEM REQUIRED TO ACCESS EDUCATION, WORK AND OTHER COMMUNITY OPPORTUNITIES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	1,770.	885.	885.
FURNITURE AND FIXTURES	303.	202.	101.
TOTAL TO FORM 990, PART IV, LN 57	2,073.	1,087.	986.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
C. MEAD WELLES 267 FIFTH AVENUE NEW YORK, NY 10016	PRESIDENT/TREAS. 0.00	0.	0.	0.
REINIER MESRITZ 267 FIFTH AVENUE NEW YORK, NY 10016	DIRECTOR 0.00	0.	0.	0.
DR. DINESH G. PATEL 55 FRUIT STREET BOSTON, MA 3-02114-3117	DIRECTOR 0.00	0.	0.	0.
BARBARA S. WELLES 60 EAST 42ND STREET NEW YORK, NY 10165	SECRETARY 0.00	0.	0.	0.
DR. HAROLD VAN BOSSE 301 EAST 17TH STREET NEW YORK, NY 10003	MED. COMM. CHAIR 0.00	0.	0.	0.
CATHERINE A. CARROLL 270 S. SHORE LANE LAKE FOREST, IL 60045	PGM & OP COMM 0.00	0.	0.	0.
KERSEN DE JONG 267 FIFTH AVENUE NEW YORK, NY 10016	DIRECTOR 0.00	0.	0.	0.
JAMES ZENGIERSKI 731 ALEXANDER ROAD, BLDG. 2 PRINCETON, NJ 08540	DIRECTOR 0.00	0.	0.	0.
DAVID WELLES 1197 FARNSWORTH ROAD, SUITE B WATERVILLE, OH 43566-1083	DIRECTOR 0.00	0.	0.	0.
CAROLYN HARVEY 1060 PARK AVENUE, APT 5F NEW YORK, NY 10128	DIRECTOR 0.00	0.	0.	0.
LAUREN ROSATO 106 PERRY AVENUE NORWALK, CT 06850	EXECUTIVE DIRECTOR 40.00	56,947.	10,445.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		56,947.	10,445.	0.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 7

STATES

AL, AZ, AR, CA, CT, DE, IL, KS, KY, ME, MD, MN, MS, MT, NM, NY, NC, OH, OR, RI, SC, TN, UT, WV, WI  
AK, CO, FL, GA, MA, MI, NH, NJ, ND, VA, WA, DC, PA, OK

COPY

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	<b>2006</b>
This form used for Article 7-A, EPTL, and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>		
a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01/2006</b> and ending (mm/dd/yyyy) <b>12/31/2006</b>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>A LEG TO STAND ON</b>  Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>267 FIFTH AVENUE 301</b>  City or town, state or country and ZIP + 4 <b>NEW YORK, NY 10016</b>	d. Fed. employer ID no. (EIN) <b>02-0594709</b> e. NY State registration no. <b>20-25-51</b> f. Telephone number <b>212 683-8805</b> g. Email

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may also check the box to claim this exemption if no PFR or FRC was used <b>and</b> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from all other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <b>and</b> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? ..... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4b.

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
a. Article 7-A filing fee .....	\$ <u>25.</u>
b. EPTL filing fee .....	\$ <u>100.</u>
c. <b>Total fee</b> .....	\$ <u>125.</u>

<b>6. Attachments:</b> For organizations that are not claiming annual report exemptions under both laws, see last page for <b>required attachments.</b>
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- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -



A LEG TO STAND ON

**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser .....
- Fund raising counsel .....
- Commercial co-venturer .....

2. Name of FRP:

**GRISWOLD & GRISWOLD, INC.**

Number and street (or P.O. box if mail is not delivered to street address):

**342 COMMERCE STREET**

City or town, state or country and ZIP + 4:

**ALEXANDRIA, VA 22314**

3. FRP telephone number:

4. Services provided by FRP (provide description):
1. RECOMMENDATIONS RE: DIRECT MAIL PROJECTS
  2. RECOMMENDATIONS RE: SCHEDULE OF MAILINGS
  3. ASSIST IN CREATION OF MATERIALS TO BE MAILED

5. Compensation arrangement with FRP (provide description):

**\$0.06 PER LETTER MAILED FOR PROSPECT AND HOUSEFILE MAILINGS**

6. Dates of contract ..... through .....

(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP ..... \$ .....

**A LEG TO STAND ON**

**5. Fee Instructions**

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in <b>part a</b> below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in <b>part b</b> below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in <b>parts a and b</b> below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

**a) Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

**b) EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

**6. Attachments - Document Attachment Check-List**

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

**Additional Article 7-A Document Attachment Requirement**

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)