

Modernized e-File Test Package for Exempt Organization Filings

Form 990: Return of Organization Exempt From Income Tax

Form 990-EZ: Return of Organization Exempt From Income Tax

Form 990-N: Electronic Notice (e-Postcard) for Tax-Exempt Organizations
not Required to File Form 990 or 990-EZ

Form 990-PF: Return of Private Foundation or Section 4947(A)(1) Trust
Treated as a Private Foundation

Form 1120-POL: U.S. Income Tax Return for Certain Political Organizations

Form 8868: Application for Extension of Time to File an Exempt Organization
Return

TAX YEAR 2007



Department of the Treasury
Internal Revenue Service
www.irs.gov

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**INTERNAL REVENUE SERVICE
MISSION STATEMENT**

**PROVIDE AMERICA'S TAXPAYERS TOP QUALITY
SERVICE BY HELPING THEM UNDERSTAND AND
MEET THEIR TAX RESPONSIBILITIES, AND BY
APPLYING THE TAX LAW WITH INTEGRITY AND
FAIRNESS TO ALL.**

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1. NEW INFORMATION – TY2007

Beginning in 2008, small tax-exempt organizations that previously were not required to file returns may be required to file an annual electronic notice, Form 990-N, *Electronic Notice (e-Postcard) for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ*. This filing requirement applies to tax periods beginning after December 31, 2006. Organizations that do not file the notice will lose their tax-exempt status.

Small tax-exempt organizations whose gross receipts are normally \$25,000 or less, are not required to file Form 990, *Return of Organization Exempt From Income Tax*, or Form 990-EZ, *Short Form Return of Organization Exempt from Income Tax*. With the enactment of the Pension Protection Act of 2006 (PPA), these small tax-exempt organizations will now be required to file electronically Form 990-N, also known as the e-Postcard, with the IRS annually. Exceptions to this requirement include organizations that are included in a group return, private foundations required to file Form 990-PF, and section 509(a)(3) supporting organizations required to file Form 990 or Form 990-EZ. In addition, this filing requirement does not apply to churches, their integrated auxiliaries, and conventions or associations of churches.

2. FORMS 990/990-EZ/990-N/990-PF/1120-POL/8868 ASSURANCE TESTING - TY2007

2.1 WHO MUST TEST?

All software developers and transmitters are required to perform the tests in this Test Package before they can be accepted into the electronic filing program for the 2008 (Tax Year (TY) 2007) filing season. Anyone who plans to transmit must perform a communications test and be accepted. Prior to testing, all software developers and transmitters must have obtained an Electronic Transmitter Identification Number (ETIN), Electronic Filer Identification Number (EFIN) and password through the application process. Refer to Publication 3112, *IRS e-file Application Package*, for procedures for completing Form 8633, *Application to Participate in IRS e-file Program*. For the On-Line application procedures, refer to the following URL:

<http://www.irs.gov/>

The transmitter must also register the system(s) that will be used to conduct business with MeF to obtain a systemID. If a transmitter and system(s) are not registered, the transmitter cannot access MeF for Fed/State processing.

2.2 WHY TEST?

The purpose of testing prior to live processing is to ensure that:

- a) Filers transmit in the correct format and meet the Internal Revenue Service (IRS) Modernized e-File (MeF) electronic filing specifications;
- b) Returns have few validation or math errors;
- c) IRS can receive and process the electronic returns;
- d) Filers understand and are familiar with the mechanics of electronic filing.

Please note that the Modernized e-File (MeF) Assurance Testing System (ATS) is not configured exactly the same as the MeF Production system. Therefore, a tester should not expect the same response time when testing in the ATS environment versus the Production environment especially regarding performance or load testing, including testing a single extremely large return in one transmission, a significant number of returns in one transmission, a number of large returns in one transmission, or a large number of concurrent transmissions.

2.3 WHAT IS TESTED?

The test package for the 2007 Assurance Testing System (ATS) for Exempt Organizations consists of sixteen (16) scenarios. There are three (3) scenarios for Form 990, two (2) scenarios for Form 990-EZ, four (4) scenarios for Form 990-N, three (3) scenarios for Form 990-PF, two (2) scenarios for Form 1120-POL and two (2) scenarios for Form 8868 (See Section 5). Several of the test scenarios include a limited number of forms and schedules that are accepted for electronic filing. Every conceivable condition cannot be represented in the scenarios; therefore, once you pass the tests, you may want to test any additional conditions you believe are appropriate as long as you use the predefined entity information contained in the test scenarios (see Exhibit 5).

The scenarios provide the information needed to prepare the selected forms and schedules. You must correctly prepare and compute these returns before transmitting the tests. The IRS strongly recommends each return be run against an XML parser prior to being transmitted to the IRS. The IRS will run each return against a parser and reject any return that does not pass.

Below are some XML resources regarding XML schemas and software tools and parsers (these resources are provided for information only—the IRS is not endorsing any product). You may choose any third party parser toolkit or use your own.

- W3C XML Home Page: <http://www.w3.org/XML/>
- W3C XML Schema Home Page: <http://www.w3.org/XML/Schema>
- XML Spy: <http://www.xmlspy.com/>
- Apache Xerces parser toolkit: <http://xml.apache.org/>
- Microsoft Core XML Services: <http://msdn.microsoft.com/xml/default.aspx>

2.4 FORMATTING THE ENTITIES

The entities presented in the test scenarios are shown in common usage with commas and periods. Refer to XML e-file Types for proper formatting for the business name lines and addresses. No commas or periods are allowed.

Example:

Test Scenario:

Walnut Housing Corporation, Inc.
655 Bradford St.
Willow Springs, NV 89424

XML Format:

Walnut Housing Corporation Inc (BusinessNameLine1Type)
655 Bradford St (StreetAddressType)
Willow Springs (CityType)
NV (StateType)
89424 (ZipCodeType)

2.5 *PASSWORDS*

New or renewed applicants who will be transmitting to the IRS will receive an eight-digit alphanumeric password that will be used for testing and production. This password will be mailed to the applicants with instructions on how to acknowledge receipt in order to activate. Once your password is received, you will change your password the first time you log in to the system. It will be valid at the beginning of acceptance testing. If testing will be done through the Internet, applications will choose their passwords during On-Line Registration. Once the software has passed, the password will be enabled for production.

2.6 *WHEN TO TEST*

When you are ready to test call the e-file Help Desk at 1-866-255-0654. They will assist you in all preparations necessary to begin testing, including assigning you a software ID to use when submitting your returns.

2.7 *TESTING GUIDELINES FOR SOFTWARE DEVELOPERS*

Software does not have to provide for all forms or schedules, nor for all occurrences of a particular form or schedule. You must advise the Help Desk at 1-866-255-0654 of all limitations to your software package(s) at the time of first contact, before testing begins. You must test the complete form with no field limitations except for the number of occurrences.

Note: Although you may commingle test scenarios for Form 1120-POL with the other Exempt Organization forms when testing, you will be required to have a separate software ID for Form 1120-POL. The same software ID may be used for Forms 990/990-EZ/990-N/990-PF/8868.

2.8 *ELECTRONIC SIGNATURES*

A signature is not required when filing Part I, Form 8868, unless there is a payment attached. Form 8868, Part II, cannot be filed electronically. The following information applies Forms 990, 990-EZ, 990-PF, 1120-POL and Form 8868, Part I with a payment:

Tax Professionals have two options of filing a totally paperless return for their clients using the Practitioner PIN method or the scanned Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing, method. The selected signature option must be identified in the Return Header. IRS validates that a signature is present for each return with a payment attached. If the filer uses a PIN to sign the return, all appropriate PIN information must be present in the return header. If the filer elects to sign a Form 8453-EO, the scanned Form 8453-EO must be attached to the return. If the electronic return does not contain the required signatures, it will be rejected.

- **Practitioner PIN**

The Practitioner PIN option can only be used if the organization uses an Electronic Return Originator (ERO). It cannot be used if an organization is filing through an On-Line Provider. If the signature option of “PIN Number” is chosen, both the filer and ERO will be required to sign the return with a personal identification number (PIN). The Practitioner PIN option consists of two PINs – one for the organization and one for the Practitioner.

1. Organization PIN – The filer chooses the PIN that they wish to use to sign their organization’s return. The filer’s PIN must be 5 numeric characters and cannot contain all zeros.
2. Practitioner PIN – The ERO selects an eleven-position PIN to sign the return. The first 6 positions of the Practitioner PIN will be the EFIN of the ERO and the next 5 positions will be 5 numeric characters that the ERO will select.

The filer must decide whether they want to enter their own PIN or whether they authorize the ERO to enter the PIN they choose as their signature. This authorization is made on Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization. The ERO must retain completed Forms 8879-EO for 3 years from the return due date or the IRS received date, whichever is later.

The following fields are required for the Practitioner PIN method or the return will be rejected:

- Practitioner PIN
- PIN Entered By Indicator
- Name of Officer
- Title of Officer
- Taxpayer PIN
- Date Signed

- **Scanned Form 8453-EO**

The scanned Form 8453-EO method must be used if the filer decides not to use the Practitioner PIN method for signing the return. The Form 8453-EO will be completed and signed by all required parties and then scanned as a PDF file. The appropriate signature option of “Binary Attachment 8453 Signature Document” must be identified in the Return Header.

If this option is chosen, the filer and ERO (if applicable) must sign the paper 8453-EO. The signed Form 8453-EO must then be scanned into a PDF document and inserted into the electronic return as a binary attachment. The binary attachment must be named “8453 Signature Document.”

2.9 REVIEWING ACKNOWLEDGEMENT (ACK) FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you have no math errors and receive no error messages. Any additional Business Rule violations must be corrected in order to pass ATS testing.

While you are solving problems, you may transmit only the problem returns until you have no rejects and all math fields are correct.

2.10 FINAL TRANSMISSION

Once you receive no rejects, you will be required to transmit the test scenarios in two separate, same-day transmissions in order to test the ability of your software to increment the transmission ID number that appears in the Transmission Header. Because not all software developers may be developing all six form types, you may group the test scenarios in any manner, as long as there is a minimum of two scenarios in each transmission.

2.11 COMMUNICATIONS TEST FOR The e-File SYSTEM

MeF plans to discontinue using EMS as a transmission channel beginning January 2008. This impacts only MeF transmissions. Beginning January 2008, all MeF transmissions will have to come through either IFA or A2A.

If you are a Transmitter using accepted software, you must complete an error-free communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other). Transmitters who have passed the communications test and want to continue to test must request a test ETIN.

If you will be transmitting returns through the Internet Filing Application (IFA), you will need to perform the communications test through IFA.

If you will be transmitting returns through A2A, you will need to perform the communications test through A2A. If you will be transmitting through both the A2A and IFA portals, communications tests must be performed through both systems.

NOTE: A Software Developer who will not transmit need not perform a communications test.

2.12 USING YOUR OWN TEST DATA

If you are a Software Developer, when you have been notified that you have passed the ATS test, you may test with your own data using the same password and ETIN. If you are a Transmitter, you will need to get a new Test ETIN to continue testing, as your original ETIN will have been moved to "production" status once you have passed the Communications Test. Call the e-Help Desk at 1-866-255-0654 using the Andover Service Center prompt to obtain a new Test ETIN. You must use the same taxpayer entity information (Name Controls, EINs, Group Exemption Numbers, Organization Type and Fiscal Year Month) provided in 5 for your independent tests. DO NOT use any other combinations.

3. FED/STATE TESTING PROCEDURES

The Fed/State program is a vehicle for filers to send their state returns (or other required filings) to the participating states through the IRS MeF process. Participating states will allow filers to transmit state charity requirements as either a “linked” or “unlinked” submission. With a “linked” submission, the associated IRS Form 990/990-EZ/990-PF must have been filed and accepted by the IRS at the same time or before the state only portion of the transmission will be forwarded on to the participating state. With an “unlinked” (sometimes referred to as “state stand alone”) submission, the state return or other document(s) is forwarded on to the participating state regardless of whether or not an IRS Form 990/990-EZ/990-PF has been filed and accepted. Each participating state sets its own requirements for when to use a “linked” or “unlinked” submission. Participating states are found at: <http://www.irs.gov/efile>

For Tax Year 2007, there will not be a separate States ATS. Any of the test returns may be used if you will be participating in the Federal/State electronic filing program. Fed/State returns must be transmitted through A2A or IFA. Inform the e-Help Desk which test you will be using. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from the participating states.

It is the responsibility of each state charity office to determine whether or not you pass their software testing. Each state’s requirements and procedures may be found on their web site. For further information on state charity office testing procedures, please contact the participating state charity office.

4. EXHIBITS

- Exhibit 1 - Standard Postal Service State Abbreviations and Zip Codes
- Exhibit 2 – Foreign Country Codes
- Exhibit 3 – Accepted Forms and Schedules for Exempt Organizations
- Exhibit 4 – Valid Entity Information

EXHIBIT 1 - STANDARD POSTAL SERVICE STATE ABBREVIATIONS AND ZIP CODES

The Standard Postal Service State Abbreviations and Zip code list can be found on IRS.GOV at: <http://www.irs.gov/efile/article/0,,id=171946,00.html>

EXHIBIT 2 - FOREIGN COUNTRY CODES

The Foreign Country Code list can be found on IRS.GOV at: <http://www.irs.gov/efile/article/0,,id=175595,00.html>

EXHIBIT 3 - ACCEPTED FORMS AND SCHEDULES FOR EXEMPT ORGANIZATIONS

The forms and schedules accepted for the TY 2007 IRS Modernized e-File Program for Exempt Organizations and the maximum number that may be submitted with each return can be found on IRS.GOV at the following link: <http://www.irs.gov/efile/article/0,,id=176123,00.html>

EXHIBIT 4 – VALID ENTITY INFORMATION

Following is the valid entity information to be used with the various test scenarios:

| Scenario | EIN | Name Control | Group Exemption Number (GEN) | Org Type | Lobby Ind | Sub-section code | Fdn code | Fiscal Year Month |
|--------------|------------|--------------|------------------------------|------------|-----------|------------------|----------|-------------------|
| 990-1 | 11-9000001 | WALN | 0000 | 501(c)(3) | 1 | 03 | | 12 |
| 990-2 | 11-9000004 | NATI | 2495 | 501(c)(4) | | 04 | | 12 |
| affiliate #1 | 11-9000012 | FLOR | 2495 | 501(c)(4) | | 04 | | 12 |
| affiliate #2 | 11-9000013 | CALI | 2495 | 501(c)(4) | | 04 | | 12 |
| affiliate #3 | 11-9000014 | MICH | 2495 | 501(c)(4) | | 04 | | 12 |
| 990-3 | 11-9000005 | HICK | 0000 | 4947(a)(1) | | 91 | | 05 |
| | | | | | | | | |
| 990EZ-1 | 11-9000007 | MAGN | 0000 | 501(c)(3) | | 03 | | 06 |
| 990EZ-2 | 11-9000010 | MAHO | 0000 | 527 | | 82 | | 12 |
| | | | | | | | | |
| 990PF-1 | 11-9000021 | SHIL | 0000 | 501(c)(3) | | 03 | 02 | 06 |
| 990PF-2 | 11-9000023 | HOLL | 0000 | 4947(a)(1) | | 92 | 00 | 12 |
| 990PF-3 | 11-9000024 | PENN | 0000 | 501(c)(3) | | 03 | 04 | 09 |
| | | | | | | | | |
| 990N-1 | 11-9000025 | SUPP | 0000 | 501(c)(3) | | 03 | 17 | 12 |
| 990N-2 | 11-9000026 | LOCA | 2495 | 501(c)(4) | | 04 | | 12 |
| 990N-3 | 11-9000027 | VETE | 0000 | 501(c)(19) | | 19 | | 06 |
| 990N-4 | 11-9000028 | NATU | 0000 | 501(c)(3) | | 03 | 15 | 12 |
| | | | | | | | | |
| 1120POL-1 | 11-9000015 | KOLK | 0000 | n/a | | | | 12 |
| 1120POL-2 | 11-9000004 | NATI | 0000 | n/a | | | | 12 |
| | | | | | | | | |
| 8868-1 | 11-9000004 | NATI | 0000 | 501(c)(4) | | | | 12 |
| 8868-2 | 11-9000004 | NATI | 0000 | 501(c)(4) | | | | 12 |

5. TEST SCENARIOS

Following are three (3) scenarios for Form 990, two (2) scenarios for Form 990-EZ, four (4) scenarios for Form 990-N, three (3) scenarios for Form 990-PF, two (2) scenarios for Form 1120-POL and two (2) scenarios for Form 8868.

All information for each scenario is contained either on the form itself or on additional information provided within each file. All data required for any dependency attachment is also shown in the supplemental text data (see Exhibit 3 for the table of all forms and attachments).

Following is the necessary data for each scenario:

TY2007 F990 test1

PreparerFirm

EIN – not permitted

PreparerFirmBusinessName – Roberts Enterprises

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN -- 15512

PinEnteredBy -- *ERO*

SignatureOption -- *Pin Number*

ReturnType -- 990

TaxPeriodBeginDate – 1/1/2007

TaxPeriodEndDate -- 12/31/2007

Filer

EIN – 11-9000001

Name – Walnut Housing Corporation, Inc.

NameControl -- WALN

USAddress - 655 Bradford St Nixon NV 89424

Officer

Name – Penn Oak

Title -- President

Phone – 775-555-1313

EmailAddress --

DateSigned – self select

TaxpayerPIN – self select

AuthorizeThirdParty -- Y

Preparer

Name – Robert R Roberts

SSN or PTIN – not permitted

Phone – 775-555-1212

EmailAddress --

DatePrepared -- self select

SelfEmployed -- Y

binaryAttachmentCount – 0

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)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning _____, 2007, **and ending** _____, 20

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

C Name of organization
Walnut Housing Corporation Inc
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
655 Bradford Street
 City or town, state or country, and ZIP + 4
Nixon NV 89424

D Employer identification number
11 9000001

E Telephone number
 (**775**) **555-1313**

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: _____

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 **1269100**

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

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

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

| | | | | | |
|--|---|------------|--------------|-----------------------|----------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | | |
| | a Contributions to donor advised funds | 1a | | | |
| | b Direct public support (not included on line 1a) | 1b | | 100000 | |
| | c Indirect public support (not included on line 1a) | 1c | | | |
| | d Government contributions (grants) (not included on line 1a) | 1d | | | |
| | e Total (add lines 1a through 1d) (cash \$ 92500 noncash \$ 7500) | 1e | | | 100000 |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | 850974 |
| | 3 Membership dues and assessments | 3 | | | |
| | 4 Interest on savings and temporary cash investments | 4 | | | 18550 |
| | 5 Dividends and interest from securities | 5 | | | 5432 |
| | 6a Gross rents | 6a | | | |
| | b Less: rental expenses | 6b | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | | |
| 7 Other investment income (describe _____) | 7 | | | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | |
| | | 8a | | 265080 | |
| | b Less: cost or other basis and sales expenses | 8b | | 195000 | |
| | c Gain or (loss) (attach schedule) | 8c | | 70080 | |
| | d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | | 70080 |
| | 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a Gross revenue (not including \$ _____ of contributions reported on line 1b) | 9a | | 16267 | | |
| | b Less: direct expenses other than fundraising expenses | 9b | | 0 | |
| | c Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | 16267 |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 7875 | | |
| | b Less: cost of goods sold | 10b | | 3225 | |
| c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | | 4650 | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | 4922 | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | | 1070875 | |
| Expenses | 13 Program services (from line 44, column (B)) | 13 | | 1077775 | |
| | 14 Management and general (from line 44, column (C)) | 14 | | 185004 | |
| | 15 Fundraising (from line 44, column (D)) | 15 | | 0 | |
| | 16 Payments to affiliates (attach schedule) | 16 | | 0 | |
| | 17 Total expenses. Add lines 16 and 44, column (A) | 17 | | | 1262779 |
| Net Assets | 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | | <191904> | |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 6966032 | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | | 0 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | | | 6774128 |

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

| <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 |
|--|--|-----------|----------------------|----------------------------|-----------------|
| 22a | Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b | Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | | | | |
| 23 | Specific assistance to individuals (attach schedule) | 13847 | 13847 | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25a | Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) | 55000 | 41250 | 13750 | |
| b | Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | | | | |
| c | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | 104976 | 77227 | 27749 | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | 4557 | 4557 | | |
| 28 | Employee benefits not included on lines 25a - 27 | 14432 | 14432 | | |
| 29 | Payroll taxes | 9959 | 9959 | | |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 15820 | | 15820 | |
| 32 | Legal fees | 270 | | 270 | |
| 33 | Supplies | 34618 | 34618 | | |
| 34 | Telephone | 7872 | 6071 | 1801 | |
| 35 | Postage and shipping | | | | |
| 36 | Occupancy | 155651 | 155651 | | |
| 37 | Equipment rental and maintenance | 425447 | 425447 | | |
| 38 | Printing and publications | 1340 | | 1340 | |
| 39 | Travel | 5380 | 5380 | | |
| 40 | Conferences, conventions, and meetings | 1295 | | 1295 | |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 43035 | 34428 | 8607 | |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | | ***** | ***** | ***** | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g | | | | | |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 1262779 | 1077775 | 185004 | 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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

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

| | |
|--|---|
| What is the organization's primary exempt purpose? ► <u>housing for elderly</u> 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.) | Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</small> |
| a <u>housing & related services to senior citizens and non-elderly disabled low-income individuals</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 107775 |
| b (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). ► | 107775 |

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 | 3785 | 45 | 57762 |
| | 46 Savings and temporary cash investments | | 46 | 40000 |
| | 47a Accounts receivable | | | |
| | b Less: allowance for doubtful accounts | 6766 | 47c | 0 |
| | 48a Pledges receivable | | | |
| | b Less: allowance for doubtful accounts | | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | 0 | 50a | 10000 |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | 15000 | | |
| | b Less: allowance for doubtful accounts | 0 | 51c | 15000 |
| | 52 Inventories for sale or use | 5740 | 52 | 2515 |
| | 53 Prepaid expenses and deferred charges | 4487 | 53 | 26895 |
| | 54a Investments—publicly-traded securities | 5807 | 54a | 50944 |
| | b Investments—other securities (attach schedule) | | 54b | |
| | 55a Investments—land, buildings, and equipment: basis | | | |
| | b Less: accumulated depreciation (attach schedule) | | 55c | |
| | 56 Investments—other (attach schedule) | | 56 | |
| | 57a Land, buildings, and equipment: basis | 8891872 | | |
| b Less: accumulated depreciation (attach schedule) | 3059181 | 6256906 | 57c | 5832691 |
| 58 Other assets, including program-related investments (describe ▶) | 754205 | 58 | 820476 | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 7037696 | 59 | 6856283 | |
| Liabilities | 60 Accounts payable and accrued expenses | 47536 | 60 | 57542 |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe ▶) | 24128 | 65 | 24613 |
| 66 Total liabilities. Add lines 60 through 65 | 71664 | 66 | 82155 | |
| 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 | 6966032 | 67 | 6774128 |
| | 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) | 6966032 | 73 | 6774128 |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 7037696 | 74 | 6856283 |

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

| | | | | |
|----------|--|--|----------|---------|
| a | Total revenue, gains, and other support per audited financial statements ▶ | | a | 1070875 |
| b | Amounts included on line a but not on line 12, Form 990: | | | |
| | (1) Net unrealized gains on investments \$ | | | |
| | (2) Donated services and use of facilities \$ | | | |
| | (3) Recoveries of prior year grants \$ | | | |
| | (4) Other (specify): \$ | | | |
| | Add amounts on lines (1) through (4) ▶ | | b | 0 |
| c | Line a minus line b ▶ | | c | 1070875 |
| d | Amounts included on line 12, Form 990 but not on line a : | | | |
| | (1) Investment expenses not included on line 6b, Form 990 \$ | | | |
| | (2) Other (specify): \$ | | | |
| | Add amounts on lines (1) and (2) ▶ | | d | 0 |
| e | Total revenue per line 12, Form 990 (line c plus line d) ▶ | | e | 1070875 |

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

| | | | | |
|----------|--|--|----------|---------|
| a | Total expenses and losses per audited financial statements. ▶ | | a | 1262779 |
| b | Amounts included on line a but not on line 17, Form 990: | | | |
| | (1) Donated services and use of facilities \$ | | | |
| | (2) Prior year adjustments reported on line 20, Form 990 \$ | | | |
| | (3) Losses reported on line 20, Form 990. \$ | | | |
| | (4) Other (specify): \$ | | | |
| | Add amounts on lines (1) through (4) ▶ | | b | 0 |
| c | Line a minus line b ▶ | | c | 1262779 |
| d | Amounts included on line 17, Form 990 but not on line a : | | | |
| | (1) Investment expenses not included on line 6b, Form 990 \$ | | | |
| | (2) Other (specify): \$ | | | |
| | Add amounts on lines (1) and (2) ▶ | | d | 0 |
| e | Total expenses per line 17, Form 990 (line c plus line d) ▶ | | e | 1262779 |

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 | (E) Expense account and other allowances |
|---|--|---|---|--|
| Jane Maple 7842 Hickory Lane Nixon NV 89424 | Chairman 20 | 0 | 0 | 0 |
| Bradford Pear 7842 Hickory Lane Nixon NV 89424 | V. P. 10 | 0 | 0 | 0 |
| Penn Oak 7842 Hickory Lane Nixon NV 89424 | President 40 | 50000 | 1244 | 0 |
| Red Oak 7842 Hickory Lane Nixon NV 89424 | Secretary 10 | 0 | 0 | 0 |
| Loblolly Pine 7842 Hickory Lane Nixon NV 89424 | Treasurer 20 | 0 | 0 | 0 |
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Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

| | | |
|---|-------------------------------------|-------------------------------------|
| 75a Enter the total number of voting officers, directors, and trustees | 5 | |
| | Yes | No |
| b Are any officers, trustees, key employees, highest compensated employees (from Schedule A, Part I) or highest compensated professional and non-professional independent contractors (from Schedule A, Part II) related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Do any officers, directors, trustees, key employees, highest compensated employees (from Schedule A, Part I) or highest compensated professional and non-professional independent contractors (from Schedule A, Part II) receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note: Related organizations include 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Does the organization have a conflict of interest policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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) Contributions to employee benefit plans & deferred compensation plans | (D) Compensation | (E) Expense account and other allowances |
|----------------------|------------------------|---|------------------|--|
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Part VI Other Information (See page 28 of the instructions.)

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 80a 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," enter the name of the organization ▶ Dogwood Eldercare and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | <input type="checkbox"/> | <input type="checkbox"/> |
| 81a Enter direct and indirect political expenditures. (See line 81 instructions.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Part VI Other Information (continued) | | Yes | No |
|---|------------|-------------------------------------|-------------------------------------|
| 82a 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b _____ | 82b | <input type="checkbox"/> | <input type="checkbox"/> |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | <input type="checkbox"/> | <input type="checkbox"/> |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | <input type="checkbox"/> | <input type="checkbox"/> |
| b 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. | 85b | <input type="checkbox"/> | <input type="checkbox"/> |
| c Dues, assessments, and similar amounts from members 85c _____ | 85c | <input type="checkbox"/> | <input type="checkbox"/> |
| d Section 162(e) lobbying and political expenditures 85d _____ | 85d | <input type="checkbox"/> | <input type="checkbox"/> |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e _____ | 85e | <input type="checkbox"/> | <input type="checkbox"/> |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____ | 85f | <input type="checkbox"/> | <input type="checkbox"/> |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a _____ | 86a | <input type="checkbox"/> | <input type="checkbox"/> |
| b Gross receipts, included on line 12, for public use of club facilities 86b _____ | 86b | <input type="checkbox"/> | <input type="checkbox"/> |
| 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a _____ | 87a | <input type="checkbox"/> | <input type="checkbox"/> |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b _____ | 87b | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | 88a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____ | 89a | <input type="checkbox"/> | <input type="checkbox"/> |
| b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | 89c | <input type="checkbox"/> | <input type="checkbox"/> |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____ | 89d | <input type="checkbox"/> | <input type="checkbox"/> |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 90a List the states with which a copy of this return is filed ▶ NV PA | 90a | <input type="checkbox"/> | <input type="checkbox"/> |
| b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b _____ | 90b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 91a The books are in care of ▶ Dogwood Eldercare Telephone no. ▶ (610) 555-4545 Located at ▶ 1234 Astilbe Avenue Perky PA ZIP + 4 ▶ 19444 | 91a | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 _____ | 91b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 91b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

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

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

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a rental income | | | | | 850974 |
| 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 | 18550 | |
| 96 Dividends and interest from securities | | | 14 | 5432 | |
| 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 | | | 18 | 70080 | |
| 101 Net income or (loss) from special events | | | 01 | 16267 | |
| 102 Gross profit or (loss) from sales of inventory | | | 03 | 4650 | |
| 103 Other revenue: a laundry | | | 03 | 4595 | |
| b nsf/late charges | | | 03 | 147 | |
| c misc | | | 03 | 180 | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 119901 | 850974 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 970875 |

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). |
|------------|---|
| 93a | Rental income allows the exempt organization to provide affordable housing to senior citizens and physically disabled low-income persons |
| | |
| | |

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 |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

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).

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (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 |
|---|--|------------------|---|--|
| none | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 . ▶ | | none | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Hickory Security Service 3456 Salem St Nixon NV 89424 | building security | 99576 |
| Dogwood Real Estate Management Company 4567 Salem St Nixon NV 89424 | real estate mgmt | 81451 |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | | |

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

| | | Yes | No |
|-----------|--|-------------------------------------|-------------------------------------|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>1538</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | | <input checked="" type="checkbox"/> |
| b | Lending of money or other extension of credit? | | <input checked="" type="checkbox"/> |
| c | Furnishing of goods, services, or facilities? | | <input checked="" type="checkbox"/> |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE 990/990EZ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e | Transfer of any part of its income or assets? | | <input checked="" type="checkbox"/> |
| 3a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | | <input checked="" type="checkbox"/> |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | <input checked="" type="checkbox"/> |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | <input checked="" type="checkbox"/> |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | <input checked="" type="checkbox"/> |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | | <input checked="" type="checkbox"/> |
| b | Did the organization make any taxable distributions under section 4966? | | <input checked="" type="checkbox"/> |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | | <input checked="" type="checkbox"/> |
| d | Enter the total number of donor advised funds owned at the end of the tax year ▶ _____ | | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . ▶ _____ | | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ | | 0 |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____ | | 0 |

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 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 33½%** 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 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

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

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

- 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) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|----------|----------|----------|----------|-------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | | | | | 0 |
| 16 Membership fees received | | | | | 0 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 733531 | 688720 | 684981 | 630095 | 2737327 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 38448 | 30344 | 22817 | 20897 | 112506 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | 0 |
| 22 Other income. | 4829 | 4882 | 5031 | 8423 | 23165 |
| 23 Total of lines 15 through 22. | 776808 | 723946 | 712829 | 659415 | 2872998 |
| 24 Line 23 minus line 17. | 43277 | 35226 | 27848 | 29320 | 135671 |
| 25 Enter 1% of line 23 | 7768 | 7239 | 7128 | 6594 | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. | | | | | 26a |
| 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ | | | | | 26d |
| e Public support (line 26c minus line 26d total) | | | | | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f % |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: | | | | | |
| (2005) 0 (2004) 0 (2003) 0 (2002) 0 | | | | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: | | | | | |
| (2005) 0 (2004) 0 (2003) 0 (2002) 0 | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 2737327 20 _____ 21 _____ | | | | | 27c 2737327 |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27d 0 |
| e Public support (line 27c total minus line 27d total) | | | | | 27e 2737327 |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27f 2872998 |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g 95.3 % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h 3.9 % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(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.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | 0 |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | 1538 |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | 1538 |
| 39 | Other exempt purpose expenditures | 39 | 1261241 |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | 1262779 |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table— | | |
| | If the amount on line 40 is— The lobbying nontaxable amount is— | | |
| | Not over \$500,000 20% of the amount on line 40 | | |
| | Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 | 41 | 201278 |
| | Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 \$1,000,000 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | 50320 |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | 0 |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | 0 |

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|---------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | 201278 | 0 | 0 | 0 | 201278 |
| 46 Lobbying ceiling amount (150% of line 45(e)). | | | | | 301917 |
| 47 Total lobbying expenditures | 1538 | 0 | 0 | 0 | 1538 |
| 48 Grassroots nontaxable amount | 50320 | 0 | 0 | 0 | 50320 |
| 49 Grassroots ceiling amount (150% of line 48(e)). | | | | | 75480 |
| 50 Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h .) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h .) | | | |

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|--------------|--|---------------|-------------------------------------|
| a | Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| (i) | Cash | 51a(i) | <input checked="" type="checkbox"/> |
| (ii) | Other assets | a(ii) | <input checked="" type="checkbox"/> |
| b | Other transactions: | | |
| (i) | Sales or exchanges of assets with a noncharitable exempt organization | b(i) | <input checked="" type="checkbox"/> |
| (ii) | Purchases of assets from a noncharitable exempt organization | b(ii) | <input checked="" type="checkbox"/> |
| (iii) | Rental of facilities, equipment, or other assets | b(iii) | <input checked="" type="checkbox"/> |
| (iv) | Reimbursement arrangements | b(iv) | <input checked="" type="checkbox"/> |
| (v) | Loans or loan guarantees | b(v) | <input checked="" type="checkbox"/> |
| (vi) | Performance of services or membership or fundraising solicitations | b(vi) | <input checked="" type="checkbox"/> |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | <input checked="" type="checkbox"/> |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|--|---|
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **Yes** **No**

b If "Yes," complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Walnut Housing Corporation, Inc.

Employer identification number

11 9000001

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | William Barksdale ----- 542 Hollyhock Drive ----- Anytown PA 17320 ----- | \$ 10000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Alexander Pendleton ----- 123 Azalea Avenue ----- Anytown PA 17330 ----- | \$ 7500 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | Sharpsburg Industries ----- 456 Taxus Terrace ----- Anytown PA 17312 ----- | \$ 25000 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|---|--|-----------------------|
| 2 | Computers, software, & peripherals | \$ 7500 | 2 / 22 / 2007 |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |

Part II, Line 43, Other Expenses

| | Total | Pgm Svcs | Mgmt & Gen | Fundraising |
|-------------------|--------------|-----------------|-----------------------|--------------------|
| Security contract | 99576 | 99576 | | |
| Taxes & licenses | 2898 | 2898 | | |
| Insurance | 37068 | 4147 | 32921 | |
| Admin expense | 27283 | 27283 | | |
| Rent free unit | 7368 | 7368 | | |
| Repairs | 109262 | 109262 | | |
| Misc | 3640 | 3640 | | |
| Bad debts | 734 | 734 | | |
| Mgmt fee | 81451 | | 81451 | |

GainLossFromSaleOtherAssetsSchedule

| | |
|--------------------------|--------------------|
| Name | building |
| Date Acquired | 3/16/1991 |
| How Acquired | purchase |
| Date Sold | 11/23/2007 |
| Purchaser | Local Housing Corp |
| Gross Sales | 265080 |
| Cost or other basis | 278677 |
| Sales Expense | 13254 |
| Total net | 70080 |
| Accumulated depreciation | 96931 |

SpecialEventsSchedule

| | |
|---------------------------|-------|
| Fundraiser gross receipts | 16267 |
| Contributions | 0 |
| Gross revenue | 16267 |
| Direct expenses | 0 |
| Net income | 16267 |

SalesOfInventorySchedule

| Category | Gross Sales | COGS | Net |
|----------------------|--------------------|-------------|------------|
| Linens | 5483 | 1877 | 3606 |
| Magazines & sundries | 2392 | 1348 | 1044 |

IndividualAssistanceSchedule

| Class of Activity | Amount |
|------------------------------|---------------|
| Eldercare Enrichment Program | 2500 |
| Medical Care | 7337 |
| Hearing Aids | 4010 |

DepreciationAndDepletionSchedule

| Category | Amount |
|------------------|---------------|
| Building | 41479 |
| Equipment | 1135 |
| Furniture | 96 |
| Shades | 139 |
| Office equipment | 186 |

OtherNotesLoansReceivableShortSchedule

| Name | Amount |
|--------------------|---------------|
| Local Housing Corp | 15000 |

OtherReceivablesFromOfficersSchedule

| | |
|----------------------|-----------------------------|
| Travel advances | 5075 |
| Borrower's name | Penn Oak |
| Borrower's title | President |
| Original amount | 7000 |
| Balance due | 4925 |
| Date of note | 1/3/2006 |
| Maturity date | 12/31/2008 |
| Repayment terms | bi-weekly payroll deduction |
| Interest rate | .075 |
| Security | none |
| Purpose | moving expenses |
| Lender consideration | none |
| FMV of consideration | 0 |

InvestmentsSecuritiesSchedule

| Description | C/F | Book Value |
|----------------------------|------------|-------------------|
| U.S. government securities | C | 50944 |

LandEtcSchedule

| Category | Basis | Accum. Depr. | Book Value EOY |
|------------------|--------------|---------------------|-----------------------|
| Land | 217538 | -0- | 217538 |
| Building | 8536214 | 2948605 | 5587609 |
| Equipment | 87201 | 80691 | 6510 |
| Furniture | 21146 | 6740 | 14406 |
| Shades | 15531 | 9901 | 5630 |
| Office Equipment | 14242 | 13244 | 998 |
| Total | 8891872 | 3059181 | 5832691 |

OtherAssetsSchedule2

| Description | BOY Amount | EOY Amount |
|--------------------------|-------------------|-------------------|
| Tenant deposits | 23031 | 25055 |
| Minimum capital escrow | 64898 | 70601 |
| Insurance escrow deposit | 20796 | 22624 |
| Reserve for replacement | 645480 | 702196 |

OtherLiabilitiesSchedule2

| Description | BOY Amount | EOY Amount |
|--------------------|-------------------|-------------------|
| Tenant deposits | 24128 | 24613 |

RelationshipSchedule

| | |
|---------------|--------------------------------|
| First name | Penn Oak |
| Title or role | president |
| Second Name | Red Oak |
| Title or role | secretary |
| Relationship | Penn and Red Oak are brothers. |

ActivitiesNotPreviouslyReportedExplanation

In 2007, we began an enrichment program for our elderly residents. Depending upon their specific needs and interests, we provide access to daycare programs as well as more independent excursions. We work closely with church, synagogue, and other community groups to provide these opportunities. Where necessary, we also raise funds to pay costs for those residents who would benefit from these programs, but cannot afford them.

OtherIncomeSchedule

| Description | 2006 | 2005 | 2004 | 2003 | Total |
|--------------------|-------------|-------------|-------------|-------------|--------------|
| Laundry | 4536 | 4540 | 4679 | 7833 | 21588 |
| NSF & late charges | 145 | 147 | 151 | 253 | 696 |
| Misc | 148 | 195 | 201 | 337 | 881 |

TY2007 F990 test2

PreparerFirm

EIN – not permitted
PreparerFirmBusinessName --
PreparerFirmAddress --

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned
Type – ERO
PractitionerPIN
EFIN – as assigned
PIN – as assigned

PinEnteredBy -- *Taxpayer*

SignatureOption -- *Pin Number*

ReturnType – 990

TaxPeriodBeginDate – 1/1/2007

TaxPeriodEndDate -- 12/31/2007

Filer

EIN – 11-9000004
Name – National Hyrax Association
NameControl -- NATI
USAddress -- 1234 Weeping Willow Lane, Anaheim, CA 92812

Officer

Name -- Test U. Phrozintows
Title -- Treasurer
Phone – 714-555-1212
EmailAddress --
DateSigned – self-select
TaxpayerPIN – self-select

Preparer

Name – Test J. Caesar
SSN or PTIN – not permitted
Phone – 703-555-1212
EmailAddress --
DatePrepared – self select
SelfEmployed -- Y

binaryAttachmentCount – 0

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007 **and ending** , 20

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

C Name of organization
National Hyrax Association

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1234 Weeping Willow Lane

City or town, state or country, and ZIP + 4
Anaheim CA 92812

D Employer identification number
11 9000004

E Telephone number
(714) 555-1212

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).

- 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 ▶ **3**
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ▶ **2495**
- M** Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ www.hyrax.org

J Organization type (check only one) ▶ 501(c) (**4**) ◀ (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 ▶ **2531155**

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

| | | | | | |
|--|---|------------|---------------|----------------|----------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | | |
| | a Contributions to donor advised funds | 1a | | | |
| | b Direct public support (not included on line 1a) | 1b | | 1812200 | |
| | c Indirect public support (not included on line 1a) | 1c | | | |
| | d Government contributions (grants) (not included on line 1a) | 1d | | | |
| | e Total (add lines 1a through 1d) (cash \$ 1812200 noncash \$) | 1e | | | 1812200 |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | |
| | 3 Membership dues and assessments | 3 | | | 408865 |
| | 4 Interest on savings and temporary cash investments | 4 | | | 6923 |
| | 5 Dividends and interest from securities | 5 | | | |
| | 6a Gross rents | 6a | | 96455 | |
| | b Less: rental expenses | 6b | | 80306 | |
| c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | 16149 | |
| 7 Other investment income (describe ▶) | 7 | | | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | |
| | 8a | | | | |
| | 8b | | | | |
| | 8c | | | | |
| d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | | | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/> | a Gross revenue (not including \$ of contributions reported on line 1b) | 9a | 169816 | | |
| | b Less: direct expenses other than fundraising expenses | 9b | 93213 | | |
| | c Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | 76603 | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b Less: cost of goods sold | 10b | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | | | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | 36896 | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | | 2357636 | |
| Expenses | 13 Program services (from line 44, column (B)) | 13 | | 1086734 | |
| | 14 Management and general (from line 44, column (C)) | 14 | | 437895 | |
| | 15 Fundraising (from line 44, column (D)) | 15 | | 408369 | |
| | 16 Payments to affiliates (attach schedule) | 16 | | 210000 | |
| | 17 Total expenses. Add lines 16 and 44, column (A) | 17 | | | 2142998 |
| Net Assets | 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | | 214638 | |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 842348 | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | | 139842 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | | | 1196828 |

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

| <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 |
|---|-------------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) | 25a 50974 | 36442 | 8891 | 5641 |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | 25b | | | |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 25c | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 332397 | 237634 | 57978 | 36785 |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 6816 | 4873 | 1189 | 754 |
| 28 Employee benefits not included on lines 25a - 27 | 28 9506 | 6796 | 1658 | 1052 |
| 29 Payroll taxes | 29 28555 | 20414 | 4981 | 3160 |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 17583 | | 17583 | |
| 32 Legal fees | 32 2724 | 557 | 26 | 2141 |
| 33 Supplies | 33 7692 | 5514 | 1332 | 846 |
| 34 Telephone | 34 12699 | 10585 | 1294 | 820 |
| 35 Postage and shipping | 35 774166 | 413329 | 123424 | 237413 |
| 36 Occupancy | 36 9971 | | 9971 | |
| 37 Equipment rental and maintenance | 37 11867 | 3076 | 8315 | 476 |
| 38 Printing and publications | 38 318941 | 159443 | 62305 | 97193 |
| 39 Travel | 39 6536 | 5627 | 909 | |
| 40 Conferences, conventions, and meetings | 40 69273 | 69273 | | |
| 41 Interest | 41 22267 | | 22267 | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 23830 | | 23830 | |
| 43 Other expenses not covered above (itemize): | | | | |
| a | 43a ***** | ***** | ***** | ***** |
| b | 43b | | | |
| c | 43c | | | |
| d | 43d | | | |
| e | 43e | | | |
| f | 43f | | | |
| g | 43g | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 1932998 | 1086734 | 437895 | 408369 |

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 \$ 1109694; (ii) the amount allocated to Program services \$ 570743;
 (iii) the amount allocated to Management and general \$ 206867; and (iv) the amount allocated to Fundraising \$ 332084

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.

| <p>What is the organization's primary exempt purpose? ► to educate the public on the merits of the hyrax</p> <p>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.)</p> | <p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p> |
|--|--|
| <p>a research and public education</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | <p>457502</p> |
| <p>b lobbying</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | <p>437223</p> |
| <p>c published a bimonthly magazine, a monthly newsletter, and 2 brochures</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | <p>192009</p> |
| <p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p> | <p>1086734</p> |

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 | 5625 | 45 | 14732 |
| | 46 Savings and temporary cash investments | 353862 | 46 | 340468 |
| | 47a Accounts receivable | 2958 | | |
| | b Less: allowance for doubtful accounts | | 27704 | 47c 2958 |
| | 48a Pledges receivable | | | 48c |
| | b Less: allowance for doubtful accounts | | | |
| | 49 Grants receivable | | | 49 |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | | 50a |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | 50b |
| | 51a Other notes and loans receivable (attach schedule) | 21478 | | |
| | b Less: allowance for doubtful accounts | 0 | 16551 | 51c 21478 |
| | 52 Inventories for sale or use | | | 52 |
| | 53 Prepaid expenses and deferred charges | | | 53 |
| | 54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | 54a |
| | b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | 54b |
| | 55a Investments—land, buildings, and equipment: basis | 560998 | | |
| | b Less: accumulated depreciation (attach schedule) | 108611 | 454956 | 55c 452387 |
| | 56 Investments—other (attach schedule) | | 538161 | 56 410421 |
| | 57a Land, buildings, and equipment: basis | 841500 | | |
| | b Less: accumulated depreciation (attach schedule) | 162917 | 682429 | 57c 678583 |
| 58 Other assets, including program-related investments (describe ▶) | | | 58 | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | | 2079288 | 59 1921027 | |
| Liabilities | 60 Accounts payable and accrued expenses | 572166 | 60 | 114612 |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 |
| | 64a Tax-exempt bond liabilities (attach schedule) | | | 64a |
| | b Mortgages and other notes payable (attach schedule) | | 662097 | 64b 606910 |
| | 65 Other liabilities (describe ▶ security deposits) | | 2677 | 65 2677 |
| | 66 Total liabilities. Add lines 60 through 65 | | 1236940 | 66 724199 |
| 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 | 842348 | 67 | 1196828 |
| | 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) | | 842348 | 73 1196828 |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 2079288 | 74 1921027 |

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 | 2437942 |
| b | Amounts included on line a but not on Part I, line 12: | | | |
| 1 | Net unrealized gains on investments | b1 | 80306 | |
| 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 | 80306 |
| c | Subtract line b from line a | | c | 2357636 |
| 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 | 2357636 |

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

| | | | | |
|----------|--|-----------|--------------|----------------|
| a | Total expenses and losses per audited financial statements | | a | 2223304 |
| b | Amounts included on line a but not on Part I, line 17: | | | |
| 1 | Donated services and use of facilities | b1 | 80306 | |
| 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 | 80306 |
| c | Subtract line b from line a | | c | 2142998 |
| 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 | 2142998 |

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 |
|--|--|--|---|--|
| Test K Insightful 87 Kudzu Center Winter Park FL 32789 | Chapter Pres 20 | 16992 | 0 | 0 |
| Test J Caesar 1234 Weeping Willow Lane Anaheim CA 92812 | Chapter Pres 20 | 16992 | 0 | 0 |
| Test N Blownapart 781 Waterloo Way Napoleon MI 49261 | Chapter Pres 20 | 16991 | 0 | 0 |
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Row 75a: Enter the total number of voting officers, directors, and trustees. Row 75b: Are any officers, trustees, key employees, highest compensated employees... related to each other through family or business relationships? Row 75c: Do any officers, directors, trustees, key employees, highest compensated employees... receive compensation from any other organizations... Row 75d: Does the organization have a conflict of interest policy?

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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Contributions to employee benefit plans & deferred compensation plans, (D) Compensation, (E) Expense account and other allowances. Multiple empty rows for data entry.

Part VI Other Information (See page 28 of the instructions.)

Table with 3 columns: Question, Yes, No. Row 76: Did the organization engage in any activity not previously reported to the IRS? Row 77: Were any changes made in the organizing or governing documents but not reported to the IRS? Row 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Row 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? Row 80a: 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? Row 80b: If "Yes," enter the name of the organization National Hyrax Foundation and check whether it is exempt or nonexempt. Row 81a: Enter direct and indirect political expenditures. Row 81b: Did the organization file Form 1120-POL for this year?

| Part VI Other Information (continued) | | Yes | No |
|--|--|-------------------------------------|-------------------------------------|
| 82a | 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? | | <input checked="" type="checkbox"/> |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| | 82b | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | <input checked="" type="checkbox"/> | |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | <input checked="" type="checkbox"/> | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | <input checked="" type="checkbox"/> | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | <input checked="" type="checkbox"/> | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | <input checked="" type="checkbox"/> | |
| b | 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. | | <input checked="" type="checkbox"/> |
| c | Dues, assessments, and similar amounts from members | 85c | |
| d | Section 162(e) lobbying and political expenditures | 85d | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | |
| 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 | |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | 86a | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders | 87a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | |
| 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. | | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | <input checked="" type="checkbox"/> |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | <input checked="" type="checkbox"/> |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | <input checked="" type="checkbox"/> |
| 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 | |
| 90a | List the states with which a copy of this return is filed ▶ CA FL MI | | |
| b | Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) | 90b | 21 |
| 91a | The books are in care of ▶ National Hyrax Association Telephone no. ▶ (714) 555-1212 Located at ▶ 1234 Weeping Willow Lane Anaheim CA ZIP + 4 ▶ 92812 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | 91b | <input checked="" type="checkbox"/> |
| | | Yes | No |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

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

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

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 408865 |
| 95 Interest on savings and temporary cash investments | | | 14 | 6923 | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | 531930 | 16149 | | | |
| 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 | | | 09 | 76603 | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a mailing list rental | | | 13 | 6744 | |
| b caging services | 561499 | 29206 | | | |
| c other | | | | | 946 |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 45355 | | 90270 | 409811 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 545436 |

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). |
|----------|---|
| 94 | dues encourage member involvement |
| 103c | furtheres exempt purposes |
| | |
| | |

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 |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

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

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

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

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

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

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

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|------------------------------------|---------------------------|
| a | National Hyrax Foundation 1234 Weeping Willow Lane Anaheim CA 92812 | 11-9000099 | funding for educational activities | 210000 |
| 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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | (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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

▶ _____ Date _____
 Signature of officer
▶ _____
 Type or print name and title

| | | | | |
|---------------------------------|--|--|--|---|
| Paid Preparer's Use Only | Preparer's signature ▶ _____ | Date _____ | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) _____ |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ | EIN ▶ _____ | Phone no. ▶ (_____) _____ | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

National Hyrax Association

Employer identification number

11 9000004

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | TEST N ERTIA 215 LAID BACK WAY LAZY POINT NY 11930-2150 | \$ 50000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | LOAFERS SANDWICH SHOPPE 14A LOAFERS LANE LAZY POINT NY 11930 | \$ 10000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | Tree Toppers Inc. 783 CHRISTMAS TREE DRIVE Audubon, NJ 08106 | \$ 10000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | Oakley's Yard & Garden 87 Kudzu Center Audubon, NJ 08106 | \$ 10000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | May B. Grass 74131 Fescue Drive St. Thomas, VI 00802 | \$ 30000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | Snodgrass Feed & Seed 1 Plantation St. St. Thomas, VI 00802 | \$ 5000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
|-----------------------------|---------------------------------------|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 7 | Test D. Richard ----- 94022 Patricia Ct. ----- Happy Jack, AZ 86024 ----- | \$ 5000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | Gwen R. Knott ----- 12457 Wilshire-on-the-Hamptons Blvd. ----- Wynot, NE 68792 ----- | \$ 12500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | Wearable Garments Manufacturing ----- 2 Washington Circle ----- Wynot, NE 68792 ----- | \$ 25000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | Test M. Lucky ----- 13 Winners Circle ----- Horseshoe, NC 28742 ----- | \$ 10000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|-----------------------------|--|------------------------------|------------------|
| 1 | Maximum amount. See page 2 of the instructions for a higher limit for certain businesses | 1 | \$105,000 |
| 2 | Total cost of section 179 property placed in service (see page 3 of the instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | \$420,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions. | 5 | |
| (a) Description of property | | (b) Cost (business use only) | (c) Elected cost |
| 6 | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8. | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2003 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 ▶ | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|----|---|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election (see page 4 of the instructions) | 15 | |
| 16 | Other depreciation (including ACRS) (see page 4 of the instructions) | 16 | 23830 |

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

| | | | |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2004 | 17 | |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | |
| b | 5-year property | | | | | |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | |
| h | Residential rental property | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (see page 8 of the instructions)

| | | | |
|----|---|----|-------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. | 22 | 23830 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part II, Line 43, Other expenses

| | Total | Pgm Svcs | Mgmt & Gen | Fundraising |
|----------------------|--------------|-----------------|-----------------------|--------------------|
| Advertising | 936 | 511 | 425 | 0 |
| Data Processing | 19789 | 13057 | 2807 | 3925 |
| Consultants | 92241 | 45200 | 47041 | 0 |
| List rental | 82557 | 46232 | 18162 | 18163 |
| Misc | 3764 | 658 | 3106 | 0 |
| Dues & subscriptions | 9778 | 6163 | 3615 | 0 |
| Insurance | 3587 | 0 | 3587 | 0 |
| Licenses etc. | 13199 | 0 | 13199 | 0 |
| Special projects | 1350 | 1350 | 0 | 0 |

AffiliateListing

| Name | Name Control | Address | EIN |
|------------------------------|---------------------|--|------------|
| Florida Hyrax Association | FLOR | 87 Kudzu Center Winter Park FL 32789 | 11-9000012 |
| California Hyrax Association | CALI | 1234 Weeping Willow Ln Anaheim CA 92812 | 11-9000013 |
| Michigan Hyrax Association | MICH | 781 Waterloo Way Napoleon MI 49261 | 11-9000014 |

SpecialEventsSchedule

| Event | Gross Receipts | Contributions | Gross Revenue | Direct Expenses | Net Income |
|-----------------|-----------------------|----------------------|----------------------|------------------------|-------------------|
| Bingo | 135853 | 0 | 135853 | 74570 | 61283 |
| Golf tournament | 33963 | 0 | 33963 | 18643 | 15320 |

PaymentToAffiliatesSchedule

| | |
|---------|--|
| Name | National Hyrax Foundation |
| Address | 1234 Weeping Willow Lane Anaheim CA 92812 |
| Amount | 210000 |
| Purpose | funding for educational activities |

OtherChangesInNetAssetsSchedule

| Description | Amount |
|-------------------------|---------------|
| Prior period adjustment | 139842 |

OtherNotesLoansReceivableLongSchedule

| | |
|-------------------------|--|
| Borrower | Walnut Insurance Company |
| Relationship to insider | none |
| Original amount | 22000 |
| Balance due | 21478 |
| Date of note | 200712 |
| Maturity date | 200812 |
| Repayment terms | monthly |
| Interest rate | .085 |
| Security | none |
| Purpose | to pay for needed improvements to rental space |
| Lender consideration | none |
| Consideration FMV | 0 |

InvestmentsLandSchedule

| Category | Basis | Accum. Depr. | Book Value EOY |
|------------------------|--------------|---------------------|---------------------------|
| Land | 182125 | 0 | 182125 |
| Building | 297154 | 56407 | 240747 |
| Leasehold improvements | 23573 | 7266 | 16307 |
| Furniture | 31109 | 20927 | 10182 |
| Computers & software | 27037 | 24011 | 3026 |

InvestmentsOtherSchedule

| Description | Book Value | Cost/FMV |
|--------------------|-------------------|-----------------|
| Misc investment #1 | 24235 | C |
| Misc investment #2 | 179299 | C |
| Misc investment #3 | 206887 | C |

LandEtcSchedule

| Category | Basis | Accum. Depr. | Book Value EOY |
|------------------------|--------------|---------------------|---------------------------|
| Land | 273191 | 0 | 273191 |
| Building | 445730 | 84610 | 361120 |
| Leasehold improvements | 35360 | 10900 | 24460 |
| Furniture | 46664 | 31390 | 15274 |
| Computers & software | 40555 | 36017 | 4538 |

MortgagesAndNotesPayableSchedule

| | |
|-----------------------|--------|
| Total mortgage amount | 606910 |
|-----------------------|--------|

OtherLiabilitiesSchedule2

| <i>Description</i> | <i>BOY Amount</i> | <i>EOY Amount</i> |
|--------------------|-------------------|-------------------|
| Security deposits | 2677 | 2677 |

OtherRevenuesIncludedSchedule

| <i>Description</i> | <i>Amount</i> |
|--------------------|---------------|
| Rental income | 80306 |

OtherExpensesIncludedSchedule

| <i>Description</i> | <i>Amount</i> |
|--------------------|---------------|
| Rental expense | 80306 |

CompensationSchedule

| | |
|----------------------------|--|
| Name | Test J. Caesar |
| Related organization | National Hyrax Foundation |
| EIN | 11-9000025 |
| Relationship | The Foundation is controlled by the Association. |
| Compensation amount | 50974 |
| Benefit plan contributions | 1239 |
| Expense account | 0 |
| Compensation description | for services rendered |

General Explanation Attachment

The purpose of the National Hyrax Association is to educate the public on the merits of the Hyrax and the need to protect this wonderful creature and its environment. To that end, we contact members of Congress in support of meritorious legislation. Our educational arm, the National Hyrax Foundation, carries out exclusively educational activities.

TY2007 F990 test3

PreparerFirm

EIN – 11-9000022

PreparerFirmBusinessName – Camellia Bookkeeping Service

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – as assigned

PinEnteredBy -- *ERO*

SignatureOption -- *Pin Number*

ReturnType – 990

TaxPeriodBeginDate – 6/1/2007

TaxPeriodEndDate -- 5/31/2008

Filer

EIN – 11-9000005

Name – Hickory Charitable Trust

NameControl -- HICK

USAddress -- 1234 Hickory Lane, Fairfax, VA 22031

Officer

Name – Bank Trustee

Title -- Trustee

Phone – 703-555-1212

EmailAddress --

DateSigned – self select

TaxpayerPIN – self select

Preparer

Name – Test N. Camellia

SSN or PTIN – 119-00-0022

Phone – 775-555-1313

EmailAddress --

DatePrepared – self select

SelfEmployed -- N

binaryAttachmentCount – 0

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007 , **and ending** , 20

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

C Name of organization
Hickory Trust
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1234 Hickory Lane
 City or town, state or country, and ZIP + 4
Fairfax VA 22031

D Employer identification number
11 9000005

E Telephone number
 (**703**) **555-1212**

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

G Website: ▶

J Organization type (check only one) ▶ 501(c) () ◀ (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 ▶ **1129480**

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

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

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

| | | | | | |
|--|---|---------------|-----------|-----------------|-----------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | | |
| | a Contributions to donor advised funds | 1a | | | |
| | b Direct public support (not included on line 1a) | 1b | | | |
| | c Indirect public support (not included on line 1a) | 1c | | | |
| | d Government contributions (grants) (not included on line 1a) | 1d | | | |
| | e Total (add lines 1a through 1d) (cash \$_____ noncash \$_____) | 1e | | | |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | |
| | 3 Membership dues and assessments | 3 | | | |
| | 4 Interest on savings and temporary cash investments | 4 | | | |
| | 5 Dividends and interest from securities | 5 | | | 781201 |
| | 6a Gross rents | 6a | | | |
| | b Less: rental expenses | 6b | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | | |
| 7 Other investment income (describe ▶) | 7 | | | 12748 | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | |
| | | 335531 | 8a | | |
| | b Less: cost or other basis and sales expenses. | 172424 | 8b | | |
| | c Gain or (loss) (attach schedule) | 163107 | 8c | | |
| | d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | | 163107 |
| | 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a Gross revenue (not including \$_____ of contributions reported on line 1b) | 9a | | | | |
| | b Less: direct expenses other than fundraising expenses | 9b | | | |
| | c Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b Less: cost of goods sold | 10b | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | | | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | | 957056 | |
| Expenses | 13 Program services (from line 44, column (B)) | 13 | | 654435 | |
| | 14 Management and general (from line 44, column (C)) | 14 | | 36142 | |
| | 15 Fundraising (from line 44, column (D)) | 15 | | 0 | |
| | 16 Payments to affiliates (attach schedule) | 16 | | 0 | |
| | 17 Total expenses. Add lines 16 and 44, column (A) | 17 | | | 690577 |
| Net Assets | 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | | 266479 | |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 16736359 | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | | -113024 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | | | 16889814 |

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

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ 650483 noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | 22b | 650483 | 650483 | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) | 25a | 39516 | 3952 | 35564 |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | 25b | | | |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 25c | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 | | | |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 | | | |
| 28 Employee benefits not included on lines 25a – 27 | 28 | | | |
| 29 Payroll taxes | 29 | | | |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 | | | |
| 32 Legal fees | 32 | | | |
| 33 Supplies | 33 | | | |
| 34 Telephone | 34 | | | |
| 35 Postage and shipping | 35 | | | |
| 36 Occupancy | 36 | | | |
| 37 Equipment rental and maintenance | 37 | | | |
| 38 Printing and publications | 38 | | | |
| 39 Travel | 39 | | | |
| 40 Conferences, conventions, and meetings | 40 | | | |
| 41 Interest | 41 | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | | | |
| 43 Other expenses not covered above (itemize): | 43a | ***** | ***** | ***** |
| a | 43b | | | |
| b | 43c | | | |
| c | 43d | | | |
| d | 43e | | | |
| e | 43f | | | |
| f | 43g | | | |
| g | | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15) | 44 | 690577 | 654435 | 36142 |

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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

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

| | |
|---|--|
| <p>What is the organization's primary exempt purpose? ► grants to exempt charitable organizations</p> <p>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.)</p> | <p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p> |
| <p>a grants to exempt charitable organizations</p> <p>.....</p> <p>(Grants and allocations \$ 650483) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/></p> | <p>654435</p> |
| <p>b</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>c</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>d</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p> | <p>654435</p> |

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 | |
| | 46 Savings and temporary cash investments | | 46 | |
| | 47a Accounts receivable | 47a | 47c | |
| | b Less: allowance for doubtful accounts | 47b | | |
| | 48a Pledges receivable | 48a | 48c | |
| | b Less: allowance for doubtful accounts | 48b | | |
| | 49 Grants receivable | | 49 | |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | 51c | |
| | b Less: allowance for doubtful accounts | 51b | | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54a Investments—publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a | |
| | b Investments—other securities (attach schedule) | <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b | |
| | 55a Investments—land, buildings, and equipment: basis | 55a | 55c | |
| | b Less: accumulated depreciation (attach schedule) | 55b | | |
| | 56 Investments—other (attach schedule) | | 56 | |
| | 57a Land, buildings, and equipment: basis | 57a | 57c | |
| | b Less: accumulated depreciation (attach schedule) | 57b | | |
| 58 Other assets, including program-related investments (describe ▶) | | 58 | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | | 16736359 | 16889814 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe ▶) | | 65 | |
| | 66 Total liabilities. Add lines 60 through 65 | | 0 | 0 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | 16716294 | 70 | 16869682 |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 20065 | 72 | 20132 |
| | 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) | 16736359 | 73 | 16889814 |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 16736359 | 74 | 16889814 | |

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 | |
| 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 | |
| c | Subtract line b from line a | | c | |
| 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 | |
| e | Total revenue (Part I, line 12). Add lines c and d | | e | |

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

| | | | | |
|----------|--|-----------|----------|--|
| a | Total expenses and losses per audited financial statements | | a | |
| 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 | |
| c | Subtract line b from line a | | c | |
| 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 | |
| e | Total expenses (Part I, line 17). Add lines c and d | | e | |

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 |
|---|--|---|---|--|
| Bank Trustee 4321 Weeping Cherry Lane Fairfax VA 22031 | Trustee 1 | 39516 | 0 | 0 |
| | | | | |
| | | | | |
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (1), 75b (checked), 75c (checked), and 75d (checked).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

| Part VI Other Information <i>(continued)</i> | | Yes | No |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 82a 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | <input type="checkbox"/> | <input type="checkbox"/> |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | <input type="checkbox"/> | <input type="checkbox"/> |
| 85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members? | 85a | <input type="checkbox"/> | <input type="checkbox"/> |
| b 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. | 85b | <input type="checkbox"/> | <input type="checkbox"/> |
| c Dues, assessments, and similar amounts from members | 85c | <input type="checkbox"/> | <input type="checkbox"/> |
| d Section 162(e) lobbying and political expenditures | 85d | <input type="checkbox"/> | <input type="checkbox"/> |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | <input type="checkbox"/> | <input type="checkbox"/> |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | <input type="checkbox"/> | <input type="checkbox"/> |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 86 <i>501(c)(7) orgs.</i> Enter: a Initiation fees and capital contributions included on line 12 | 86a | <input type="checkbox"/> | <input type="checkbox"/> |
| b Gross receipts, included on line 12, for public use of club facilities | 86b | <input type="checkbox"/> | <input type="checkbox"/> |
| 87 <i>501(c)(12) orgs.</i> Enter: a Gross income from members or shareholders | 87a | <input type="checkbox"/> | <input type="checkbox"/> |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | 88a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 89a <i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u> | 89a | <input type="checkbox"/> | <input type="checkbox"/> |
| b <i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 89c | <input type="checkbox"/> | <input type="checkbox"/> |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization | 89d | <input type="checkbox"/> | <input type="checkbox"/> |
| e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 90a List the states with which a copy of this return is filed ▶ <u>VA</u> | | | |
| b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) | 90b | <input type="checkbox"/> | <input type="checkbox"/> |
| 91a The books are in care of ▶ <u>Bank Trustee</u> Telephone no. ▶ <u>(703) 555-1313</u> Located at ▶ <u>4321 Weeping Cherry Lane Fairfax VA</u> ZIP + 4 ▶ <u>22031</u> | | | |
| 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 |
| If "Yes," enter the name of the foreign country ▶ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | **0**

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

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a _____ | | | | | |
| 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 | | | | | |
| 96 Dividends and interest from securities | | | 14 | 781201 | |
| 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 | | | 14 | 12748 | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 163107 | |
| 101 Net income or (loss) from special events | | | | | |
| 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)) | | | | 957056 | |
| 105 Total (add line 104, columns (B), (D), and (E)) ▶ | | | | | 957056 |

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). |
|---------------|---|
| | |
| | |
| | |

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 |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

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

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

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

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

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

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

| | | | | Yes | No |
|---------------|--|--|-----------------------------------|---------------------------|----|
| | (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?

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 _____ 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 _____ EIN _____

Phone no. _____ () _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (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 |
|---|--|------------------|---|--|
| none | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 . ▶ | | none | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)

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

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

| | | Yes | No |
|-----------|--|-----|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | | ✓ |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | | ✓ |
| b | Lending of money or other extension of credit? | | ✓ |
| c | Furnishing of goods, services, or facilities? | | ✓ |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE 990/990EZ | ✓ | |
| e | Transfer of any part of its income or assets? | | ✓ |
| 3a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | | ✓ |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | ✓ |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | ✓ |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | ✓ |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | | ✓ |
| b | Did the organization make any taxable distributions under section 4966? | | |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year ▶ _____ | | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . ▶ _____ | | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ | | 0 |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____ | | 0 |

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 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 33½%** 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 33½%** 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 | |
| Child Care Society | 11-9000051 | 11a | ✓ | | 108414 |
| Common Association | 11-9000052 | 11a | ✓ | | 108414 |
| Church Home | 11-9000053 | 11a | ✓ | | 108414 |
| Big University | 11-9000054 | 6 | ✓ | | 108413 |
| Small College | 11-9000055 | 6 | ✓ | | 108415 |
| Old People's Home | 11-9000056 | 12 | ✓ | | 108413 |
| Total ▶ | | | | | |

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | Yes | No |
|---|---------------|-------------------------------------|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| (i) Cash | 51a(i) | <input checked="" type="checkbox"/> |
| (ii) Other assets | a(ii) | <input checked="" type="checkbox"/> |
| b Other transactions: | | |
| (i) Sales or exchanges of assets with a noncharitable exempt organization | b(i) | <input checked="" type="checkbox"/> |
| (ii) Purchases of assets from a noncharitable exempt organization | b(ii) | <input checked="" type="checkbox"/> |
| (iii) Rental of facilities, equipment, or other assets | b(iii) | <input checked="" type="checkbox"/> |
| (iv) Reimbursement arrangements | b(iv) | <input checked="" type="checkbox"/> |
| (v) Loans or loan guarantees | b(v) | <input checked="" type="checkbox"/> |
| (vi) Performance of services or membership or fundraising solicitations | b(vi) | <input checked="" type="checkbox"/> |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | <input checked="" type="checkbox"/> |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|--|---|
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
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Part II, line 43, Other expenses

| <i>Description</i> | <i>Total</i> | <i>Pgm Svc</i> | <i>Mgmt</i> | <i>Fundr</i> |
|----------------------|--------------|----------------|-------------|--------------|
| Attorney general fee | 15 | | 15 | |
| Tax preparation | 563 | | 563 | |

OtherInvestmentIncomeSchedule

| <i>Description</i> | <i>Amount</i> |
|-------------------------|---------------|
| Income from mutual fund | 12748 |

OtherChangesInNetAssetsSchedule

| <i>Description</i> | <i>Amount</i> |
|---------------------------------|---------------|
| Common trust fund deferred loss | -113024 |

InvestmentsSecuritiesSchedule

| <i>Description</i> | <i>Book Value</i> | <i>Cost/FMV</i> |
|---------------------------|-------------------|-----------------|
| Money market fund | 97029 | C |
| Bond fund | 4300000 | C |
| Intermediate bond fund | 4300000 | C |
| High Yield bond fund | 100000 | C |
| Foreign equity fund | 485286 | C |
| Midcap growth fund | 557499 | C |
| Value fund | 1100000 | C |
| International equity fund | 450000 | C |
| Convertible securities | 800000 | C |
| Midcap index fund | 500000 | C |
| Focused equity fund | 1100000 | C |
| Smallcap index fund | 800000 | C |
| Largecap fund | 2300000 | C |

GainLossFromSaleNonpublicSecuritiesSchedule

| <i>Description</i> | <i>Date Acq.</i> | <i>How Acq.</i> | <i>Date Sold</i> | <i>Purchaser</i> | <i>Sales Price</i> | <i>Basis</i> | <i>Sales Exp</i> | <i>Net</i> |
|------------------------|------------------|-----------------|------------------|------------------|--------------------|--------------|------------------|------------|
| Charitable Bond Fund | 6/2007 | purchase | 1/2008 | bank | 215000 | 110485 | 0 | 104515 |
| Charitable Equity Fund | 7/2007 | purchase | 2/2008 | bank | 54773 | 28147 | 0 | 26626 |
| Equity Mid-Cap Fund | 8/2007 | purchase | 2/2008 | bank | 65758 | 33792 | 0 | 31966 |

CashGrantsPaidSchedule

| <i>Class of Activity</i> | <i>Recipient</i> | <i>Address</i> | <i>Amount</i> | <i>Relationship</i> |
|--------------------------|--------------------|---|---------------|---------------------|
| childcare | Child Care Society | 1 Any Street Anytown MD 20901 | 108414 | none |
| community work | Common Association | 2 Yellow Rose Lane Anytown MO 54114 | 108414 | none |
| housing for poor | Church Home | 3 William Baffin Lane Anytown CO 54825 | 108414 | none |
| scholarships | Big University | 4 Every Street Anytown MD 20901 | 108413 | none |
| building fund | Small College | 5 Astilbe Avenue Anytown MO 54114 | 108415 | none |
| housing for elderly | Old People's Home | 565 Nelson Street Ottawa Ontario Canada K1Z 6E1 | 108413 | none |

TY2007 F990EZ test1

PreparerFirm

EIN – not permitted

PreparerFirmBusinessName – Roberts Enterprises

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – 15512

PinEnteredBy -- ERO

SignatureOption -- Pin Number

ReturnType – 990EZ

TaxPeriodBeginDate – 7/1/2007

TaxPeriodEndDate -- 6/30/2008

Filer

EIN – 11-9000007

Name – Magnolia Civic Foundation

NameControl -- MAGN

USAddress -- 3522 W. Paseo Secundo
Tucson, AZ 85701

Officer

Name – John Dogwood

Title -- President

Phone – 520-555-1212

EmailAddress --

DateSigned – self-select

TaxpayerPIN – self-select

Preparer

Name – Robert R Roberts

SSN or PTIN – not permitted

Phone – 775-555-1212

EmailAddress --

DatePrepared -- self select

SelfEmployed -- Y

binaryAttachmentCount – 0

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning July 1, 2007, and ending June 30, 20 07

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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

C Name of organization
Magnolia Civic Foundation

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3522 W Paseo Secundo

City or town, state or country, and ZIP + 4
Tucson AZ 85701

D Employer identification number
11 900007

E Telephone number
(520) 555-1212

F Group Exemption Number . . . ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ _____

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$ **66569**

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

| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 18424 |
|---|--|--------------|---------------|
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 29 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | 5c | |
| | 6 Special events and activities (attach schedule). If any amount is from gaming , check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ <u>4600</u> of contributions reported on line 1) | 6a | 48116 |
| | b Less: direct expenses other than fundraising expenses | 6b | 44329 |
| c Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 6c | 3787 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | | |
| 8 Other revenue (describe ▶ _____) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | 9 | 22240 | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 10 | 32671 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe ▶ _____) | 16 | 499 |
| | 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 33170 |
| Net Assets | 18 Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | -10930 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 18125 |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | 0 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 7195 |

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

(See page 51 of the instructions.)

| | | | (A) Beginning of year | | (B) End of year |
|--|--|-----------|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | | 22 | 17212 | 23 | 12900 |
| 23 Land and buildings | | 23 | | 24 | |
| 24 Other assets (describe ▶ _____) | | 24 | 913 | 25 | 1325 |
| 25 Total assets | | 25 | 18125 | 26 | 14225 |
| 26 Total liabilities (describe ▶ _____) | | 26 | 0 | 27 | 7030 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 27 | 18125 | | 7195 |

| Part III Statement of Program Service Accomplishments (See page 51 of the instructions.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) | |
|--|---|---|--------------|
| What is the organization's primary exempt purpose? to raise funds for other charities | | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | |
| 28 | Funds were disbursed to non-profit organizations for charitable, civic, educational and similar purposes | | |
| (Grants \$ 32671) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 32671 |
| 29 | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses. Add lines 28a through 31a | 32 | 32671 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.) | | | | |
|---|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| John Dogwood 3522 W Paseo Secundo Tucson AZ 85701 | president 5 | 0 | 0 | 0 |
| Jane Bradford 3522 W Paseo Secundo Tucson AZ 85701 | secretary 5 | 0 | 0 | 0 |
| Jean Boxwood 3522 W Paseo Secundo Tucson AZ 85701 | treasurer 5 | 0 | 0 | 0 |

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

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

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

| | Yes | No |
|------------|-----|----|
| 40b | | ✓ |
| 40c | | |
| 40d | | |
| 40e | | ✓ |

- 41** List the states with which a copy of this return is filed. ▶ AZ
- 42a** The books are in care of ▶ Jean Boxwood Telephone no. ▶ (520) 555-1212
 Located at ▶ 3522 W Paseo Secundo Tucson AZ ZIP + 4 ▶ 85701

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
 If "Yes," enter the name of the foreign country: ▶ _____

| | Yes | No |
|------------|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |

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

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

▶ _____ Date _____
 Signature of officer

▶ _____
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ 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 ▶ _____ EIN ▶ _____ Phone no. ▶ () _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (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 |
|---|--|------------------|---|--|
| none | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 . ▶ | | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page X of the instructions.)

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

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

| | | Yes | No |
|-----------|--|-----|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | | ✓ |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | | ✓ |
| b | Lending of money or other extension of credit? | | ✓ |
| c | Furnishing of goods, services, or facilities? | | ✓ |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE 990/990EZ | | ✓ |
| e | Transfer of any part of its income or assets? | | ✓ |
| 3a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | ✓ | |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | ✓ |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | ✓ |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | ✓ |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | | ✓ |
| b | Did the organization make any taxable distributions under section 4966? | | |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year ▶ _____ | | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . ▶ _____ | | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ | | 0 |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____ | | 0 |

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 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%** 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%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

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

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

- 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) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|----------|----------|----------|----------|------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 17737 | 5574 | 2860 | 2885 | 29056 |
| 16 Membership fees received | | | | | 0 |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 21819 | 17336 | 19542 | 18584 | 77281 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 27 | 16 | 21 | 25 | 89 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | 0 |
| 22 Other income. | | | 8419 | 4149 | 12568 |
| 23 Total of lines 15 through 22 | 39583 | 22926 | 30842 | 25643 | 118994 |
| 24 Line 23 minus line 17 | 17764 | 5590 | 11300 | 7059 | 41713 |
| 25 Enter 1% of line 23 | 396 | 229 | 308 | 256 | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a |
| 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ | | | | | 26d |
| e Public support (line 26c minus line 26d total) | | | | | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f % |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: | (2006) 0 | (2005) 0 | (2004) 0 | (2003) 0 | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, 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: | (2006) 0 | (2005) 0 | (2004) 0 | (2003) 0 | |
| c Add: Amounts from column (e) for lines: 15 29056 16 _____ 17 77281 20 _____ 21 _____ | | | | | 27c 106337 |
| d Add: Line 27a total 0 and line 27b total 0 | | | | | 27d 0 |
| e Public support (line 27c total minus line 27d total) | | | | | 27e 106337 |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27f 118994 |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g 89.4 % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h .07 % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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. | | | | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Magnolia Civic Foundation

Employer identification number

11 9000007

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | International Foundation ----- 4567 Stokesia Drive ----- Tucson, AZ 85701 ----- | \$ 6137 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

SpecialEventsSchedule

| Event | Gross Receipts | Contributions | Gross Revenue | Direct Expenses | Net Income |
|-----------------------|-----------------------|----------------------|----------------------|------------------------|-------------------|
| Entertainment Books | 9940 | 0 | 9940 | 7893 | 2047 |
| Raffle | 2000 | 0 | 2000 | 1183 | 817 |
| Golf Tournament | 10010 | 4600 | 5410 | 4487 | 923 |
| Disaster T-shirt Fund | 30766 | 0 | 30766 | 30766 | 0 |

GrantsAndSimilarAmountsPaidSchedule

| Activity | Grantee Name | Grantee Address | Amount | Relationship |
|----------------------|--------------------------|---|---------------|---------------------|
| Medical equipment | Dental Chair Fund | 7654 Camellia Place Audubon NJ 08106 | 6337 | none |
| Scholarships | High School | 987 Hollyhock Road Evanston IL 60201 | 10993 | none |
| Vocational Education | International Foundation | 4567 Stokesia Drive Tucson AZ 85701 | 14341 | none |
| Student of the Year | High School | 5 Plaintain Street Tucson AZ 85701 | 1000 | none |

OtherExpensesSchedule2

| | |
|------------------------------|-----|
| State corporation commission | 10 |
| Accounting | 250 |
| Misc | 31 |
| Bank charges | 95 |
| Bad debts | 113 |

OtherAssetsSchedule3

| Description | BOY Amount | EOY Amount |
|--------------------|-------------------|-------------------|
| Member receivables | 913 | 1325 |

OtherLiabilitiesSchedule3

| Description | BOY Amount | EOY Amount |
|----------------------|-------------------|-------------------|
| Due to International | 0 | 3890 |
| Due to Wholesaler | 0 | 1140 |
| Accounts payable | 0 | 2000 |

ScholarshipAwardStatement

Recipients of the Student of the Year Award are nominated by their high school principal, and selected by a committee composed of members of our organization. Members with school age children are not allowed to serve on the selection committee.

Other scholarship recipients are selected by their high schools based on criteria we establish. These criteria include grade point average, financial need, and educational goals. At least one scholarship at each participating high school must be awarded to a young man or woman planning vocational education rather than attendance at a four-year college. Other than providing funds and establishing these criteria, we have no direct role in selecting scholarship recipients.

OtherIncomeSchedule

| <i>Description</i> | <i>2006</i> | <i>2005</i> | <i>2004</i> | <i>2003</i> | <i>Total</i> |
|--------------------|-------------|-------------|-------------|-------------|--------------|
| Misc fees | | | 8419 | 4149 | 12568 |

TY2007 F990EZ test2

PreparerFirm

EIN -- not permitted

PreparerFirmBusinessName -- none

PreparerFirmAddress -- none

MultipleSoftwarePackagesUsed -- no

Originator

EFIN -- as assigned

Type -- ERO

PractitionerPIN

EFIN -- as assigned

PIN -- as assigned

PinEnteredBy -- n/a

SignatureOption -- Binary Attachment 8453 Signature Document

ReturnType --990EZ

TaxPeriodBeginDate -- 1/1/2007

TaxPeriodEndDate -- 12/31/2007

Filer

EIN -- 11-9000010

Name -- Mahonia Political Action Committee

NameControl -- MAHO

USAddress -- 980 Tiarella Trail
Belmont, MA 02478

Officer

Name -- Belle Hood

Title -- President

Phone -- 617-555-1212

EmailAddress --

DateSigned -- self-select

TaxpayerPIN -- self-select

Preparer

Name -- Richard Roe

SSN or PTIN -- not permitted

Phone -- 404-555-1414

EmailAddress --

DatePrepared -- self select

SelfEmployed -- Y

binaryAttachmentCount --1

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2007

**Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

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
Mahonia Political Action Committee

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

City or town, state or country, and ZIP + 4
Belmont MA 02478

D Employer identification number
11 9000010

E Telephone number
(617) 555-1212

F Group Exemption Number . . . ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ _____

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$ **27508**

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

| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 25735 |
|------------|--|--|-----------|--------------|--------------|
| | 2 | Program service revenue including government fees and contracts | 2 | | |
| | 3 | Membership dues and assessments | 3 | | 1200 |
| | 4 | Investment income | 4 | | 573 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | 5c | Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | 5c | | |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming , check here <input type="checkbox"/> | | | |
| | a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | | |
| | b | Less: direct expenses other than fundraising expenses | 6b | | |
| 6c | Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 6c | | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | | |
| b | Less: cost of goods sold | 7b | | | |
| 7c | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | | | |
| 8 | Other revenue (describe ▶ _____) | 8 | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | 9 | | 27508 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | | 16000 |
| | 11 | Benefits paid to or for members | 11 | | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | | |
| | 13 | Professional fees and other payments to independent contractors | 13 | | 1200 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | | |
| | 15 | Printing, publications, postage, and shipping | 15 | | 67 |
| | 16 | Other expenses (describe ▶ _____) | 16 | | |
| | 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | | 17267 |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | | 10241 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | | 5191 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | 0 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | | 15432 |

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

(See page 51 of the instructions.)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 5191 | 15432 |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ _____) | | |
| 25 Total assets | 5191 | 15432 |
| 26 Total liabilities (describe ▶ _____) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 5191 | 15432 |

| Part III Statement of Program Service Accomplishments (See page 51 of the instructions.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|--|------------|---|
| What is the organization's primary exempt purpose? to support political candidates | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | |
| 28 made contributions to six candidates | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (attach schedule) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses. Add lines 28a through 31a | 32 | |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.) | | | | |
|---|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| Belle Hood 135 Anemone Ave Raintown WA 98530 | president 5 | 0 | | |
| Benjamin Butler 980 Tiarella Trail Belmont MA 02478 | treasurer 1 | 0 | | |
| J. L. Chamberlain 171 Phlox Place Belmont MA 02478 | secretary 1 | 0 | | |
| | | | | |

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

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

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . ▶ _____

| | Yes | No |
|------------|-----|----|
| 40b | | |
| 40c | | |
| 40d | | |
| 40e | | ✓ |

- 41** List the states with which a copy of this return is filed. ▶ _____
- 42a** The books are in care of ▶ Benjamin Butler Telephone no. ▶ (617) 555-1212
 Located at ▶ 980 Tiarella Trail Belmont MA ZIP + 4 ▶ 02478

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
 If "Yes," enter the name of the foreign country: ▶ _____

| | Yes | No |
|------------|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |

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

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

▶ _____ Date _____
 Signature of officer

▶ _____
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ 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 ▶ _____ EIN ▶ _____ Phone no. ▶ () _____

GrantsAndSimilarAmountsPaidSchedule

| Activity | Grantee Name | Grantee Address | Amount | Relationship |
|------------------------|---------------------------------------|---|---------------|---------------------|
| political contribution | Committee to Elect Steve Douglas | 579 Echinacea Place Anytown, MD 20852 | 3000 | none |
| political contribution | Committee to Elect J. C. Breckinridge | 4 Coreopsis Court Anytown, KY 40202 | 3000 | none |
| political contribution | Committee to Elect Ed Stanton | 27 Heuchera Drive Anytown, MD 20852 | 3000 | none |
| political contribution | Committee to Elect Evander M. Law | 555 Laurel Lane Anytown, GA 31206 | 3000 | none |
| political contribution | Committee to Elect Jerry B. Robertson | 727 Althea Avenue Anytown, GA 30304 | 2000 | none |
| political contribution | Committee to Elect J. H. H. Ward | 999 Hibiscus Heights Anytown, WA 99201 | 2000 | none |

**FORM 990-N
TEST SCENARIO #1**

HEADER INFO:

Tax Period Begin Date: 1/1/2007
Tax Period End Date: 12/31/2007
Tax Year: 2007
Multiple Software Packages Used: N

Originator: **EFIN:** self select
 Type: OnlineFiler
 Practitioner PIN: none
 Pin Entered By: N/A

Return Type: 990N

Filer: **EIN:** 11-9000025
 Name: Supporting Organization Inc
 Name Control: SUPP
 Address: 655 Bradford Street Nixon NV 89424

Officer: **Name:** Penn Oak
 Title: President
 Date Signed: self-select

990-N INFO

Gross Receipts Less Than \$25,000:

DBA Name:

Website Address: www.supportingorganization.org

Name of Officer: Penn Oak

Address of Officer: 655 Bradford Street Nixon NV 89424

**FORM 990-N
TEST SCENARIO #3**

HEADER INFO:

Tax Period Begin Date: 7/1/2007
Tax Period End Date: 6/30/2008
Tax Year: 2007
Multiple Software Packages Used: N

Originator: **EFIN:** self select
 Type: OnlineFiler
 Practitioner PIN: none
 Pin Entered By: N/A

Return Type: 990N

Filer: **EIN:** 11-9000027
 Name: Veterans Organization
 Name Control: VETE
 Address: 1234 Hickory Lane Fairfax VA 22031

Officer: **Name:** Old Soldier
 Title: President
 Date Signed: self select

990-N INFO

Gross Receipts Less Than \$25,000:

DBA Name:

Website Address:

Name of Officer: Oldest Soldier

Address of Officer: 9876 Oak Hill Fairfax VA 22031

F990PF TY2007 test1

PreparerFirm

EIN – not permitted
PreparerFirmBusinessName – n/a
PreparerFirmAddress – n/a
MultipleSoftwarePackagesUsed – no

Originator

EFIN – as assigned
Type – ERO
PractitionerPIN
EFIN – as assigned
PIN –

PinEnteredBy – n/a

SignatureOption -- Binary Attachment 8453 Signature Document

ReturnType – 990PF

TaxPeriodBeginDate – 7/1/2007

TaxPeriodEndDate – 6/30/2008

Filer

EIN – 11-9000021
Name – Shiloh Gardens Foundation
NameControl – SHIL
Phone – 703-555-4444
USAddress – 4567 Hickory Lane, Fairfax, VA 22031

Officer

Name – George W. Kirk
Title – President
Phone – 703-555-4444
EmailAddress --
DateSigned – self select
TaxpayerPIN – self select

Preparer

Name – John Doe
SSN or PTIN – not permitted
Phone – 703-555-2222
EmailAddress --
DatePrepared -- self select
SelfEmployed -- Y

TaxYear – 2006

binaryAttachmentCount – 1

**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2007

Department of the Treasury
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year **2007**, or tax year beginning **7/01**, 2007, and ending **6/30**, 20 **08**

G Check all that apply: Initial return Final return Amended return Address change Name change

| | | | |
|--|---|--|--|
| Use the IRS label. Otherwise, print or type. See Specific Instructions. | Name of organization Shiloh Gardens Foundation | | A Employer identification number 11 ; 9000021 |
| | Number and street (or P.O. box number if mail is not delivered to street address) 4567 Hickory Lane | Room/suite | B Telephone number (see page 10 of the instructions) (703) 555-4444 |
| | City or town, state, and ZIP code Fairfax VA 22031 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation | | | |
| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 2,049,706,757 | | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | |
| E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | | | |
| F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | | | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 4,561,728 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 630,850 | 630,850 | 630,850 | |
| | 4 Dividends and interest from securities | 47,411,630 | 47,411,630 | 47,411,630 | |
| | 5a Gross rents | 1,103,069 | 1,103,069 | 1,103,069 | |
| | b Net rental income or (loss) <279,741> | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 58,930,165 | | | |
| | b Gross sales price for all assets on line 6a 3,259,630,162 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 58,532,370 | | |
| | 8 Net short-term capital gain | | | 35,029,931 | |
| | 9 Income modifications | | | 5,010,494 | |
| | 10a Gross sales less returns and allowances 691,957 | | | | |
| b Less: Cost of goods sold. 277,277 | | | | | |
| c Gross profit or (loss) (attach schedule) | 414,680 | | 414,680 | | |
| 11 Other income (attach schedule) | 3,074,355 | 154,908 | 154,908 | | |
| 12 Total. Add lines 1 through 11 | 116,126,477 | 107,832,827 | 89,755,562 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 733,908 | 0 | 0 | 669,688 |
| | 14 Other employee salaries and wages | 31,985,675 | 0 | 0 | 33,282,666 |
| | 15 Pension plans, employee benefits | 12,288,040 | 0 | 0 | 12,819,312 |
| | 16a Legal fees (attach schedule) | 520,413 | 0 | 0 | 520,413 |
| | b Accounting fees (attach schedule) | 122,849 | 0 | 0 | 122,849 |
| | c Other professional fees (attach schedule) | 6,519,353 | 3,154,186 | 3,154,186 | 3,365,167 |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see page 14 of the instructions) | 240,686 | 202,364 | 202,364 | 38,322 |
| | 19 Depreciation (attach schedule) and depletion | 5,494,126 | 321,886 | 321,886 | |
| | 20 Occupancy | 2,485,052 | 118,035 | 118,035 | 2,337,457 |
| | 21 Travel, conferences, and meetings | 2,075,154 | 0 | 0 | 2,111,482 |
| | 22 Printing and publications | 209,624 | 0 | 0 | 213,294 |
| | 23 Other expenses (attach schedule) | 27,120,870 | 740,524 | 740,524 | 24,894,296 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 89,795,750 | 4,536,995 | 4,536,995 | 80,374,946 |
| | 25 Contributions, gifts, grants paid | 1,452,820 | | | 1,452,820 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 91,248,570 | 4,536,995 | 4,536,995 | 81,827,766 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 24,877,907 | | | | |
| b Net investment income (if negative, enter -0-) | | 103,295,832 | | | |
| c Adjusted net income (if negative, enter -0-) | | | 85,218,567 | | |

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | | Beginning of year | End of year | |
|--|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | 1,806,647 | 1,882,732 | 1,882,732 |
| | 2 Savings and temporary cash investments | 103,088,126 | 121,451,867 | 121,457,227 |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ | 15,267 | | |
| | Less: allowance for doubtful accounts ▶ | 0 | | |
| | 8 Inventories for sale or use. | 17,393 | 15,267 | 15,267 |
| | 9 Prepaid expenses and deferred charges | 527,900 | 383,950 | 383,950 |
| | 10a Investments—U.S. and state government obligations (attach schedule) | 440,930 | 349,860 | 349,860 |
| | b Investments—corporate stock (attach schedule) | 289,506,910 | 327,828,699 | 328,591,745 |
| | c Investments—corporate bonds (attach schedule) | 1,104,314,030 | 1,107,316,443 | 1,246,495,299 |
| | 11 Investments—land, buildings, and equipment: basis ▶ | 173,164,446 | 157,965,679 | 162,577,129 |
| Less: accumulated depreciation (attach schedule) ▶ | | | | |
| 12 Investments—mortgage loans | 29,349,668 | 29,027,782 | 29,459,921 | |
| 13 Investments—other (attach schedule) | | | | |
| 14 Land, buildings, and equipment: basis ▶ | 67,512,555 | | | |
| Less: accumulated depreciation (attach schedule) ▶ | 2,236,502 | | | |
| 15 Other assets (describe ▶) | | | | |
| 16 Total assets (to be completed by all filers—see page 16 of the instructions. Also, see page 1, item I) | 1,876,343,192 | 1,901,880,529 | 2,049,706,757 | |
| Liabilities | 17 Accounts payable and accrued expenses | 8,433,209 | 9,254,336 | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue. | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶) | 3,360,507 | 3,198,810 | |
| 23 Total liabilities (add lines 17 through 22). | 11,793,716 | 12,453,146 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | 1,864,549,476 | 1,889,427,383 | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> | | | |
| | and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 Total net assets or fund balances (see page 17 of the instructions) | 1,864,549,476 | 1,889,427,383 | | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | 1,876,343,192 | 1,901,880,529 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|---------------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). | 1 | 1,864,549,476 |
| 2 Enter amount from Part I, line 27a. | 2 | 24,877,907 |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 1,889,427,383 |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30. | 6 | 1,889,427,383 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|---|--|--|
| 1a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | | 58,532,370 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): | { If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 } | | | 35,029,931 |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|---|--|--|---|
| 2006 | | | |
| 2005 | | | |
| 2004 | | | |
| 2003 | | | |
| 2002 | | | |
| 2 Total of line 1, column (d) | | | 2 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | 3 |
| 4 Enter the net value of noncharitable-use assets for 2007 from Part X, line 5 | | | 4 |
| 5 Multiply line 4 by line 3 | | | 5 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 |
| 7 Add lines 5 and 6 | | | 7 |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 8 |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 19 of the instructions)

| | | | | |
|----|---|----|--|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: <u>3/18/96</u> (attach copy of ruling letter if necessary—see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | |
| 3 | Add lines 1 and 2 | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | |
| 6 | Credits/Payments: | | | |
| a | 2007 estimated tax payments and 2006 overpayment credited to 2007 | 6a | | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d | Backup withholding erroneously withheld | 6d | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 | Enter the amount of line 10 to be: Credited to 2008 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|----|-------------------------------------|-------------------------------------|
| 1a | | <input checked="" type="checkbox"/> |
| b | | <input checked="" type="checkbox"/> |
| c | | <input checked="" type="checkbox"/> |
| d | | |
| e | | |
| 2 | | <input checked="" type="checkbox"/> |
| 3 | | <input checked="" type="checkbox"/> |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 5 | | <input checked="" type="checkbox"/> |
| 6 | <input checked="" type="checkbox"/> | |
| 7 | <input checked="" type="checkbox"/> | |
| 8a | | |
| b | <input checked="" type="checkbox"/> | |
| 9 | <input checked="" type="checkbox"/> | |
| 10 | | <input checked="" type="checkbox"/> |

Part VII-A Statements Regarding Activities *Continued*

| | | | |
|------------|---|-------------------------------------|-------------------------------------|
| 11a | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. (see instructions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b | If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ www.shilohgardens.org | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 | The books are in care of ▶ Organization Telephone no. ▶ 703-555-4444 Located at ▶ 4567 Hickory Lane Fairfax VA ZIP+4 ▶ 22031 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | <input type="checkbox"/> | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|--|-----------|-------------------------------------|
| 1a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 1b | <input checked="" type="checkbox"/> |
| Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/> | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2006? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 1c | <input checked="" type="checkbox"/> |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2006, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2006? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions.) | 2b | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20 | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b If "Yes," did it have excess business holdings in 2006 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2006.</i>) | 3b | <input checked="" type="checkbox"/> |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | <input checked="" type="checkbox"/> |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2006? | 4b | <input checked="" type="checkbox"/> |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *Continued*

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 23 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here **5b**

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If you answered "Yes" to 6b, also file Form 8870. **6b**

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| ***** | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1—see page 24 of the instructions). If 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 and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| Robert Palm 4567 Hickory Lane Fairfax VA 22031 | Pres & CEO 40 | 323146 | 121021 | 3000 |
| Jane Hickory 4567 Hickory Lane Fairfax VA 22031 | Chief Op Officer 40 | 253792 | 9450 | 0 |
| John Oak 4567 Hickory Lane Fairfax VA 22031 | CFO 40 | 215000 | 18000 | 0 |
| Pierre L'Enfant 4567 Hickory Lane Fairfax VA 22031 | Dir Development 40 | 221458 | 18000 | 0 |
| Gambol N. Frivol 4567 Hickory Lane Fairfax VA 22031 | Dir Horticulture 40 | 193542 | 6581 | 0 |
| Total number of other employees paid over \$50,000 | | | | 270 |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *Continued*

3 Five highest-paid independent contractors for professional services (see page 24 of the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Big Broker 5 Smellgood Street Cologne MN 55322 | invest. consulting | 2606051 |
| Bigger Broker 7842 Willow Way Audubon NJ 08106 | invest. custodian | 510044 |
| Consultants LLC 6 Daylily Drive Chantilly, VA 20151 | consulting | 234880 |
| More Consultants 16 Calla Court Fairfax VA 22031 | consulting | 190000 |
| Out of Town Consultants 555 Madison Avenue New York NY 10028 | consulting | 186762 |
| Total number of others receiving over \$50,000 for professional services | | 16 |

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 Received 1,417,000 visitors to gardens and historic mansion | 45723112 |
| 2 Provided environmental education seminars to 15,782 participants | 27548989 |
| 3 Developed and distributed environmental education program to 363 elementary schools and 276 high schools | 8555665 |
| 4 | |

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 | |
| 2 | |
| All other program-related investments. See page 25 of the instructions. | |
| 3 | |
| Total. Add lines 1 through 3 | |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 25 of the instructions.)

| | | | |
|----------|--|-----------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 1675398624 |
| b | Average of monthly cash balances | 1b | 140992942 |
| c | Fair market value of all other assets (see page 25 of the instructions) | 1c | 55911073 |
| d | Total (add lines 1a, b, and c) | 1d | 1872302639 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 19110998 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 1872302639 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions) | 4 | 28084540 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1844218099 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 92210905 |

Part XI Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|---|-----------|--|
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2007 from Part VI, line 5 | 2a | |
| b | Income tax for 2007 (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see page 26 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |

Part XII Qualifying Distributions (see page 26 of the instructions)

| | | | |
|----------|---|-----------|-----------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 81827766 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 0 |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | 0 |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 81827766 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 27 of the instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 81827766 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 24 of the instructions)

| | (a) Corpus | (b) Years prior to 2006 | (c) 2006 | (d) 2007 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2007 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2006: | | | | |
| a Enter amount for 2006 only | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2007: | | | | |
| a From 2002 | | | | |
| b From 2003 | | | | |
| c From 2004 | | | | |
| d From 2005 | | | | |
| e From 2006 | | | | |
| f Total of lines 3a through e. | | | | |
| 4 Qualifying distributions for 2007 from Part XII, line 4: ▶ \$ _____ | | | | |
| a Applied to 2006, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see page 24 of the instructions) | | | | |
| c Treated as distributions out of corpus (Election required—see page 24 of the instructions) | | | | |
| d Applied to 2007 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2007 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount—see page 25 of the instructions | | | | |
| e Undistributed income for 2006. Subtract line 4a from line 2a. Taxable amount—see page 25 of the instructions | | | | |
| f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions) | | | | |
| 8 Excess distributions carryover from 2002 not applied on line 5 or line 7 (see page 25 of the instructions) | | | | |
| 9 Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2003. | | | | |
| b Excess from 2004. | | | | |
| c Excess from 2005. | | | | |
| d Excess from 2006. | | | | |
| e Excess from 2007. | | | | |

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9)

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2007, enter the date of the ruling. 05/25/1974
- b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | | | (e) Total |
|--|------------|-------------|-------------|-------------|-------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | 85,218,567 | 45,006,277 | 74,982,066 | 73,496,857 | 278,703,767 |
| b 85% of line 2a | 72,435,782 | 38,255,335 | 63,734,756 | 62,472,328 | 236,898,202 |
| c Qualifying distributions from Part XII, line 4 for each year listed | 81,827,766 | 114,315,848 | 128,684,935 | 136,683,044 | 461,511,593 |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 1,452,820 | 94,900 | 8,932,953 | 1,824,179 | 12,304,852 |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 80,374,946 | 114,220,948 | 119,751,982 | 134,858,865 | 449,206,741 |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test—enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed | 61,781,306 | 65,169,313 | 88,125,889 | 89,314,981 | 304,391,489 |
| c "Support" alternative test—enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 26 of the instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
-
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
-
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a** The name, address, and telephone number of the person to whom applications should be addressed:
-
- b** The form in which applications should be submitted and information and materials they should include:
-
- c** Any submission deadlines:
-
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
-

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--|--|--|
| Name and address (home or business) | | | | |
| <p>a <i>Paid during the year</i></p> <p>Preservation Fund 1010 Penn Ave NW Wash DC 20224</p> <p>Nature Association 7696 Oak Street Annandale MN 55313</p> <p>Advance Charity 7 Daylily Drive Chantilly VA 20151</p> | | <p>509(a)(1)</p> <p>n/a</p> <p>509(a)(1)</p> | <p>program support</p> <p>program support</p> <p>program support</p> | <p>484,273</p> <p>484,273</p> <p>484,274</p> |
| <p>Total</p> | <p style="text-align: right;">▶ 3a</p> | | | <p>1,452,820</p> |
| <p>b <i>Approved for future payment</i></p> | | | | |
| <p>Total</p> | <p style="text-align: right;">▶ 3b</p> | | | |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

Shiloh Gardens Foundation

11 9000021

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Shiloh Gardens Foundation

Employer identification number
11 : 9000021

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | Ann Astilbe Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 ----- | \$ 2,435,211 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Homer Hollyhock Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 ----- | \$ 2,019,569 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | Ann Astilbe Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 ----- | \$ 59,800 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | Homer Hollyhock Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 ----- | \$ 43,223 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization
Shiloh Gardens Foundation

Employer identification number
11 | 9000021

Part II Noncash Property (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------|--|--|-----------------------|
| 3 | 7,053 shares of Walnut Partners Ltd | \$ 59,800 | 11 / 23 / 2007 |
| 4 | 5164 shares of Walnut Partners Ltd | \$ 43,223 | 2 / 22 / 2008 |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |
| — | | \$ | / / |

Part IV (Capital Gains & Losses)

| Description | P/D | Date Acq. | Date Sold | Sales Price | Depr. | Cost/Basis | Gain or Loss | Total Gains/Losses |
|-----------------------------------|------------|------------------|------------------|--------------------|--------------|-------------------|---------------------|---------------------------|
| Publicly traded securities (LTCG) | | | | 1308835761 | | 1285333322 | 23502439 | 23502439 |
| Publicly traded securities (STCG) | | | | 1950794401 | | 1915764470 | 35029931 | 35029931 |

Part VIII (Officers, Directors, Trustees)

| Name | Address | Title | Hours | Compensation | EB Plans | Exp. Acct. |
|-------------------|---|---------------------|--------------|---------------------|-----------------|-------------------|
| George W. Kirk | 6 Caladium Ct Washington DC 20224 | Trustee Emeritus | 7 | 90092 | 13888 | 0 |
| D. H. Hill | 123 Oak St Fairfax VA 22031 | Trustee | 16 | 77778 | 0 | 0 |
| Henrietta Heth | 4567 Hickory Lane Fairfax VA 22031 | Secretary | 17 | 111113 | 13888 | |
| E. P. Alexander | 1515 Foxglove Dr Washington DC 20224 | Treasurer | 14 | 53332 | 6668 | |
| Steven Holly | 4567 Hickory Lane Fairfax VA 22031 | Trustee | 16 | 77778 | 0 | 0 |
| Mary Ann Marigold | 4567 Hickory Lane Fairfax VA 22031 | Trustee | 9 | 77778 | 0 | 0 |
| Rebecca Rosebud | 4567 Hickory Lane Fairfax VA 22031 | Vice Chair | 15 | 111113 | 13888 | 0 |
| Karen Holly | 4567 Hickory Lane Fairfax VA 22031 | Chairman | 15 | 127113 | 15888 | 0 |

GainLossFromSaleOtherAssetsSchedule

Description Land
Date acquired 4/12/1993
How acquired Purchase
Date sold 9/30/2007
Purchaser Name Hickory Insurance Co.
Gross sales price \$6,931,601
Basis \$6,533,806
Basis method Cost
Sales Expense -0-
Accum. depr. -0-

SalesOfInventorySchedule

| Description | Gross Sales | COGS | Gross Profit |
|-------------------------|--------------------|-------------|---------------------|
| Garden café & gift shop | 691957 | 277277 | 414680 |

OtherIncomeSchedule2

| Description | Rev & Exp per Books | Investment Income | Adj Net Income |
|----------------------|--------------------------------|--------------------------|-----------------------|
| Miscellaneous | 300,000 | 154,908 | 154,908 |
| Admission fees | 2,335,394 | 0 | 0 |
| Visitor service fees | 438,961 | 0 | 0 |

LegalFeesSchedule

| Description | Exp. per Books | Net Invest. Inc. | Adj. Net Inc. | Char. Purposes |
|---------------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Law Firm #1 | 95,326 | | | 95,326 |
| Law Firm #2 | 418,282 | | | 418,282 |
| Settlement Costs | 1,250 | | | 1,250 |
| Various Attorneys & Costs | 5,555 | | | 5,555 |

AccountingFeesSchedule

| Description | Exp. per Books | Net Invest. Inc. | Adj. Net Inc. | Char. Purposes |
|--------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Accounting Firm #1 | 80,823 | | | 80,823 |
| Accounting Firm #2 | 35,160 | | | 35,160 |
| Accounting Firm #3 | 6,866 | | | 6,866 |

OtherProfessionalFeesSchedule

| Description | Exp. per Books | Net Invest. Inc. | Adj. Net Inc. | Char. Purposes |
|-----------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Investment consulting | 2,606,051 | 2,606,051 | 2,606,051 | |
| Investment custodian | 510,044 | 510,044 | 510,044 | |
| Investment advisors | 38,091 | 38,091 | 38,091 | |
| Consulting | 3,365,167 | | | 3,365,167 |

TaxesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|---------------------------|------------------------------|--------------------------------|-----------------------------|------------------------------|
| Excise & B&O taxes | 12,381 | | | 12,381 |
| Property taxes – rental | 202,364 | 202,364 | 202,364 | |
| Property taxes | 22,267 | | | 22,267 |
| Sales & use taxes | 3,674 | | | 3,674 |

DepreciationSchedule

| Description | Date Acq | Cost/Basis | Prior Depr | Method | Rate/Life | Depr Exp | Net Invest | Adj Net Income |
|----------------------------------|-----------------|-------------------|-------------------|---------------|------------------|-----------------|-------------------|-----------------------|
| Building – investment | | 9233948 | 1755222 | S/L | 35 | 301560 | 301560 | 301560 |
| Tenant improvements – investment | | 622378 | 159394 | S/L | 30 | 20326 | 20326 | 20326 |
| Building | | 35290807 | 9663634 | S/L | 30 | 3212766 | 0 | 0 |
| Furniture & equipment | | 20716431 | 5672752 | S/L | 6.25 | 1860637 | 0 | 0 |
| Automobiles | | 806375 | 220809 | S/L | 5 | 72424 | 0 | 0 |
| Leasehold improvements | | 774368 | 212044 | S/L | 30 | 26413 | 0 | 0 |

OtherExpensesSchedule

| Description | Exp. per Books | Net Invest. Inc. | Adj. Net Inc. | Char. Purposes |
|---------------------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Garden maintenance | 18,554,184 | | | 17,068,134 |
| Advertising & promotion | 26,034 | | | 26,034 |
| Automobile expense | 160,557 | | | 160,557 |
| Data Processing | 26,430 | | | 26,430 |
| Software & fixed assets < \$500 | 509,250 | | | 509,250 |
| Equipment rental/lease | 1,145,341 | | | 1,145,341 |
| Dues & memberships | 179,591 | | | 179,591 |
| Staff training & development | 577,242 | | | 577,242 |
| Office supplies & postage | 681,870 | | | 681,870 |
| Repairs & maintenance | 1,085,835 | | | 1,085,835 |
| Temporary help | 92,610 | | | 92,610 |
| Communications | 1,834,894 | | | 1,834,894 |
| Miscellaneous | 33,934 | | | 33,934 |
| Moving expense | 125,727 | | | 125,727 |
| Recruitment expenses | 101,614 | | | 101,614 |
| BOT Deferred gains | 135,685 | | | 135,685 |
| Liability insurance | 1,109,548 | | | 1,109,548 |
| Rental property expenses | 518,674 | 518,674 | 518,674 | |
| Repairs & maint. – investment | 221,850 | 221,850 | 221,850 | |

OtherNotesLoansReceivableLongSchedule

| | |
|----------------------|---------------------|
| Borrower Name | Walnut Ins. Co. |
| Relationship | none |
| Original amount | 50000 |
| Balance due | 15267 |
| Date of note | 1/2003 |
| Maturity date | 12/2008 |
| Repayment terms | on demand |
| Interest rate | .0625 |
| Security | none |
| Purpose of loan | business relocation |
| Lender consideration | none |
| FMV consideration | 0 |

InvestmentsGovtObligationsSchedule

| | Book Value | FMV |
|--------------------------------|-------------------|------------|
| U.S. govt obligations | 218552466 | 219061164 |
| State & local govt obligations | 109276233 | 109530581 |

InvestmentsCorpStockSchedule

| Description | Book Value | FMV |
|---------------------------------|-------------------|------------|
| 2662 shares Maine Fund | 6372062 | 12251447 |
| 7406 shares Requirement Fund | 7526558 | 8037921 |
| 3060 shares Certification Group | 8171635 | 5265751 |

| Description | Book Value | FMV |
|----------------------------------|-------------------|------------|
| 3310 shares Updated Ltd | 5136569 | 11494695 |
| 9491 shares Authorization Group | 3373176 | 11346619 |
| 3044 shares That Fund | 4842795 | 5388733 |
| 2899 shares Incorporated Group | 10653455 | 12486068 |
| 6806 shares Provisions Company | 6410648 | 11573826 |
| 3832 shares Well Fund | 10270700 | 9892556 |
| 8096 shares Deletions Company | 9703226 | 8595035 |
| 9398 shares Subordinate Group | 11307672 | 7547082 |
| 5518 shares List Ltd | 5997801 | 9801507 |
| 1731 shares Applicable Inc. | 11603845 | 4567195 |
| 2893 shares Section Ltd | 8380364 | 9225778 |
| 5297 shares Will Corp | 6206996 | 9843622 |
| 5293 shares Employer Fund | 6708066 | 7115535 |
| 5670 shares Exemption Company | 6996509 | 5727924 |
| 3364 shares Remainder Inc. | 5070870 | 8806539 |
| 4572 shares Own Ltd | 3665536 | 5634055 |
| 4595 shares Tracking Inc. | 9373105 | 8424865 |
| 4842 shares Described Group | 7782289 | 8229450 |
| 8104 shares Subordinates Fund | 7910244 | 11339845 |
| 5881 shares Group Group | 4576090 | 11959455 |
| 4305 shares Does Ltd | 6172370 | 5366108 |
| 4802 shares Forth Fund | 3953843 | 5020985 |
| 3666 shares Appeal Company | 9046798 | 12601864 |
| 6951 shares Extracted Corp | 6224862 | 5199405 |
| 3169 shares Cincinnati Inc. | 5301227 | 4376999 |
| 5851 shares Regarding Group | 11551270 | 11078510 |
| 4428 shares Have Corp | 6802973 | 4927156 |
| 1634 shares Subordinates Ltd | 7361549 | 6233588 |
| 5699 shares Letters Corp | 3362899 | 7753229 |
| 5663 shares Individual Group | 6650199 | 6006945 |
| 7005 shares Withdrawal Company | 5223896 | 11335972 |
| 8286 shares Obtain Ltd | 6700057 | 12350898 |
| 6256 shares Duty Ltd | 7353462 | 4860054 |
| 9781 shares Section Fund | 9117322 | 12342835 |
| 2501 shares Because Ltd | 7341708 | 5160029 |
| 6052 shares Section Inc. | 10561200 | 5739238 |
| 7397 shares Than Inc. | 10530032 | 6615960 |
| 2331 shares Should Inc. | 6701326 | 6405106 |
| 9980 shares All Inc. | 7128402 | 8930546 |
| 7313 shares Correspondence Group | 6343117 | 7536547 |
| 8095 shares Necessarily Corp | 8987334 | 4244197 |
| 3908 shares While Inc. | 4082742 | 10759110 |
| 4434 shares Annotated Fund | 5465963 | 6870276 |
| 2782 shares Obtained Group | 3249909 | 10114500 |
| 7454 shares Director Inc. | 9891877 | 6036323 |
| 2508 shares Receive Fund | 5080523 | 9976539 |

| Description | Book Value | FMV |
|------------------------------------|-------------------|------------|
| 4429 shares Copy Fund | 8605024 | 11288839 |
| 6427 shares Uniform Group | 11476446 | 6127842 |
| 3444 shares Governing Fund | 10766943 | 9767403 |
| 8110 shares Code Ltd | 7723059 | 5952836 |
| 2617 shares Include Corp | 6083820 | 8812996 |
| 6307 shares Time Corp | 8010817 | 6055454 |
| 2915 shares Ohio Fund | 5142723 | 10993131 |
| 5185 shares Whatever Company | 7918615 | 4679702 |
| 5034 shares Annual Corp | 8647322 | 5070593 |
| 7603 shares Establish Group | 8178173 | 10576886 |
| 7398 shares File Company | 5741108 | 9310740 |
| 5971 shares Fresno Group | 8257590 | 6235072 |
| 5294 shares Respect Ltd | 8098581 | 9504451 |
| 6409 shares Subject Company | 8671596 | 9174002 |
| 8907 shares More Group | 9969112 | 8026434 |
| 2138 shares Identification Company | 6333671 | 10014796 |
| 6382 shares Letter Inc. | 3880954 | 8028206 |
| 6031 shares Files Group | 9107531 | 7128344 |
| 7319 shares Cease Inc. | 7371646 | 9691589 |
| 6745 shares Form Inc. | 10087828 | 7547019 |
| 2381 shares Officers Inc. | 6081795 | 5150311 |
| 1767 shares Gross Fund | 6197919 | 11178539 |
| 3679 shares Changes Corp | 4850158 | 9388262 |
| 5455 shares Subordinate Ltd | 7013990 | 5643016 |
| 1816 shares Recognized Company | 4860506 | 8657162 |
| 5502 shares Their Ltd | 3451976 | 6514094 |
| 7363 shares Whether Fund | 7988974 | 7276666 |
| 9457 shares Whole Inc. | 5946387 | 11893510 |
| 6952 shares Return Corp | 10800981 | 12437228 |
| 2264 shares Accordance Inc. | 3629976 | 6492717 |
| 8873 shares Organization Company | 3677848 | 11705185 |
| 7434 shares Foreign Company | 5425696 | 11278533 |
| 7623 shares File Fund | 10006552 | 7951869 |
| 9302 shares Letter Ltd | 10060428 | 6268258 |
| 1071 shares Address Fund | 10758189 | 9204002 |
| 2059 shares Day Corp | 5912418 | 12604851 |
| 9697 shares Conditions Corp | 11344481 | 5214203 |
| 3347 shares Subordinates Fund | 9252366 | 11160906 |
| 9954 shares Examples Ltd | 10063765 | 8639221 |
| 6652 shares Furnished Corp | 9986456 | 7063869 |
| 8615 shares Under Fund | 9218376 | 5065639 |
| 1094 shares Control Inc. | 6104910 | 4512146 |
| 5375 shares Same Ltd | 4667141 | 6149651 |
| 5546 shares Number Corp | 9084782 | 4535208 |
| 9372 shares Only Ltd | 6035203 | 5904723 |
| 4595 shares This Company | 7838420 | 12397827 |

| Description | Book Value | FMV |
|-----------------------------------|-------------------|------------|
| 7573 shares Organized Company | 3880242 | 7194690 |
| 3354 shares Received Group | 7764609 | 9180620 |
| 6438 shares Fifteenth Fund | 8828072 | 9758145 |
| 3736 shares Period Corp | 10569364 | 7247203 |
| 9510 shares Organization Corp | 3255646 | 5088940 |
| 8279 shares Internal Ltd | 5485277 | 10869645 |
| 7543 shares Consideration Company | 7398601 | 5799014 |
| 2340 shares Reinclusion Fund | 6053723 | 6765227 |
| 6780 shares Arizona Fund | 9608345 | 12047132 |
| 5352 shares Based Fund | 5879381 | 4995738 |
| 3411 shares Changed Ltd | 9149415 | 8634029 |
| 9738 shares Paragraph Corp | 9633709 | 8760517 |
| 4545 shares From Company | 8239818 | 7355378 |
| 5055 shares Continued Inc. | 8443810 | 8626359 |
| 9937 shares State Corp | 10910447 | 7310492 |
| 9931 shares Effective Corp | 9889533 | 11640130 |
| 6972 shares Revenue Company | 9047392 | 7338390 |
| 2135 shares Code Company | 7811396 | 11563048 |
| 2007 shares Sometimes Group | 5346987 | 7842729 |
| 9764 shares Included Company | 3333366 | 12434579 |
| 6830 shares Director Corp | 6191507 | 6349943 |
| 3544 shares Filing Group | 4405994 | 6996498 |
| 5585 shares Following Corp | 5528526 | 12546716 |
| 3410 shares This Ltd | 3789982 | 10311094 |
| 1570 shares Requirements Group | 7462713 | 9387336 |
| 2555 shares Parents Group | 3584987 | 9637428 |
| 1915 shares Outstanding Inc. | 7645844 | 11867135 |
| 9346 shares Issues Company | 7869328 | 7897442 |
| 2268 shares Exempt Corp | 6908211 | 11482216 |
| 1711 shares Satisfied Inc. | 8852190 | 5950126 |
| 7860 shares Excepted Corp | 8364336 | 9764028 |
| 6311 shares Letter Inc. | 3382794 | 4762317 |
| 4617 shares Submitted Company | 9373318 | 10345718 |
| 2219 shares Longer Inc. | 10503923 | 9546520 |
| 6688 shares Date Ltd | 9371894 | 11833926 |
| 1169 shares Million Ltd | 3708786 | 11337464 |
| 7834 shares Procedures Company | 4207748 | 4591756 |
| 7211 shares The Group | 11682886 | 7408022 |
| 9749 shares Character Company | 6617599 | 10158147 |
| 3873 shares Lieu Corp | 5642581 | 11074513 |
| 4953 shares City Fund | 8597706 | 8420226 |
| 2108 shares Done Group | 10043526 | 6067899 |
| 2489 shares Would Inc. | 5039682 | 5763365 |
| 7956 shares From Ltd | 7590524 | 10128254 |
| 2009 shares Indicate Inc. | 5008628 | 12505063 |
| 8515 shares Major Group | 9915336 | 4885791 |

| Description | Book Value | FMV |
|--------------------------------|-------------------|------------|
| 9088 shares Activities Company | 8251414 | 5642277 |
| 3503 shares Affiliated Group | 7665879 | 11251653 |
| 8757 shares Must Group | 9710484 | 10754858 |
| 4467 shares Include Inc. | 11186773 | 5297210 |
| 8071 shares Applying Group | 10088451 | 5133511 |
| 7304 shares Over Fund | 9637800 | 9746389 |
| 8856 shares Roosevelt Company | 8721567 | 12300896 |
| 1147 shares However Company | 11675070 | 4225204 |

InvestmentsCorpBondsSchedule

| Description | Book Value | FMV |
|---|-------------------|------------|
| Filed Enterprises 6.15%, Aug 27. 2020 | 3338022 | 3194946 |
| Optionally Corp 9.89%, Dec 06. 2010 | 3537068 | 1941324 |
| Line International, Inc. 6.93%, Sep 19. 2011 | 3508645 | 4378622 |
| Deduction Enterprises 6.38%, Jun 02. 2019 | 2366946 | 1911627 |
| Filed Corp 8.75%, May 11. 2014 | 2309919 | 4466392 |
| Partnership International, Inc. 9.78%, Jul 02. 2010 | 3124873 | 2447127 |
| However Enterprises 7.72%, Nov 06. 2008 | 3378162 | 2131133 |
| Entity Corp 7.55%, Aug 22. 2013 | 3579489 | 4848460 |
| Filer International, Inc. 9.87%, May 14. 2009 | 5578475 | 3396816 |
| Losses Enterprises 9.40%, Mar 22. 2017 | 2203138 | 3913617 |
| Attached Corp 6.91%, Nov 29. 2015 | 3014390 | 3285402 |
| Rules International, Inc. 8.14%, Sep 30. 2014 | 5932230 | 4558814 |
| Who'S Enterprises 9.71%, Aug 03. 2022 | 3882164 | 4031148 |
| Filer Corp 7.19%, Aug 12. 2012 | 3081974 | 4352010 |
| Groups International, Inc. 5.96%, May 31. 2020 | 1500556 | 4837654 |
| Schemas Enterprises 8.30%, Oct 22. 2009 | 4131011 | 3671502 |
| Its Corp 5.18%, Jul 31. 2015 | 3546159 | 3945470 |
| Data International, Inc. 8.08%, Aug 28. 2018 | 4998542 | 3786380 |
| Definition Enterprises 5.17%, May 29. 2021 | 3187769 | 2983570 |
| Allotted Corp 9.12%, Aug 03. 2008 | 1684883 | 2210694 |
| Whether International, Inc. 5.35%, Sep 19. 2014 | 4988590 | 3690554 |
| Also Enterprises 6.40%, Mar 14. 2009 | 2989576 | 2287007 |
| Discussing Corp 8.40%, Oct 08. 2012 | 6092970 | 4954001 |
| Schema International, Inc. 6.82%, May 25. 2011 | 2311612 | 3417613 |
| Only Enterprises 7.79%, Sep 30. 2013 | 5122659 | 2224387 |
| Example Corp 9.37%, Nov 23. 2020 | 2847366 | 4314614 |
| Therefore International, Inc. 6.73%, Jul 30. 2011 | 4312570 | 4812430 |
| Schedule Enterprises 9.11%, May 11. 2017 | 1607626 | 3063733 |
| Required Corp 7.37%, May 23. 2016 | 2197177 | 3532584 |
| States International, Inc. 6.49%, Jul 23. 2021 | 2991582 | 2184918 |
| Business Enterprises 5.20%, May 06. 2012 | 1404564 | 4523797 |
| Significantly International, Inc. 8.17%, Apr 18. 2012 | 2683178 | 3337725 |
| Position Enterprises 6.56%, Oct 15. 2015 | 1276221 | 3613740 |
| Requires Corp 6.70%, Feb 11. 2023 | 5409233 | 2972269 |
| This International, Inc. 6.82%, Mar 18. 2016 | 3183097 | 4482609 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| Incorrect Enterprises 6.04%, Jan 22. 2022 | 4562282 | 3830352 |
| Policy Corp 6.31%, Oct 12. 2020 | 5696569 | 2382258 |
| Violated International, Inc. 8.32%, May 13. 2009 | 1232126 | 3432117 |
| Personnel Enterprises 5.61%, Jun 14. 2009 | 1538647 | 3955192 |
| Do Corp 6.20%, May 14. 2021 | 2681207 | 3166443 |
| Requirements International, Inc. 8.52%, May 06. 2016 | 1436816 | 2965537 |
| Really Corp 8.09%, Apr 13. 2010 | 2409383 | 3576174 |
| From International, Inc. 5.92%, Mar 27. 2021 | 4530699 | 4696209 |
| Higher Enterprises 7.23%, Nov 19. 2019 | 2770994 | 4562158 |
| Question Corp 6.06%, Aug 06. 2021 | 5351306 | 2546017 |
| Implementing International, Inc. 5.91%, Sep 20. 2009 | 4906232 | 2038905 |
| Requiring Enterprises 9.07%, Feb 21. 2009 | 3546982 | 1721078 |

InvestmentsLandSchedule2

| Description | Cost/Basis | Accum. Depr. | Book Value | FMV |
|---------------------|-------------------|---------------------|-------------------|------------|
| Land | 21407958 | | 21407958 | 21418617 |
| Building | 9233948 | 2056782 | 7177166 | 7598646 |
| Tenant Improvements | 622378 | 179720 | 442658 | 442658 |

InvestmentsOtherSchedule2

| Description | Basis of Valuation | Book Value | FMV |
|---|---------------------------|-------------------|------------|
| 1.5% holding in Bizarre Investments LLC | cost | 102508607 | 105320792 |

LandEtcSchedule2

| Description | Cost/Basis | Accum. Depr. | Book Value | FMV |
|------------------------|-------------------|---------------------|-------------------|------------|
| Land | 9924575 | | 9924575 | 9947767 |
| Building | 35290807 | 12833262 | 22457545 | 27643442 |
| Furniture & equipment | 20716431 | 7533390 | 13183041 | 8088283 |
| Automobiles | 806375 | 293233 | 513142 | 291374 |
| Leasehold improvements | 774367 | 281593 | 492774 | 623403 |

OtherAssetsSchedule

| Description | BOY Book Value | EOY Book Value | FMV |
|---------------------------------|-----------------------|-----------------------|------------|
| Interest & dividends receivable | 5453160 | 4545679 | 4545679 |
| Rent receivable | 102492 | 67499 | 67499 |
| Deposits | 281524 | 208384 | 208384 |
| Construction in progress | 1522 | 1303533 | 1303533 |
| Services agreement receivable | 326864 | 150000 | 150000 |
| Miscellaneous receivable | 339618 | 303471 | 303471 |

OtherLiabilitiesSchedule

| Description | BOY Amount | EOY Amount |
|--------------------------------|-------------------|-------------------|
| BOT deferred income & interest | 2313992 | 2324562 |
| RM deferred income & interest | 394187 | 595906 |
| Deposits from tenants | 39835 | 46869 |
| Unclaimed property | 8889 | 8889 |
| Insurance claim reserve | 603604 | 222584 |

EmployeeCompensationExplanation

| Name | Explanation |
|------------------|--|
| Robert Palm | Compensation was determined to be reasonable by an impartial panel of experts. |
| Jane Hickory | Compensation was concluded to be equitable by an independent group of experts. |
| John Oak | Compensation was established as reasonable by an independent panel of specialists. |
| Pierre L'Enfant | Compensation was analyzed by an unbiased team of authorities. |
| Gambol N. Frivol | Compensation was determined to be reasonable by an impartial panel of experts. |

ExpenditureResponsibilityStatement

Grantee's name: Nature Association
 Grantee's address: 7696 Oak Street Annandale MN 55313
 Grant date: 8/31/2007
 Grant amount: \$484,273
 Grant purpose: establishment of wildlife sanctuary
 Amount expended: \$300,000
 Any diversion by grantee?: No
 Dates of reports: 11/30/2007; 2/28/2008; 5/31/2008
 Date of verification: n/a
 Results of verification: n/a

ReductionExplanationStatement

Shiloh Gardens Foundation has substantial investments in privately held stock of Walnut Partners Ltd included on lin 1c of Part X. The Foundation owned an average of 3,546,521 shares of Walnut. The value of these securities as established by the company averages \$31,851,663. The Foundation claims a discount averaging \$19,110,998. The reduction claimed on line 1e is based on the illiquid and restricted nature of these holdings in that there is no market for the privately held Walnut shares. The Foundation hired an independent third party to perform a valuation study of thse shares and the discount is based on their findings.

F990PF TY2007 test2

PreparerFirm

EIN – 11-9000032

PreparerFirmBusinessName – Camellia Bookkeeping Service

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – as assigned

PinEnteredBy -- *ERO*

SignatureOption -- *Pin Number*

ReturnType – *990PF*

TaxPeriodBeginDate – 1/1/2007

TaxPeriodEndDate – 12/31/2007

Filer

EIN – 11-9000023

Name – Holly Trust

NameControl -- HOLL

Phone – 617-555-1212

USAddress – 980 Tiarella Trail Chestnut Hill MA 02467

Officer

Name – Steven Holly

Title -- Trustee

Phone – 617-555-1212

EmailAddress --

DateSigned – self select

TaxpayerPIN – self select

Preparer

Name – Test N. Camellia

SSN or PTIN – 119-00-0022

Phone – 775-555-1313

EmailAddress --

DatePrepared – self select

SelfEmployed -- N

TaxYear -- 2006

binaryAttachmentCount – 0

**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2007

Department of the Treasury
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2007, or tax year beginning _____, **2007, and ending** _____, **20** _____

G Check all that apply: Initial return Final return Amended return Address change Name change

| | | | |
|---|---|---|--|
| Use the IRS label. Otherwise, print or type. See Specific Instructions. | Name of organization Holly Trust | | A Employer identification number 11 ; 9000023 |
| | Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite | B Telephone number (see page 10 of the instructions) (617) 555-1212 |
| | City or town, state, and ZIP code Chestnut Hill MA 02467 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation | | | |
| <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 73083426 | | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i> | |
| E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |

| Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)</i> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | | | | |
| | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 24285 | 24285 | | |
| | 4 Dividends and interest from securities | 1464640 | 1464640 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 1048806 | | | |
| | b Gross sales price for all assets on line 6a 9936276 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 1048806 | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | 181235 | -47811 | | | |
| 11 Other income (attach schedule) | 2718966 | 2489920 | | | |
| 12 Total. Add lines 1 through 11 | | | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 192875 | 25000 | | 167875 |
| | 14 Other employee salaries and wages | 196131 | 36873 | | 159258 |
| | 15 Pension plans, employee benefits | 21755 | 4090 | | 17665 |
| | 16a Legal fees (attach schedule) | 525 | | | 525 |
| | b Accounting fees (attach schedule) | 28053 | 14026 | | 14027 |
| | c Other professional fees (attach schedule) | 225677 | | | 225677 |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see page 14 of the instructions) | 58237 | 8628 | | 15034 |
| | 19 Depreciation (attach schedule) and depletion | 5665 | 5665 | | |
| | 20 Occupancy | 162631 | 40658 | | 121973 |
| | 21 Travel, conferences, and meetings | 242924 | | | 242924 |
| | 22 Printing and publications | 3570 | | | 3570 |
| | 23 Other expenses (attach schedule) | 407374 | 388421 | | 18953 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 1545417 | 523361 | | 987481 |
| | 25 Contributions, gifts, grants paid | 2162735 | | | 2162735 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 3708152 | 523361 | | 3150216 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -989186 | | | | |
| b Net investment income (if negative, enter -0-) | | 1966559 | | | |
| c Adjusted net income (if negative, enter -0-) | | | | | |

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | Beginning of year | End of year | | |
|--|---|----------------|-----------------------|----------|
| | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| Assets | 1 Cash—non-interest-bearing | 10957 | 2257 | 2257 |
| | 2 Savings and temporary cash investments | 4173430 | 3226285 | 3226285 |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ | 15000 | | |
| | Less: allowance for doubtful accounts ▶ | 0 | | |
| | 8 Inventories for sale or use. | | | |
| | 9 Prepaid expenses and deferred charges | 33712 | 82852 | 82852 |
| | 10a Investments—U.S. and state government obligations (attach schedule) | 319890 | 309308 | 354475 |
| | b Investments—corporate stock (attach schedule) | 40001211 | 40754895 | 62742762 |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment: basis ▶ | | | |
| Less: accumulated depreciation (attach schedule) ▶ | | | | |
| 12 Investments—mortgage loans | | | | |
| 13 Investments—other (attach schedule) | 7722340 | 6421920 | 6434464 | |
| 14 Land, buildings, and equipment: basis ▶ | 208515 | | | |
| Less: accumulated depreciation (attach schedule) ▶ | 141098 | | | |
| 15 Other assets (describe ▶) | 155837 | 225331 | 225331 | |
| 16 Total assets (to be completed by all filers—see page 16 of the instructions. Also, see page 1, item I) | 52439253 | 51105265 | 73083426 | |
| Liabilities | 17 Accounts payable and accrued expenses | 339454 | 208019 | |
| | 18 Grants payable | 3666167 | 3025000 | |
| | 19 Deferred revenue. | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | 427800 | |
| | 22 Other liabilities (describe ▶) | | | |
| 23 Total liabilities (add lines 17 through 22). | 4005621 | 3660819 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | 48433632 | 47444446 | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 Total net assets or fund balances (see page 17 of the instructions) | 48433632 | 47444446 | | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | 52439253 | 51105265 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|----------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). | 1 | 48433632 |
| 2 Enter amount from Part I, line 27a. | 2 | -989186 |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 47444446 |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30. | 6 | 47444446 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
|--|--|---|--|--|----------------|
| 1a ***** | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net capital loss) } { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | | | | 2 | 1048806 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 | | | | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2006 | 3586131 | 76523211 | .046863 |
| 2005 | 5406373 | 78237881 | .069102 |
| 2004 | 2945588 | 72132615 | .040836 |
| 2003 | 2314516 | 64778349 | .035730 |
| 2002 | 2116769 | 61658660 | .034330 |
| 2 Total of line 1, column (d) | | | .226861 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | .045372 |
| 4 Enter the net value of noncharitable-use assets for 2006 from Part X, line 5 | | | 67,559,151 |
| 5 Multiply line 4 by line 3 | | | 3065294 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 19666 |
| 7 Add lines 5 and 6 | | | 3084960 |
| 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18. | | | 3150216 |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 19 of the instructions)

| | | | | |
|----|---|----|-------|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: (attach copy of ruling letter if necessary—see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 19666 | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | |
| 3 | Add lines 1 and 2 | 3 | 19666 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 19666 | |
| 6 | Credits/Payments: | | | |
| a | 2007 estimated tax payments and 2006 overpayment credited to 2007 | 6a | 90009 | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d | Backup withholding erroneously withheld | 6d | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 90009 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 70343 | |
| 11 | Enter the amount of line 10 to be: Credited to 2008 estimated tax <input checked="" type="checkbox"/> 40000 Refunded <input type="checkbox"/> 30343 | 11 | 30343 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|----|-------------------------------------|-------------------------------------|
| 1a | | <input checked="" type="checkbox"/> |
| b | | <input checked="" type="checkbox"/> |
| c | | <input checked="" type="checkbox"/> |
| d | | |
| e | | |
| 2 | | <input checked="" type="checkbox"/> |
| 3 | | <input checked="" type="checkbox"/> |
| 4a | <input checked="" type="checkbox"/> | |
| 4b | <input checked="" type="checkbox"/> | |
| 5 | | <input checked="" type="checkbox"/> |
| 6 | <input checked="" type="checkbox"/> | |
| 7 | <input checked="" type="checkbox"/> | |
| 8a | | |
| 8b | <input checked="" type="checkbox"/> | |
| 9 | | <input checked="" type="checkbox"/> |
| 10 | | <input checked="" type="checkbox"/> |

Part VII-A Statements Regarding Activities Continued

| | | | | |
|------------|---|-------------------------------------|-----------|---|
| 11a | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. (see instructions) | | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a? | | | |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract? | | | <input checked="" type="checkbox"/> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ www.hollytrust.org | <input checked="" type="checkbox"/> | | |
| 14 | The books are in care of ▶ Anne Astilbe CPA Telephone no. ▶ 617-555-9876 Located at ▶ 454 Willow Way Chestnut Hill MA ZIP+4 ▶ 02467 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year | | 15 | <input checked="" type="checkbox"/> 0 |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|--|-----------|-------------------------------------|
| 1a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> | 1b | <input checked="" type="checkbox"/> |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2007? | 1c | <input checked="" type="checkbox"/> |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2007 did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions.) | 2b | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If "Yes," did it have excess business holdings in 2007 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2006.</i>) | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | <input checked="" type="checkbox"/> |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007? | 4b | <input checked="" type="checkbox"/> |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *Continued*

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 23 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here Yes No

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If you answered "Yes" to 6b, also file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

| | | |
|--|-----------|-------------------------------------|
| | 5b | |
| | | |
| | 6b | <input checked="" type="checkbox"/> |
| | | |
| | 7b | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| ***** | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1—see page 24 of the instructions). If 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 and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

Total number of other employees paid over \$50,000 Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *Continued*

3 Five highest-paid independent contractors for professional services (see page 24 of the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 | |
| 2 | |
| All other program-related investments. See page 25 of the instructions. 3 | |
| Total. Add lines 1 through 3 ▶ | |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 25 of the instructions.)

| | | | |
|----------|--|-----------|-----------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 65133994 |
| b | Average of monthly cash balances | 1b | 3194705 |
| c | Fair market value of all other assets (see page 25 of the instructions) | 1c | 259272 |
| d | Total (add lines 1a, b, and c) | 1d | 68587971 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 68587971 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions) | 4 | 1028820 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 67559151 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 3377958 |

Part XI Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|---|-----------|----------------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 3377958 |
| 2a | Tax on investment income for 2007 from Part VI, line 5 | 2a | 19666 |
| b | Income tax for 2007. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 19666 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 3358292 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 229046 |
| 5 | Add lines 3 and 4 | 5 | 3587338 |
| 6 | Deduction from distributable amount (see page 26 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 3587338 |

Part XII Qualifying Distributions (see page 26 of the instructions)

| | | | |
|----------|---|-----------|----------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 3150216 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 3150216 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 27 of the instructions) | 5 | 19666 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 3130550 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 24 of the instructions)

| | (a) Corpus | (b) Years prior to 2006 | (c) 2006 | (d) 2007 |
|---|----------------|----------------------------|-------------|----------------|
| 1 Distributable amount for 2007 from Part XI, line 7 | | | | 3587338 |
| 2 Undistributed income, if any, as of the end of 2006: | | | | |
| a Enter amount for 2006 only | | | 0 | |
| b Total for prior years: 20____, 20____, 20____ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2005: | | | | |
| a From 2002 | | | | |
| b From 2003 | | | | |
| c From 2004 | | | | |
| d From 2005 | | 1543766 | | |
| e From 2006 | | | | |
| f Total of lines 3a through e. | 1543766 | | | |
| 4 Qualifying distributions for 2006 from Part XII, line 4: ▶ \$ 3150216 | | | | |
| a Applied to 2006, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see page 24 of the instructions) | | 0 | | |
| c Treated as distributions out of corpus (Election required—see page 24 of the instructions) | 0 | | | |
| d Applied to 2007 distributable amount | | | | 3150216 |
| e Remaining amount distributed out of corpus | 0 | | | |
| 5 Excess distributions carryover applied to 2007 (If an amount appears in column (d), the same amount must be shown in column (a).) | 437122 | | | 437122 |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 1106644 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0 | | |
| d Subtract line 6c from line 6b. Taxable amount—see page 25 of the instructions | | 0 | | |
| e Undistributed income for 2006. Subtract line 4a from line 2a. Taxable amount—see page 25 of the instructions | | | 0 | |
| f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions) | 0 | | | |
| 8 Excess distributions carryover from 2002 not applied on line 5 or line 7 (see page 25 of the instructions) | 0 | | | |
| 9 Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a | 1106644 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2003 | | | | |
| b Excess from 2004 | | | | |
| c Excess from 2005 | 1106644 | | | |
| d Excess from 2006 | | | | |
| e Excess from 2007 | | | | |

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9)

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2007, enter the date of the ruling. 4942(j)(3) or 4942(j)(5)
- b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|-----------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test—enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test—enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 26 of the instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
-
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
-
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a** The name, address, and telephone number of the person to whom applications should be addressed:
-
- b** The form in which applications should be submitted and information and materials they should include:
-
- c** Any submission deadlines:
-
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
-

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--|--|--|
| Name and address (home or business) | | | | |
| <p>a <i>Paid during the year</i></p> <p>*****</p> | | | | |
| Total ▶ 3a | | | | 2162735 |
| <p>b <i>Approved for future payment</i></p> <p>School of Medicine 135 Anemone Ave Raintown WA 98530</p> <p>Big Hospital 135 Anemone Ave Raintown WA 98530</p> <p>University of Raintown 458 Daylily Drive Raintown WA 98530</p> | | <p>509(a)(1)</p> <p>509(a)(1)</p> <p>509(a)(1)</p> | <p>program support</p> <p>clinic for indigent patients</p> <p>scholarships</p> | <p>300000</p> <p>2500000</p> <p>225000</p> |
| Total ▶ 3b | | | | 3025000 |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- | | Yes | No |
|---|-----|----|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| (1) Cash | | ✓ |
| (2) Other assets | | ✓ |
| b Other transactions: | | |
| (1) Sales of assets to a noncharitable exempt organization | | ✓ |
| (2) Purchases of assets from a noncharitable exempt organization | | ✓ |
| (3) Rental of facilities, equipment, or other assets | | ✓ |
| (4) Reimbursement arrangements | | ✓ |
| (5) Loans or loan guarantees | | ✓ |
| (6) Performance of services or membership or fundraising solicitations | | ✓ |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | ✓ |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|---|--|
| | | | |
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2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

| | | | | |
|------------------|---------------------------------------|--|---------------------|---|
| Sign Here | Signature of officer or trustee _____ | | Date _____ | Title _____ |
| | Paid Preparer's Use Only | Preparer's signature _____ | Date _____ | Check if self-employed <input type="checkbox"/> |
| | | Firm's name (or yours if self-employed), address, and ZIP code _____ | EIN _____ | Preparer's SSN or PTIN (See Signature on page 28 of the instructions.) _____ |
| | | | Phone no. () _____ | |

Part IV – Capital Gains & Losses

| <i>Description</i> | <i>P/D</i> | <i>Date Acq.</i> | <i>Date Sold</i> | <i>Sales Price</i> | <i>Depr.</i> | <i>Cost/Basis</i> | <i>Gain or Loss</i> | <i>Total Gains/Losses</i> |
|----------------------------|------------|------------------|------------------|--------------------|--------------|-------------------|---------------------|---------------------------|
| Publicly traded securities | | | | 9936276 | | 887470 | 1048806 | 1048806 |

Part VIII – Officers

| <i>Name</i> | <i>Address</i> | <i>Title</i> | <i>Hours</i> | <i>Compensation</i> | <i>EB Plans</i> | <i>Exp. Acct.</i> |
|--------------------|--|--------------|--------------|---------------------|-----------------|-------------------|
| Steven Holly | 980 Tiarella Trail Anytown MA 02467 | Trustee | 40 | 100000 | 0 | 0 |
| Andrew Astilbe | 980 Tiarella Trail Anytown MA 02467 | Trustee | 0 | 0 | 0 | 0 |
| William Wallflower | 980 Tiarella Trail Anytown MA 02467 | Trustee | 2 | 2875 | 0 | 0 |
| Arthur Anemone | 980 Tiarella Trail Anytown MA 02467 | Trustee | 0 | 0 | 0 | 0 |
| Mary Ann Marigold | 980 Tiarella Trail Anytown MA 02467 | Trustee | 10 | 40000 | 0 | 0 |
| Rebecca Rosebud | 980 Tiarella Trail Anytown MA 02467 | Trustee | 5 | 25000 | 0 | 0 |
| Karen Holly | 980 Tiarella Trail Anytown MA 02467 | Trustee | 5 | 25000 | 0 | 0 |

Contributions Paid (Part XV, line 3a)

| <i>Name</i> | <i>Address</i> | <i>Fdn Status</i> | <i>Purpose</i> | <i>Amount</i> |
|-------------------|---|-------------------|--------------------|---------------|
| Added Charity | 5604 Anemone Avenue Chestnut Hill MA 02467 | 509(a)(1) | scholarships | 54000 |
| After Fund | 730 Daylily Drive Nixon NV 89424 | 509(a)(1) | program support | 39500 |
| Agency Foundation | 9844 Walnut Way Cologne MN 55322 | 509(a)(1) | building fund | 36250 |

| Name | Address | Fdn Status | Purpose | Amount |
|--------------------------|--|-------------------|---------------------|---------------|
| Annual Association | 1333 Astilbe Avenue Chantilly VA 22021 | 509(a)(2) | program support | 30200 |
| Appear Community Fund | 3097 Tiarella Trail Fairfax VA 22031 | 509(a)(1) | aid to indigent | 43825 |
| Applications Charity | 8152 Rosbud Road Audubon NJ 08106 | 509(a)(1) | program development | 42860 |
| Attachments Fund | 1452 Anemone Avenue New York NY 10028 | 509(a)(1) | scholarships | 40895 |
| Authorization Foundation | 7054 Daylily Drive Chestnut Hill MA 02468 | 509(a)(1) | program support | 37930 |
| Based Association | 7464 Walnut Way Nixon NV 89425 | 509(a)(2) | building fund | 43965 |
| Basis Community Fund | 9525 Astilbe Avenue Cologne MN 55323 | 509(a)(1) | program support | 37000 |
| Begin Charity | 3380 Tiarella Trail Chantilly VA 22022 | 509(a)(1) | aid to indigent | 31035 |
| Calendar Fund | 9782 Rosbud Road Fairfax VA 22032 | 509(a)(1) | program development | 42070 |
| Center Foundation | 446 Anemone Avenue Audubon NJ 08107 | 509(a)(1) | scholarships | 54105 |
| Central Association | 7828 Daylily Drive New York NY 10029 | 509(a)(2) | program support | 53140 |
| Change Community Fund | 4166 Walnut Way Chestnut Hill MA 02469 | 509(a)(1) | building fund | 52175 |
| Conditions Charity | 4343 Astilbe Avenue Nixon NV 89426 | 509(a)(1) | program support | 41210 |
| Continued Fund | 1102 Tiarella Trail Cologne MN 55324 | 509(a)(1) | aid to indigent | 50245 |
| Control Foundation | 3590 Rosbud Road Chantilly VA 22023 | 509(a)(1) | program development | 54280 |
| Credit Association | 3541 Anemone Avenue Fairfax VA 22033 | 509(a)(2) | scholarships | 29315 |
| Date Community Fund | 6707 Daylily Drive Audubon NJ 08108 | 509(a)(1) | program support | 46350 |
| Determination Charity | 5353 Walnut Way New York NY 10030 | 509(a)(1) | building fund | 47385 |
| Discussion Fund | 5136 Astilbe Avenue Chestnut Hill MA 02470 | 509(a)(1) | program support | 46420 |
| Each Foundation | 2817 Tiarella Trail Nixon NV 89427 | 509(a)(1) | aid to indigent | 44455 |
| Effect Association | 2911 Rosbud Road Cologne MN 55325 | 509(a)(2) | program development | 45490 |

| Name | Address | Fdn Status | Purpose | Amount |
|-------------------------------|--|-------------------|---------------------|---------------|
| Exemption Community Fund | 3537 Anemone Avenue Chantilly VA 22024 | 509(a)(1) | scholarships | 40525 |
| File Charity | 5212 Daylily Drive Fairfax VA 22034 | 509(a)(1) | program support | 47560 |
| Filing Fund | 9918 Walnut Way Audubon NJ 08109 | 509(a)(1) | building fund | 49595 |
| From Foundation | 8463 Astilbe Avenue New York NY 10031 | 509(a)(1) | program support | 49630 |
| General Association | 8815 Tiarella Trail Chestnut Hill MA 02471 | 509(a)(2) | aid to indigent | 30665 |
| Governed Community Fund | 4651 Rosbud Road Nixon NV 89428 | 509(a)(1) | program development | 47700 |
| Governing Charity | 9207 Anemone Avenue Cologne MN 55326 | 509(a)(1) | scholarships | 46735 |
| Have Foundation | 1413 Walnut Way Fairfax VA 22035 | 509(a)(1) | building fund | 43805 |
| However Association | 5589 Astilbe Avenue Audubon NJ 08110 | 509(a)(2) | program support | 41840 |
| Identification Community Fund | 2216 Tiarella Trail New York NY 10032 | 509(a)(1) | aid to indigent | 53875 |
| Includes Charity | 8253 Rosbud Road Chestnut Hill MA 02472 | 509(a)(1) | program development | 54910 |
| Information Fund | 1132 Anemone Avenue Nixon NV 89429 | 509(a)(1) | scholarships | 47945 |
| Instrument Foundation | 1175 Daylily Drive Cologne MN 55327 | 509(a)(1) | program support | 36980 |
| Letter Association | 800 Walnut Way Chantilly VA 22026 | 509(a)(2) | building fund | 39015 |
| Mailing Community Fund | 5237 Astilbe Avenue Fairfax VA 22036 | 509(a)(1) | program support | 37050 |
| Months Charity | 3715 Tiarella Trail Audubon NJ 08111 | 509(a)(1) | aid to indigent | 46085 |
| Must Fund | 2023 Rosbud Road New York NY 10033 | 509(a)(1) | program development | 43120 |
| Names Foundation | 5360 Anemone Avenue Chestnut Hill MA 02473 | 509(a)(1) | scholarships | 48155 |
| National Association | 2476 Daylily Drive Nixon NV 89430 | 509(a)(2) | program support | 37190 |
| Nevada Community Fund | 9383 Walnut Way Cologne MN 55328 | 509(a)(1) | building fund | 31225 |

| Name | Address | Fdn Status | Purpose | Amount |
|----------------------|--|-------------------|---------------------|---------------|
| Next Charity | 7077 Astilbe Avenue Chantilly VA 22027 | 509(a)(1) | program support | 50260 |
| Number Fund | 1991 Tiarella Trail Fairfax VA 22037 | 509(a)(1) | aid to indigent | 46295 |
| Obtain Foundation | 8446 Rosbud Road Audubon NJ 08112 | 509(a)(1) | program development | 47330 |
| Office Association | 1465 Anemone Avenue New York NY 10034 | 509(a)(2) | scholarships | 47365 |
| Ogden Community Fund | 886 Daylily Drive Chestnut Hill MA 02474 | 509(a)(1) | program support | 53780 |

OtherIncomeSchedule2

| <i>Description</i> | <i>Amount</i> | <i>Net Inv. Inc.</i> |
|---------------------------------|---------------|----------------------|
| Through partnership investments | -48631 | -48631 |
| Cancelled pledges | 203500 | 0 |
| Refunded pledges | 25546 | 0 |
| Misc income | 820 | 820 |

LegalFeesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|--------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Legal fees | 525 | | | 525 |

AccountingFeesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|--------------------|-----------------------|-------------------------|----------------------|-----------------------|
| | | | | |
| Penn Oak & Co. | 28053 | 14026 | | 14027 |

OtherProfessionalFeesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|--------------------|-----------------------|-------------------------|----------------------|-----------------------|
| | | | | |
| Consulting fees | 225677 | | | 225677 |

TaxesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|------------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Federal excise taxes | 34575 | 0 | | 0 |
| Foreign taxes withheld | 5239 | 5239 | | 0 |
| NYS filing fees | 1500 | 0 | | 1500 |
| Payroll taxes | 16667 | 3133 | | 13534 |
| Misc taxes | 256 | 256 | | 0 |

DepreciationSchedule

| Description | Date Acq | Cost/Basis | Prior Depr | Method | Rate/Life | Depr Exp |
|------------------------------|-----------------|-------------------|-------------------|---------------|------------------|-----------------|
| Office furniture & equipment | 1/5/96 | 208515 | | S/L | 20 | 5665 |

OtherExpensesSchedule

| Description | Exp. per Books | Net Invest. Inc. | Adj. Net Inc. | Char. Purposes |
|-------------------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Directors liability insurance | 8340 | 4170 | | 4170 |
| Custodial fees | 363250 | 363250 | | 0 |
| Bank service charges | 5 | 5 | | 0 |
| Insurance – office | 1629 | 814 | | 815 |
| Office expense | 5234 | 2617 | | 2617 |
| Postage & mailing expense | 8092 | 4046 | | 4046 |
| Dues & subscriptions | 2300 | 1150 | | 1150 |
| Misc expense | 2665 | 1333 | | 1332 |
| Meals | 314 | 0 | | 314 |
| Rental & maintenance | 8085 | 4042 | | 4043 |
| Carfare | 241 | 121 | | 120 |
| Management fees | 1526 | 1526 | | 0 |
| Kitchen supplies | 693 | 347 | | 346 |
| Amortization | 5000 | 5000 | | 0 |

AmortizationSchedule

| | |
|-----------------------------|---------------------|
| Description | patent amortization |
| Date acquired | 5/12/2005 |
| Amount amortized | \$85,000 |
| Prior deduction | \$15,000 |
| Amortization period | 204 |
| Current amortization | \$5,000 |
| Total amortization | \$20000 |

OtherNotesLoansReceivableShortSchedule2

| Name of Organization | Balance Due |
|-----------------------------|--------------------|
| Day Care Center | 15000 |

InvestmentsGovtObligationsSchedule

| Description | Book Value | FMV |
|--------------------------------|-------------------|------------|
| US govt obligations | 9308 | 9925 |
| State & local govt obligations | 300000 | 344550 |

InvestmentsCorpStockSchedule

| Description | Book Value | FMV |
|--------------------------|-------------------|------------|
| 1242 shares Charter Fund | 304194 | 807515 |

| Description | Book Value | FMV |
|----------------------------------|-------------------|------------|
| 1319 shares Including Company | 384284 | 683367 |
| 4295 shares Actual Ltd. | 602749 | 762391 |
| 7972 shares Advance Inc. | 645503 | 710686 |
| 6174 shares Annual Corp. | 274930 | 675553 |
| 8023 shares Application Fund | 579186 | 561455 |
| 1540 shares Apply Company | 261491 | 752032 |
| 2410 shares Appropriate Ltd. | 679664 | 590437 |
| 6807 shares Authorize Inc. | 526440 | 713599 |
| 2384 shares Based Corp. | 486058 | 626084 |
| 5449 shares Been Fund | 617770 | 669061 |
| 1764 shares Being Company | 247891 | 643776 |
| 1341 shares Best Ltd. | 628819 | 821569 |
| 5057 shares Central Inc. | 206884 | 509792 |
| 1233 shares Change Corp. | 390037 | 812048 |
| 4206 shares Come Fund | 415138 | 813511 |
| 7329 shares Continued Company | 540042 | 529978 |
| 5551 shares Copy Ltd. | 545313 | 709161 |
| 6698 shares Cypress Inc. | 444358 | 686112 |
| 9975 shares Described Corp. | 296234 | 686911 |
| 2088 shares District Fund | 393685 | 712899 |
| 3209 shares Document Company | 222798 | 587012 |
| 6026 shares Duplicate Ltd. | 592508 | 628817 |
| 3773 shares During Inc. | 452233 | 812312 |
| 3759 shares Each Corp. | 307078 | 792140 |
| 9783 shares Effect Fund | 264742 | 715762 |
| 9536 shares Evidence Company | 422533 | 697831 |
| 6646 shares Exempt Ltd. | 644850 | 805445 |
| 6486 shares Exemption Inc. | 591444 | 780128 |
| 7484 shares Exist Corp. | 575945 | 654235 |
| 4296 shares Federal Fund | 607316 | 621184 |
| 7527 shares Following Company | 359485 | 755381 |
| 2167 shares From Ltd. | 551886 | 587549 |
| 1849 shares Governmental Inc. | 628781 | 690367 |
| 4193 shares Group Corp. | 311725 | 781310 |
| 8166 shares Having Fund | 276898 | 533544 |
| 8004 shares Immediate Company | 214514 | 553836 |
| 5586 shares Included Ltd. | 396983 | 501389 |
| 1204 shares Indicate Inc. | 435142 | 687898 |
| 3455 shares Indicated Corp. | 569371 | 638271 |
| 4491 shares Information Fund | 409711 | 825753 |
| 4262 shares Information Company | 557416 | 568145 |
| 8410 shares Instrumentality Ltd. | 666351 | 654380 |
| 7615 shares Internal Inc. | 421872 | 751165 |
| 6930 shares Issued Corp. | 397082 | 545916 |
| 8690 shares Letter Fund | 447847 | 569295 |

| Description | Book Value | FMV |
|---------------------------------|-------------------|------------|
| 3366 shares Located Company | 464204 | 553972 |
| 3620 shares Longer Ltd. | 204411 | 540540 |
| 5568 shares Massachusetts Inc. | 594941 | 540048 |
| 9870 shares Meet Corp. | 340656 | 590189 |
| 3964 shares Method Fund | 552277 | 558700 |
| 6257 shares Must Company | 627852 | 729983 |
| 2556 shares Necessary Ltd. | 318873 | 640205 |
| 7181 shares Nevertheless Inc. | 350073 | 605852 |
| 9860 shares Notice Corp. | 343390 | 655968 |
| 5035 shares Obtain Fund | 503995 | 704674 |
| 8768 shares Occurred Company | 511263 | 584540 |
| 6900 shares Office Ltd. | 324944 | 772171 |
| 2927 shares Order Inc. | 420868 | 679143 |
| 8497 shares Organization Corp. | 623735 | 639722 |
| 8425 shares Present Fund | 223785 | 746869 |
| 7023 shares Procedure Company | 671819 | 687591 |
| 1795 shares Proposed Ltd. | 326903 | 555182 |
| 4028 shares Provide Inc. | 438013 | 692920 |
| 2630 shares Purposes Corp. | 419085 | 774852 |
| 9740 shares Receipts Fund | 404100 | 619280 |
| 8676 shares Relating Company | 210740 | 614638 |
| 7617 shares Reports Ltd. | 308325 | 632893 |
| 6639 shares Representative Inc. | 499034 | 775654 |
| 9965 shares Resubmit Corp. | 290689 | 682460 |
| 9924 shares Return Fund | 207458 | 651180 |
| 3539 shares Returns Company | 263008 | 583667 |
| 8367 shares Same Ltd. | 677359 | 666981 |
| 3866 shares Section Inc. | 466917 | 731696 |
| 7297 shares Sent Corp. | 431744 | 524939 |
| 6764 shares Service Fund | 326559 | 720878 |
| 3116 shares Should Company | 428776 | 779978 |
| 8292 shares Status Ltd. | 477119 | 808449 |
| 2683 shares Still Inc. | 248616 | 646304 |
| 7217 shares Street Corp. | 553281 | 573290 |
| 6090 shares Submission Fund | 402879 | 696440 |
| 4217 shares Submit Company | 232209 | 826139 |
| 1907 shares Subordinate Ltd. | 313597 | 771970 |
| 1803 shares Supervision Inc. | 402773 | 650087 |
| 5831 shares Supplemental Corp. | 627851 | 599112 |
| 7929 shares Supplied Fund | 312501 | 584865 |
| 6007 shares Through Company | 207827 | 707464 |
| 2719 shares Time Ltd. | 530582 | 633322 |
| 5672 shares Under Inc. | 338497 | 757570 |
| 9357 shares Units Corp. | 488186 | 584284 |
| 9277 shares Wants Fund | 408061 | 542999 |

| Description | Book Value | FMV |
|---------------------------|-------------------|------------|
| 4254 shares Which Company | 677655 | 589756 |
| 1716 shares With Ltd. | 484821 | 743607 |
| 4785 shares Years Inc. | 475463 | 572737 |

InvestmentsOtherSchedule2

| Description | Book Value | FMV |
|---------------------|-------------------|------------|
| Investment Basket | 279440 | 291675 |
| Masters Fund | 5096160 | 5096160 |
| Hotel Capital | 299374 | 299683 |
| Blanket Partnership | 330065 | 330065 |
| Opportunities Fund | 216881 | 216881 |
| Hi Tech Fund | 135000 | 135000 |
| Misc patents | 65000 | 65000 |

LandEtcSchedule2

| Description | Cost/Basis | Accum. Depr. | Book Value | FMV |
|------------------------------|-------------------|---------------------|-------------------|------------|
| Office furniture & equipment | 208515 | 141098 | 67417 | 0 |

OtherAssetsSchedule

| Description | BOY Book Value | EOY Book Value | FMV |
|-----------------------------|-----------------------|-----------------------|------------|
| Accrued interest receivable | 110455 | 110983 | 110983 |
| Misc receivable | 45382 | 114348 | 114348 |

MortgagesAndNotesPayableSchedule

| | |
|--|-----------------------|
| Lender's name | First Bank & Trust |
| Lender's title | N/A |
| Relationship to insider | none |
| Original amount of loan | \$ 500,000 |
| Balance due | \$ 427,800 |
| Date of note | 7/3/2007 |
| Maturity date | 6/30/2012 |
| Repayment terms | on demand |
| Interest rate | 5.3% |
| Security provided by borrower | securities |
| Purpose of loan | purchase of computers |
| Description of lender consideration | none |
| Consideration FMV | |

CompensationExplanation

| Name | Explanation |
|--------------------|--|
| Steven Holly | Compensation was determined to be reasonable by an impartial panel of experts. |
| William Wallflower | Compensation was concluded to be equitable by an independent group of experts. |
| Mary Ann Marigold | Compensation was established as reasonable by an independent panel of specialists. |
| Rebecca Rosebud | Compensation was analyzed by an unbiased team of authorities. |
| Karen Holly | Compensation was determined to be reasonable by an impartial panel of experts. |

F990PF TY2007 test3

PreparerFirm

EIN -- not permitted

PreparerFirmBusinessName -- none

PreparerFirmAddress -- none

MultipleSoftwarePackagesUsed -- no

Originator

EFIN -- as assigned

Type -- ERO

PractitionerPIN

EFIN -- as assigned

PIN -- as assigned

PinEnteredBy -- *Taxpayer*

SignatureOption -- *Pin Number*

ReturnType -- *990PF*

TaxPeriodBeginDate -- 10/1/2007

TaxPeriodEndDate -- 9/30/2008

Filer

EIN -- 11-9000024

Name -- Penn Oak Foundation

NameControl -- PENN

Phone -- 510-555-1616

USAddress -- 9753 Perfume Street, Cologne, MN 55322

Officer

Name -- Patsy Pine

Title -- Chair

Phone -- 510-555-1616

EmailAddress --

DateSigned -- self-select

TaxpayerPIN -- self-select

Preparer

Name -- none

SSN or PTIN -- not permitted

Phone --

EmailAddress --

DatePrepared --

SelfEmployed --

TaxYear -- 2006

binaryAttachmentCount -- 0

**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2007

Department of the Treasury
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year **2007**, or tax year beginning **10/1**, 2007, and ending **9/30**, 20 **08**

G Check all that apply: Initial return Final return Amended return Address change Name change

| | | | |
|--|---|---|---|
| Use the IRS label. Otherwise, print or type. See Specific Instructions. | Name of organization Penn Oak Foundation | | A Employer identification number 11 ; 9000024 |
| | Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite | B Telephone number (see page 10 of the instructions) (510) 555-1616 |
| | City or town, state, and ZIP code Cologne MN 55322 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | | D 1. Foreign organizations, check here . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1176968796 | | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i> | |
| | | | E If private foundation status was terminated under section 507(b)(1)(A), check here . . . <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)</i> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 1000000 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 3500337 | 3500337 | | |
| | 4 Dividends and interest from securities | 30653505 | 30653505 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) _____ | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 31915992 | | | |
| | b Gross sales price for all assets on line 6a 12098938176 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 31915992 | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances _____ | | | | |
| b Less: Cost of goods sold. _____ | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule). | | | | | |
| 12 Total. Add lines 1 through 11 | 67069834 | 66069834 | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 1385067 | 301605 | | 1083462 |
| | 14 Other employee salaries and wages | 1251120 | 22745 | | 1228375 |
| | 15 Pension plans, employee benefits | 680991 | 62017 | | 618974 |
| | 16a Legal fees (attach schedule). | 38604 | 11405 | | 27199 |
| | b Accounting fees (attach schedule) | 60413 | 30206 | | 30207 |
| | c Other professional fees (attach schedule) | 2178418 | 1603365 | | 575053 |
| | 17 Interest. | | | | |
| | 18 Taxes (attach schedule) (see page 14 of the instructions) | 931630 | | | 21393 |
| | 19 Depreciation (attach schedule) and depletion | 547195 | | | |
| | 20 Occupancy | 339540 | 7920 | | 331620 |
| | 21 Travel, conferences, and meetings. | 389766 | 33299 | | 356467 |
| | 22 Printing and publications. | 28406 | 829 | | 27577 |
| | 23 Other expenses (attach schedule). | 139723 | 5688 | | 134035 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 7970873 | 2079079 | | 4434362 |
| | 25 Contributions, gifts, grants paid | 111757485 | | | 53083397 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 119728358 | 2079079 | | 57517759 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | <52658524> | | | | |
| b Net investment income (if negative, enter -0-) | | 63990755 | | | |
| c Adjusted net income (if negative, enter -0-) | | | | | |

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | Beginning of year | End of year | | |
|--|--|----------------|-----------------------|-----------|
| | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| Assets | 1 Cash—non-interest-bearing | 50315 | 19143 | 19143 |
| | 2 Savings and temporary cash investments | 151822854 | 191422590 | 191422590 |
| | 3 Accounts receivable ▶ 239 | | | |
| | Less: allowance for doubtful accounts ▶ | 1512 | 239 | 239 |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use. | | | |
| | 9 Prepaid expenses and deferred charges | 3995 | 327542 | 327542 |
| | 10a Investments—U.S. and state government obligations (attach schedule) | 338590953 | 240553462 | 240553462 |
| | b Investments—corporate stock (attach schedule) | 300906035 | 339528819 | 339528819 |
| | c Investments—corporate bonds (attach schedule) | 250744443 | 259258660 | 259258660 |
| | 11 Investments—land, buildings, and equipment: basis ▶ | | | |
| Less: accumulated depreciation (attach schedule) ▶ | | | | |
| 12 Investments—mortgage loans | | | | |
| 13 Investments—other (attach schedule) | 259574986 | 136394625 | 136394625 | |
| 14 Land, buildings, and equipment: basis ▶ 12402960 | | | | |
| Less: accumulated depreciation (attach schedule) ▶ 2942560 | 10007595 | 9460400 | 9460400 | |
| 15 Other assets (describe ▶) | 6717 | 3316 | 3316 | |
| 16 Total assets (to be completed by all filers—see page 16 of the instructions. Also, see page 1, item I) | 1311709405 | 1176968796 | 1176968796 | |
| Liabilities | 17 Accounts payable and accrued expenses | 543621 | 423146 | |
| | 18 Grants payable | 156397809 | 165281545 | |
| | 19 Deferred revenue. | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶) | 253482040 | 132692379 | |
| 23 Total liabilities (add lines 17 through 22). | 410423470 | 298397070 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Organizations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> | | | |
| | and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | 815550406 | 815550406 | |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | 85735529 | 63021320 | | |
| 30 Total net assets or fund balances (see page 17 of the instructions) | 901285935 | 878571726 | | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | 1311709405 | 1176968796 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|------------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). | 1 | 901285935 |
| 2 Enter amount from Part I, line 27a. | 2 | <52658524> |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 30507760 |
| 4 Add lines 1, 2, and 3 | 4 | 879135171 |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | 563445 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30. | 6 | 878571726 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|---|--|--|
| 1a ***** | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$ | | | | 2 31915992 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 | | | | 3 |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2006 | 74,489,946 | 1080797356 | .068921 |
| 2005 | 103536439 | 1185137388 | .087362 |
| 2004 | 81849880 | 1249258033 | .065519 |
| 2003 | 35203574 | 1284541687 | .027406 |
| 2002 | 94949055 | 1303898180 | .072819 |

| | | |
|--|----------|----------------------|
| 2 Total of line 1, column (d) | 2 | .322027 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | .064405 |
| 4 Enter the net value of noncharitable-use assets for 2006 from Part X, line 5 | 4 | 1,021,812,170 |
| 5 Multiply line 4 by line 3 | 5 | 65,809,813 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 639908 |
| 7 Add lines 5 and 6 | 7 | 66,449,720 |
| 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18. | 8 | 67,305,345 |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 19 of the instructions)

| | | | |
|---|-----------|---------------|--|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: (attach copy of ruling letter if necessary—see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 639908 | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | |
| 3 Add lines 1 and 2 | 3 | 639908 | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 639908 | |
| 6 Credits/Payments: | | | |
| a 2007 estimated tax payments and 2006 overpayment credited to 2007 | 6a | 575000 | |
| b Exempt foreign organizations—tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 575000 | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 64908 | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 Enter the amount of line 10 to be: Credited to 2008 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | <input checked="" type="checkbox"/> |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 20 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | | <input checked="" type="checkbox"/> |
| c Did the foundation file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i> | <input checked="" type="checkbox"/> | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> | | <input checked="" type="checkbox"/> |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | <input checked="" type="checkbox"/> |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i> | | <input checked="" type="checkbox"/> |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | <input checked="" type="checkbox"/> | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> | <input checked="" type="checkbox"/> | |
| 8a Enter the states to which the foundation reports or with which it is registered (see page 20 of the instructions) ▶ MN | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i> | <input checked="" type="checkbox"/> | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV on page 28)? <i>If "Yes," complete Part XIV</i> | | <input checked="" type="checkbox"/> |
| 10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> | <input checked="" type="checkbox"/> | |

Part VII-A Statements Regarding Activities *Continued*

| | | | | |
|------------|---|-------------------------------------|--|-------------------------------------|
| 11a | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. (see instructions) | | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a? | | | |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract? | | | <input checked="" type="checkbox"/> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ www.pennoakfoundation.org | <input checked="" type="checkbox"/> | | |
| 14 | The books are in care of ▶ Walter Oak Telephone no. ▶ 510-555-1616 Located at ▶ 9753 Perfume Street Cologne MN ZIP+4 ▶ 55322 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | <input type="checkbox"/> |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | | Yes | No |
|------------|---|-----|-------------------------------------|
| 1a | During the year did the foundation (either directly or indirectly): | | |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2007? | | <input checked="" type="checkbox"/> |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a | At the end of tax year 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions.) | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20 | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did it have excess business holdings in 2007 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2007.</i>) | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | <input checked="" type="checkbox"/> |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2006? | | <input checked="" type="checkbox"/> |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *Continued*

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 23 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here **5b**

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If you answered "Yes" to 6b, also file Form 8870. **6b**

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| ***** | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1—see page 24 of the instructions). If 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 and deferred compensation | (e) Expense account, other allowances |
|--|---|------------------|---|---------------------------------------|
| Evan Euonymus 9753 Perfume Street Cologne MN 55322 | Sr. Prog. Officer 40 | 159500 | 35556 | 0 |
| Arlene Astilbe 9753 Perfume Street Cologne MN 55322 | Sr. Prog. Officer 40 | 127713 | 31171 | 0 |
| Rachel Rugosa 9753 Perfume Street Cologne MN 55322 | Sr. Prog. Officer 40 | 127713 | 27567 | 0 |
| Harriette Hollyhock 9753 Perfume Street Cologne MN 55322 | Sr. Prog. Officer 40 | 97038 | 27705 | 0 |
| Dwayne Lilly 9753 Perfume Street Cologne MN 55322 | Internal Auditor 40 | 83353 | 27647 | 0 |

Total number of other employees paid over \$50,000 **5**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *Continued*

3 Five highest-paid independent contractors for professional services (see page 24 of the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Big Broker 5 Smellgood Street Cologne MN 55322 | investment mgmt | 401141 |
| Bigger Broker 7842 Willow Way Audubon NJ 08106 | investment mgmt | 389059 |
| Even Bigger Broker 6 Daylily Drive Chantilly VA 22021 | investment mgmt | 225343 |
| Extremely Huge Broker 16 Calla Court Fairfax VA 22031 | investment mgmt | 218725 |
| Very Biggest Broker 555 Madison Avenue New York NY 10028 | investment mgmt | 119951 |
| Total number of others receiving over \$50,000 for professional services | | 3 |

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 | |
| 2 | |
| All other program-related investments. See page 25 of the instructions. | |
| 3 | |
| Total. Add lines 1 through 3 | |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 25 of the instructions.)

| | | | |
|----------|--|-----------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 1037013973 |
| b | Average of monthly cash balances | 1b | 27691 |
| c | Fair market value of all other assets (see page 25 of the instructions) | 1c | 331097 |
| d | Total (add lines 1a, b, and c) | 1d | 1037372761 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 1037372761 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions) | 4 | 15560591 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1021812170 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 51090608 |

Part XI Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|---|-----------|-----------------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 51090608 |
| 2a | Tax on investment income for 2006 from Part VI, line 5 | 2a | 639908 |
| b | Income tax for 2007. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 639908 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 50450701 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 38617 |
| 5 | Add lines 3 and 4 | 5 | 50489318 |
| 6 | Deduction from distributable amount (see page 26 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 50489318 |

Part XII Qualifying Distributions (see page 26 of the instructions)

| | | | |
|----------|---|-----------|-----------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 57517759 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 16032 |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | 9771554 |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 67305345 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 27 of the instructions) | 5 | 639908 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 66665437 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 24 of the instructions)

| | (a) Corpus | (b) Years prior to 2006 | (c) 2006 | (d) 2007 |
|---|------------------|----------------------------|-------------|-----------------|
| 1 Distributable amount for 2007 from Part XI, line 7 | | | | 50489318 |
| 2 Undistributed income, if any, as of the end of 2006: | | | | |
| a Enter amount for 2006 only | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2007: | | | | |
| a From 2002 | 32035537 | | | |
| b From 2003 | 3695543 | | | |
| c From 2004 | 20593450 | | | |
| d From 2005 | 45357800 | | | |
| e From 2006 | 21321432 | | | |
| f Total of lines 3a through e. | 123003762 | | | |
| 4 Qualifying distributions for 2007 from Part XII, line 4: ▶ \$ 67305345 | | | | |
| a Applied to 2006, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see page 24 of the instructions) | | | | |
| c Treated as distributions out of corpus (Election required—see page 24 of the instructions) | | | | |
| d Applied to 2007 distributable amount | | | | 50489318 |
| e Remaining amount distributed out of corpus | 16816027 | | | |
| 5 Excess distributions carryover applied to 2007 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 139819789 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount—see page 25 of the instructions | | | | |
| e Undistributed income for 2006. Subtract line 4a from line 2a. Taxable amount—see page 25 of the instructions | | | | |
| f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions) | | | | |
| 8 Excess distributions carryover from 2002 not applied on line 5 or line 7 (see page 25 of the instructions) | 32035537 | | | |
| 9 Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a | 107784252 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2003. | 3695543 | | | |
| b Excess from 2004. | 20593450 | | | |
| c Excess from 2005. | 45357800 | | | |
| d Excess from 2006. | 21321432 | | | |
| e Excess from 2007. | 16816027 | | | |

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9)

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2007, enter the date of the ruling. . . . ▶
- b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|-----------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test—enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test—enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 26 of the instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
-
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number of the person to whom applications should be addressed:
- *****
- b** The form in which applications should be submitted and information and materials they should include:
- *****
- c** Any submission deadlines:
- *****
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
- *****

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|--|--|--|
| <p>a <i>Paid during the year</i></p> <p>*****</p> | | | | |
| <p>Total ▶ 3a</p> | | | | <p>53083397</p> |
| <p>b <i>Approved for future payment</i></p> <p>Information Fund 6099 Hickory Blvd Buffalo MN 55322</p> <p>Addition Association 20 Central Street Cologne MN 55322</p> <p>Bulletin Fund 81 Fifth Blvd Hamburg MN 55341</p> | | <p>509(a)(1)</p> <p>509(a)(1)</p> <p>509(a)(1)</p> | <p>program development</p> <p>scholarships</p> <p>operating budget</p> | <p>1500000</p> <p>500000</p> <p>100000</p> |
| <p>Total ▶ 3b</p> | | | | <p>2100000</p> |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- | | Yes | No |
|---|-----|----|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | |
| (1) Cash | | ✓ |
| (2) Other assets | | ✓ |
| b Other transactions: | | |
| (1) Sales of assets to a noncharitable exempt organization | | ✓ |
| (2) Purchases of assets from a noncharitable exempt organization | | ✓ |
| (3) Rental of facilities, equipment, or other assets | ✓ | |
| (4) Reimbursement arrangements | | ✓ |
| (5) Loans or loan guarantees | | ✓ |
| (6) Performance of services or membership or fundraising solicitations | | ✓ |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | ✓ |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|---|---|
| 1b3 | 5230 | Penn Oak Social Welfare Fund | The Fund rents space on a computer server. We pay 10% of the annual cost for 10% of the space. |
| | | | |
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2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-------------------------------------|--------------------------|--|
| Penn Oak Social Welfare Fund | 501(c)(4) | Founded by same person; 2 common directors/trustees |
| | | |
| | | |
| | | |

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

| | | |
|---|---|---|
| Sign Here | Signature of officer or trustee _____ Date _____ Title _____ | |
| | Paid Preparer's Use Only Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP code _____ | Date _____ Check if self-employed <input type="checkbox"/> |
| Preparer's SSN or PTIN (See Signature on page 28 of the instructions.) _____ | | EIN _____ Phone no. () _____ |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

Penn Oak Foundation

11 9000024

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Penn Oak Foundation

Employer identification number
11 : 9000024

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | Penn Oak, Jr. ----- 9753 Perfume Street ----- Cologne MN 55322 ----- | \$ 500000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Penn Oak, III ----- 9753 Perfume Street ----- Cologne MN 55322 ----- | \$ 500000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Payment Record

| | |
|------------------------|--------------|
| Routing Transit Number | 012456778 |
| Bank Account Number | 111-222-3456 |
| Account Type | checking |
| Payment Amount | \$ 64908 |
| Requested Payment Date | 02/15/2009 |
| Taxpayer Daytime Phone | 510-555-1616 |

LegalFeesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|--------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Legal fees | 38604 | 11405 | | 27199 |

AccountingFeesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|----------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Audit & tax services | 60413 | 30206 | | 30207 |

OtherProfessionalFeesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|----------------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Investment management | 1601075 | 1601075 | | |
| Consulting | 565562 | 2290 | | 563272 |
| Outside temp service | 120 | 0 | | 120 |
| Annual report distribution | 11661 | 0 | | 11661 |

TaxesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|----------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Federal excise taxes | 910237 | | | |
| Property taxes | 21393 | | | 21393 |

DepreciationSchedule

| <i>Description</i> | <i>Date Acq</i> | <i>Cost/Basis</i> | <i>Prior Depr</i> | <i>Method</i> | <i>Rate/ Life</i> | <i>Depr Exp</i> |
|-----------------------------|-----------------|-------------------|-------------------|---------------|-------------------|-----------------|
| Office furniture & fixtures | 6/30/2002 | 712,594 | 403,239 | S/L | 7 | 92,116 |
| Office equipment | 6/30/2002 | 1,152,151 | 911,802 | S/L | 5 | 208,291 |
| Software | 12/31/2003 | 133,718 | 104,669 | S/L | 3 | 23,911 |
| Vehicles | 12/31/2005 | 40,053 | 9,782 | S/L | 7 | 2,234 |
| Building | 6/30/2002 | 9,165,864 | 965,873 | S/L | 39 | 220,643 |

OtherExpensesSchedule

| <i>Description</i> | <i>Exp. per Books</i> | <i>Net Invest. Inc.</i> | <i>Adj. Net Inc.</i> | <i>Char. Purposes</i> |
|-----------------------------|-----------------------|-------------------------|----------------------|-----------------------|
| Staff seminars | 5627 | | | 5627 |
| Education | 4168 | | | 4168 |
| Dues | 5018 | | | 5018 |
| Noncapital equipment | 5160 | 77 | | 5083 |
| Automobile expense | 1851 | 185 | | 1666 |
| Personnel & service support | 15240 | 134 | | 15106 |
| Insurance | 37757 | 1388 | | 36369 |
| Benefit plan administration | 2752 | 344 | | 2408 |
| Technical maintenance | 15540 | 105 | | 15435 |
| Office supplies | 13314 | 1331 | | 11983 |
| Postage | 20508 | 2051 | | 18457 |
| Website expenses | 4844 | 73 | | 4771 |
| Public relations | 6465 | | | 6465 |
| Program expenses | 1479 | | | 1479 |

InvestmentsGovtObligationsSchedule

| | <i>Book Value</i> | <i>FMV</i> |
|--------------------------------|-------------------|------------|
| U.S. govt obligations | 238814668 | 238814668 |
| State & local govt obligations | 1738794 | 1738794 |

InvestmentsCorpStockSchedule

| <i>Description</i> | <i>Book Value</i> | <i>FMV</i> |
|---|-------------------|------------|
| 3372 shares of Apple Corporation | 614421 | 614421 |
| 4346 shares of Return Limited | 1088188 | 1088188 |
| 2433 shares of Depreciation Fund | 1444180 | 1444180 |
| 3401 shares of Form Enterprises | 668116 | 668116 |
| 3690 shares of However International, Inc. | 590320 | 590320 |
| 2168 shares of Used, Inc. | 975821 | 975821 |
| 4256 shares of Even Group | 735271 | 735271 |
| 3285 shares of Are Company | 543785 | 543785 |
| 3049 shares of Nature Corporation | 500932 | 500932 |
| 1359 shares of For Limited | 337299 | 337299 |
| 3103 shares of Straddles Fund | 451614 | 451614 |
| 2686 shares of Form Enterprises | 359737 | 359737 |
| 2639 shares of Completing International, Inc. | 510090 | 510090 |
| 4196 shares of Should, Inc. | 1353259 | 1353259 |
| 2998 shares of Schema Group | 910241 | 910241 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| 2099 shares of There Company | 1641429 | 1641429 |
| 1644 shares of And Corporation | 1596871 | 1596871 |
| 1455 shares of Each Limited | 626036 | 626036 |
| 1357 shares of Information Fund | 1400634 | 1400634 |
| 1522 shares of Element Enterprises | 357869 | 357869 |
| 4198 shares of Or International, Inc. | 741223 | 741223 |
| 1779 shares of Both, Inc. | 601568 | 601568 |
| 1616 shares of Completed Group | 1302361 | 1302361 |
| 1366 shares of Attached Company | 1339371 | 1339371 |
| 3432 shares of Everyone Corporation | 1197058 | 1197058 |
| 2680 shares of Wolf Limited | 991799 | 991799 |
| 2803 shares of Form Fund | 1055020 | 1055020 |
| 3598 shares of Numbers Enterprises | 856649 | 856649 |
| 3956 shares of On International, Inc. | 868032 | 868032 |
| 3447 shares of To, Inc. | 1172924 | 1172924 |
| 1764 shares of Of Group | 1522274 | 1522274 |
| 1430 shares of Schedule Company | 580002 | 580002 |
| 3626 shares of Mef Corporation | 507336 | 507336 |
| 3000 shares of Business Limited | 835299 | 835299 |
| 4223 shares of What'S Fund | 846513 | 846513 |
| 2421 shares of Eta Enterprises | 842426 | 842426 |
| 4350 shares of Form International, Inc. | 530670 | 530670 |
| 4026 shares of Edit, Inc. | 410450 | 410450 |
| 3343 shares of Why Group | 886300 | 886300 |
| 2111 shares of Software Company | 1407780 | 1407780 |
| 4524 shares of This Corporation | 1534599 | 1534599 |
| 1430 shares of Correction Limited | 838879 | 838879 |
| 2280 shares of Limited Fund | 1529560 | 1529560 |
| 4761 shares of Have Enterprises | 444341 | 444341 |
| 3855 shares of We International, Inc. | 626753 | 626753 |
| 2766 shares of Electronic, Inc. | 475611 | 475611 |
| 2360 shares of We Group | 1150519 | 1150519 |
| 1658 shares of Returns Company | 467463 | 467463 |
| 2496 shares of Likely Corporation | 760430 | 760430 |
| 2812 shares of Most Limited | 800452 | 800452 |
| 2399 shares of Filers Fund | 1041928 | 1041928 |
| 3939 shares of Independent Enterprises | 1009307 | 1009307 |
| 3111 shares of Resources International, Inc. | 473003 | 473003 |
| 4514 shares of Irrelevant, Inc. | 769205 | 769205 |
| 1216 shares of Short Group | 710713 | 710713 |
| 1554 shares of The Company | 901642 | 901642 |
| 1146 shares of Well Corporation | 794938 | 794938 |
| 3994 shares of Advantage Limited | 1276237 | 1276237 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| 2719 shares of Well Fund | 915649 | 915649 |
| 4431 shares of Position Enterprises | 348181 | 348181 |
| 1772 shares of Because International, Inc. | 1148031 | 1148031 |
| 2349 shares of One, Inc. | 1256054 | 1256054 |
| 1524 shares of To Group | 436348 | 436348 |
| 1042 shares of The Company | 427254 | 427254 |
| 3139 shares of Anything Corporation | 1338604 | 1338604 |
| 1567 shares of Continuously Limited | 1629684 | 1629684 |
| 1461 shares of We Fund | 368287 | 368287 |
| 1651 shares of Rules Enterprises | 869147 | 869147 |
| 4816 shares of Donna International, Inc. | 1517699 | 1517699 |
| 3033 shares of Their, Inc. | 756425 | 756425 |
| 2250 shares of Rules Group | 1287603 | 1287603 |
| 4889 shares of Made Company | 1075417 | 1075417 |
| 3661 shares of The Corporation | 768821 | 768821 |
| 2910 shares of Same Limited | 929690 | 929690 |
| 3124 shares of Promise Fund | 1539241 | 1539241 |
| 2902 shares of Rules Enterprises | 1326766 | 1326766 |
| 4800 shares of Furthermore International, Inc. | 820339 | 820339 |
| 4861 shares of That, Inc. | 1252438 | 1252438 |
| 4796 shares of Problems Group | 753701 | 753701 |
| 1290 shares of Some Company | 1071343 | 1071343 |
| 3853 shares of Rules Corporation | 580307 | 580307 |
| 2773 shares of Automatically Limited | 850767 | 850767 |
| 1293 shares of A Fund | 1486740 | 1486740 |
| 4801 shares of Explained Enterprises | 613900 | 613900 |
| 1768 shares of Determined International, Inc. | 1654153 | 1654153 |
| 2197 shares of Review, Inc. | 490687 | 490687 |
| 3510 shares of Form Group | 591263 | 591263 |
| 4474 shares of Eta Company | 951180 | 951180 |
| 3995 shares of When Corporation | 1587916 | 1587916 |
| 3117 shares of Invoked Limited | 1591791 | 1591791 |
| 3072 shares of Information Fund | 1155005 | 1155005 |
| 2214 shares of Another Enterprises | 733981 | 733981 |
| 1826 shares of And/Or International, Inc. | 1155506 | 1155506 |
| 1611 shares of Rules, Inc. | 336762 | 336762 |
| 1095 shares of Business Group | 451013 | 451013 |
| 3346 shares of Current Company | 1119882 | 1119882 |
| 2697 shares of Choice Corporation | 841195 | 841195 |
| 2000 shares of Incorporated Limited | 380248 | 380248 |
| 4512 shares of P Fund | 1547320 | 1547320 |
| 4173 shares of Deductions Enterprises | 1016875 | 1016875 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| 4888 shares of Allowable International, Inc. | 483126 | 483126 |
| 2474 shares of Instruction, Inc. | 637456 | 637456 |
| 3258 shares of Form Group | 733562 | 733562 |
| 1140 shares of Determining Company | 1018239 | 1018239 |
| 2516 shares of Closing Corporation | 591926 | 591926 |
| 3066 shares of No Limited | 846785 | 846785 |
| 2834 shares of Form Fund | 859834 | 859834 |
| 4173 shares of Schedule Enterprises | 1627325 | 1627325 |
| 4544 shares of On International, Inc. | 1113373 | 1113373 |
| 2906 shares of Yet, Inc. | 611637 | 611637 |
| 3703 shares of Shared Group | 671868 | 671868 |
| 2294 shares of Example Company | 1634236 | 1634236 |
| 2435 shares of Expenses Corporation | 1300991 | 1300991 |
| 3095 shares of They Limited | 1153784 | 1153784 |
| 4618 shares of More Fund | 671858 | 671858 |
| 4372 shares of Filers Enterprises | 1531968 | 1531968 |
| 3234 shares of When International, Inc. | 1554921 | 1554921 |
| 2670 shares of Always, Inc. | 1352665 | 1352665 |
| 1836 shares of Business Group | 367375 | 367375 |
| 3063 shares of Example Company | 1188780 | 1188780 |
| 4066 shares of Filed Corporation | 662426 | 662426 |
| 4602 shares of Corporations Limited | 445539 | 445539 |
| 1372 shares of Different Fund | 422218 | 422218 |
| 1554 shares of Always Enterprises | 984251 | 984251 |
| 2838 shares of Business International, Inc. | 1248689 | 1248689 |
| 4360 shares of Two, Inc. | 1114136 | 1114136 |
| 3562 shares of Processed Group | 1463721 | 1463721 |
| 1120 shares of Return Company | 1501378 | 1501378 |
| 1799 shares of Each Corporation | 1045770 | 1045770 |
| 1227 shares of Schema Limited | 1557197 | 1557197 |
| 1657 shares of Alpha Fund | 1166524 | 1166524 |
| 1984 shares of Schema Enterprises | 1045587 | 1045587 |
| 4804 shares of Return International, Inc. | 1102335 | 1102335 |
| 1200 shares of Return, Inc. | 1027986 | 1027986 |
| 3114 shares of Using Group | 759408 | 759408 |
| 4786 shares of However Company | 1377827 | 1377827 |
| 1145 shares of Without Corporation | 662273 | 662273 |
| 2736 shares of Only Limited | 1611399 | 1611399 |
| 2111 shares of Other Fund | 1309053 | 1309053 |
| 2990 shares of Because Enterprises | 734475 | 734475 |
| 4472 shares of Business International, Inc. | 702564 | 702564 |
| 4624 shares of Required, Inc. | 497920 | 497920 |
| 1415 shares of Equivalent Group | 1280599 | 1280599 |
| 4394 shares of Rules Company | 1291999 | 1291999 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| 4618 shares of Problem? Corporation | 439885 | 439885 |
| 1511 shares of Presently Limited | 655535 | 655535 |
| 1917 shares of Tege Fund | 460558 | 460558 |
| 4137 shares of Rules Enterprises | 641000 | 641000 |
| 2943 shares of Eta'S International, Inc. | 1035820 | 1035820 |
| 1237 shares of Extent, Inc. | 721954 | 721954 |
| 3253 shares of Policy Group | 1144650 | 1144650 |
| 3564 shares of Service Company | 1210813 | 1210813 |
| 1256 shares of Instances Corporation | 720872 | 720872 |
| 3557 shares of Incorporated Limited | 1136130 | 1136130 |
| 3850 shares of Treat Fund | 1163193 | 1163193 |
| 1744 shares of Returns Enterprises | 1515041 | 1515041 |
| 1961 shares of Have International, Inc. | 1199121 | 1199121 |
| 4392 shares of Will, Inc. | 1360502 | 1360502 |
| 1834 shares of File Group | 366522 | 366522 |
| 1922 shares of Shared Company | 767819 | 767819 |
| 4166 shares of Cost Corporation | 357767 | 357767 |
| 4932 shares of Usefulness Limited | 1055408 | 1055408 |
| 4882 shares of Implement Fund | 670939 | 670939 |
| 1776 shares of Compliance Enterprises | 456544 | 456544 |
| 2724 shares of Could International, Inc. | 1012446 | 1012446 |
| 3843 shares of Shared, Inc. | 754912 | 754912 |
| 1413 shares of With Group | 1031871 | 1031871 |
| 1499 shares of Though Company | 448710 | 448710 |
| 3027 shares of When Corporation | 1075991 | 1075991 |
| 1790 shares of Size Limited | 1107809 | 1107809 |
| 2020 shares of Rules Fund | 380845 | 380845 |
| 4924 shares of Considered Enterprises | 776010 | 776010 |
| 3780 shares of Other International, Inc. | 1198962 | 1198962 |
| 2132 shares of Shared, Inc. | 1113356 | 1113356 |
| 3392 shares of Other Group | 452851 | 452851 |
| 2390 shares of Monitor Company | 575327 | 575327 |
| 2010 shares of Make Corporation | 1063689 | 1063689 |
| 4602 shares of Canine Limited | 1058636 | 1058636 |
| 1079 shares of Relayed Fund | 522408 | 522408 |
| 2527 shares of Position Enterprises | 1563056 | 1563056 |
| 2443 shares of Would International, Inc. | 1623115 | 1623115 |
| 4597 shares of Ill-Considered, Inc. | 880919 | 880919 |
| 3657 shares of Demonstrably Group | 339910 | 339910 |
| 4483 shares of Matter Company | 853461 | 853461 |
| 4296 shares of Then Corporation | 1393272 | 1393272 |
| 1966 shares of Would Limited | 1025369 | 1025369 |
| 3411 shares of Conversations Fund | 1598719 | 1598719 |
| 1173 shares of Using Enterprises | 1521517 | 1521517 |

| Description | Book Value | FMV |
|---|-------------------|------------|
| 2915 shares of Them International, Inc. | 1113207 | 1113207 |
| 4002 shares of Have, Inc. | 1651256 | 1651256 |
| 1025 shares of Used Group | 1247843 | 1247843 |
| 1744 shares of Invokes Company | 776143 | 776143 |
| 2150 shares of Telephone Corporation | 1153601 | 1153601 |
| 4976 shares of That Limited | 1541052 | 1541052 |
| 1830 shares of Information Fund | 541074 | 541074 |
| 1414 shares of Example Enterprises | 412875 | 412875 |
| 4744 shares of Will International, Inc. | 810588 | 810588 |
| 3492 shares of Does, Inc. | 1041838 | 1041838 |
| 3963 shares of Shared Group | 1435023 | 1435023 |
| 1490 shares of That Company | 979195 | 979195 |
| 1240 shares of Potassium Corporation | 690859 | 690859 |
| 3026 shares of Argument Limited | 1001003 | 1001003 |
| 4571 shares of Regulations Fund | 1185578 | 1185578 |
| 3934 shares of Must Enterprises | 1072634 | 1072634 |
| 2010 shares of Rules International, Inc. | 1300015 | 1300015 |
| 4260 shares of Paper, Inc. | 867183 | 867183 |
| 2577 shares of Business Group | 797981 | 797981 |
| 2712 shares of Business Company | 640090 | 640090 |
| 4332 shares of Instructions Corporation | 1408470 | 1408470 |
| 2393 shares of Attach Limited | 1653678 | 1653678 |
| 4369 shares of Deductions Fund | 1124060 | 1124060 |
| 4581 shares of Original Enterprises | 739581 | 739581 |
| 4444 shares of Schedule International, Inc. | 414521 | 414521 |
| 1814 shares of Quantities, Inc. | 1039277 | 1039277 |
| 2631 shares of Inventory Group | 1518654 | 1518654 |
| 2132 shares of Business Company | 861609 | 861609 |
| 3303 shares of Schedule Corporation | 471895 | 471895 |
| 4679 shares of Other Limited | 487257 | 487257 |
| 3129 shares of Itself Fund | 1382698 | 1382698 |
| 1558 shares of There Enterprises | 716283 | 716283 |
| 1275 shares of That International, Inc. | 1186414 | 1186414 |
| 2047 shares of Filers, Inc. | 1312616 | 1312616 |
| 3538 shares of Reported Group | 1203720 | 1203720 |
| 4727 shares of Claim Company | 1394224 | 1394224 |
| 2496 shares of Commonly Corporation | 1096183 | 1096183 |
| 3766 shares of Return Limited | 345959 | 345959 |
| 3500 shares of Shared Fund | 542942 | 542942 |
| 1101 shares of Same Enterprises | 1523243 | 1523243 |
| 2786 shares of Non-Profit International, Inc. | 806693 | 806693 |
| 3349 shares of Gains, Inc. | 1259452 | 1259452 |
| 2080 shares of Individuals Group | 639380 | 639380 |
| 4665 shares of Attached Company | 1062528 | 1062528 |

| Description | Book Value | FMV |
|---|-------------------|------------|
| 2357 shares of Depending Corporation | 1588311 | 1588311 |
| 4558 shares of Blank Limited | 1501624 | 1501624 |
| 3373 shares of Rules Fund | 811643 | 811643 |
| 4952 shares of Primary Enterprises | 779520 | 779520 |
| 1053 shares of These International, Inc. | 1175976 | 1175976 |
| 1846 shares of Attachment, Inc. | 999948 | 999948 |
| 4495 shares of Piece Group | 1455082 | 1455082 |
| 3336 shares of Element Company | 1568341 | 1568341 |
| 4932 shares of Space Corporation | 450213 | 450213 |
| 2244 shares of Control Limited | 1227727 | 1227727 |
| 4871 shares of Schema Fund | 932626 | 932626 |
| 3170 shares of When Enterprises | 1181122 | 1181122 |
| 2456 shares of Same International, Inc. | 1103333 | 1103333 |
| 2281 shares of Schema, Inc. | 1554244 | 1554244 |
| 4668 shares of Exception Group | 1343140 | 1343140 |
| 4602 shares of Letters Company | 1047847 | 1047847 |
| 1553 shares of Hand Corporation | 746432 | 746432 |
| 2904 shares of Filers Limited | 1334447 | 1334447 |
| 4471 shares of Rules Fund | 612593 | 612593 |
| 1860 shares of Attachment Enterprises | 754776 | 754776 |
| 3241 shares of Service International, Inc. | 1007098 | 1007098 |
| 3401 shares of Differ, Inc. | 1334155 | 1334155 |
| 3329 shares of Trust Group | 412006 | 412006 |
| 2957 shares of Taking Company | 1557038 | 1557038 |
| 4925 shares of Forms Corporation | 911774 | 911774 |
| 3308 shares of Well Limited | 771117 | 771117 |
| 4510 shares of Position Fund | 891264 | 891264 |
| 2367 shares of That Enterprises | 1071118 | 1071118 |
| 1888 shares of Would International, Inc. | 1012144 | 1012144 |
| 3484 shares of Center, Inc. | 456000 | 456000 |
| 2288 shares of Where Group | 969746 | 969746 |
| 2523 shares of Appropriate Company | 764594 | 764594 |
| 1438 shares of Electronic Corporation | 554515 | 554515 |
| 1577 shares of Does Limited | 1040511 | 1040511 |
| 3674 shares of Acknowledged Fund | 345733 | 345733 |
| 1211 shares of Held Enterprises | 994941 | 994941 |
| 2138 shares of Electronically International, Inc. | 1390571 | 1390571 |
| 1879 shares of Forms, Inc. | 1046719 | 1046719 |
| 1230 shares of Creating Group | 1612876 | 1612876 |
| 1793 shares of Level Company | 1198288 | 1198288 |
| 3302 shares of Rules Corporation | 1141753 | 1141753 |
| 4035 shares of Needs Limited | 653600 | 653600 |
| 1358 shares of Resolve Fund | 1365090 | 1365090 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| 3582 shares of Forms Enterprises | 1620381 | 1620381 |
| 2013 shares of Pushing International, Inc. | 601004 | 601004 |
| 4390 shares of These, Inc. | 1061745 | 1061745 |
| 2632 shares of Move Group | 548091 | 548091 |
| 4726 shares of Organizational Company | 1637530 | 1637530 |
| 3630 shares of Shared Corporation | 461713 | 461713 |
| 2972 shares of Whether Limited | 1360893 | 1360893 |
| 4171 shares of Returns Fund | 1563726 | 1563726 |
| 4161 shares of Forms Enterprises | 1586503 | 1586503 |
| 4086 shares of Than International, Inc. | 967102 | 967102 |
| 4614 shares of Business, Inc. | 1365797 | 1365797 |
| 2166 shares of Certain Group | 604295 | 604295 |
| 1255 shares of Silver Company | 1527304 | 1527304 |
| 2005 shares of Some Corporation | 855876 | 855876 |
| 1707 shares of That Limited | 1225727 | 1225727 |
| 4540 shares of Same Fund | 1213043 | 1213043 |
| 3754 shares of They Enterprises | 1376002 | 1376002 |
| 2907 shares of False International, Inc. | 1319796 | 1319796 |
| 3036 shares of What, Inc. | 1393550 | 1393550 |
| 1739 shares of Responsibility Group | 1124239 | 1124239 |
| 1097 shares of Fact Company | 1167068 | 1167068 |
| 4727 shares of With Corporation | 1075703 | 1075703 |
| 1695 shares of Schemas Limited | 917544 | 917544 |
| 2664 shares of Package Fund | 363317 | 363317 |
| 1810 shares of Apparently Enterprises | 1155054 | 1155054 |
| 1985 shares of Shared International, Inc. | 1227681 | 1227681 |
| 2010 shares of And, Inc. | 499197 | 499197 |
| 2130 shares of Conversation Group | 561253 | 561253 |
| 1301 shares of Specific Company | 854446 | 854446 |
| 1597 shares of Type Corporation | 445774 | 445774 |
| 2472 shares of Filed Limited | 1427903 | 1427903 |
| 2967 shares of Invoked Fund | 1405647 | 1405647 |
| 1234 shares of Even Enterprises | 490170 | 490170 |
| 3833 shares of Comes International, Inc. | 793528 | 793528 |
| 4650 shares of Shared, Inc. | 725660 | 725660 |
| 4581 shares of Activity Group | 393937 | 393937 |
| 3101 shares of Being Company | 617871 | 617871 |
| 1367 shares of Are Corporation | 831185 | 831185 |
| 3507 shares of Encompass Limited | 1602495 | 1602495 |
| 2313 shares of Alone Fund | 1449720 | 1449720 |
| 3248 shares of Processing Enterprises | 685106 | 685106 |
| 2579 shares of Rules International, Inc. | 1569403 | 1569403 |
| 3006 shares of Rules, Inc. | 1587687 | 1587687 |
| 1786 shares of States Group | 662648 | 662648 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| 2787 shares of Schedule Company | 1323890 | 1323890 |
| 3320 shares of That Corporation | 467038 | 467038 |
| 2316 shares of Gone Limited | 559226 | 559226 |
| 3606 shares of Line Fund | 861878 | 861878 |
| 1181 shares of Cost Enterprises | 444600 | 444600 |
| 2900 shares of Yes International, Inc. | 505010 | 505010 |
| 3334 shares of Rule, Inc. | 569412 | 569412 |
| 2548 shares of Line Group | 1366185 | 1366185 |
| 1513 shares of Checked Company | 449762 | 449762 |
| 2260 shares of Repeated Corporation | 770715 | 770715 |
| 2023 shares of Business Limited | 934415 | 934415 |
| 3846 shares of Groups Fund | 1511312 | 1511312 |
| 1613 shares of Schemas Enterprises | 415095 | 415095 |
| 1438 shares of Its International, Inc. | 1383796 | 1383796 |
| 3689 shares of Data, Inc. | 876758 | 876758 |
| 1713 shares of Definition Group | 608250 | 608250 |
| 3938 shares of Allotted Company | 560069 | 560069 |
| 4734 shares of Whether Corporation | 1170960 | 1170960 |
| 1991 shares of Also Limited | 813584 | 813584 |
| 1530 shares of Discussing Fund | 1258914 | 1258914 |
| 1255 shares of Schema Enterprises | 684658 | 684658 |
| 3702 shares of Only International, Inc. | 1147188 | 1147188 |
| 1765 shares of Example, Inc. | 925706 | 925706 |
| 3426 shares of Therefore Group | 886808 | 886808 |
| 3222 shares of Schedule Company | 1095311 | 1095311 |
| 2812 shares of Required Corporation | 1056971 | 1056971 |
| 4911 shares of States Limited | 1406914 | 1406914 |
| 1288 shares of Business Fund | 974079 | 974079 |
| 2585 shares of Center Enterprises | 877545 | 877545 |
| 4659 shares of Significantly International, Inc. | 375524 | 375524 |
| 3358 shares of Biscuit, Inc. | 1000783 | 1000783 |

InvestmentsCorpBondsSchedule

| Description | Book Value | FMV |
|--|-------------------|------------|
| Above Enterprises 11.82%, 12/15/2020 | 2408205 | 2408205 |
| Accounting Inc 12.4%, 11/15/2013 | 1341344 | 1341344 |
| Additions Corp 5.06%, 2/15/2017 | 1893205 | 1893205 |
| Affected Corp 7.13%, 8/15/2012 | 1898417 | 1898417 |
| Agency Group 8.68%, 12/15/2031 | 1709463 | 1709463 |
| Already Inc 10.03%, 2/15/2027 | 1887737 | 1887737 |
| Also Corp 8.89%, 6/15/2011 | 2077653 | 2077653 |
| Also International 10.33%, 12/15/2030 | 1324467 | 1324467 |
| Annual Fund 12.34%, 8/15/2012 | 1554427 | 1554427 |
| Annual Group 12.17%, 1/15/2026 | 1844644 | 1844644 |
| Application Enterprises 11.17%, 10/15/2020 | 2425166 | 2425166 |
| Are Ltd 6.96%, 7/15/2032 | 1952850 | 1952850 |
| Austin Group 7.99%, 6/15/2017 | 2455088 | 2455088 |
| Authorization Ltd 11.97%, 1/15/2017 | 1337930 | 1337930 |
| Avenue International 11.63%, 9/15/2028 | 2200571 | 2200571 |
| Basis International 9.21%, 11/15/2027 | 1721750 | 1721750 |
| Before Corp 10.59%, 4/15/2017 | 2256440 | 2256440 |
| Belief Ltd 5.42%, 9/15/2027 | 1541181 | 1541181 |
| Best Corp 11.64%, 10/15/2013 | 2076154 | 2076154 |
| Center Group 5.58%, 6/15/2020 | 1640118 | 1640118 |
| Center International 7.2%, 4/15/2022 | 1293984 | 1293984 |
| Centers Group 12.74%, 7/15/2017 | 1679220 | 1679220 |
| Central Corp 8.45%, 5/15/2021 | 1864945 | 1864945 |
| Central Enterprises 5.16%, 12/15/2021 | 1299505 | 1299505 |
| Central Fund 8.32%, 1/15/2019 | 2017967 | 2017967 |
| Central Incorporated 9.8%, 9/15/2010 | 1614858 | 1614858 |
| Central Ltd 11.27%, 5/15/2015 | 1339963 | 1339963 |
| Changes International 7.41%, 9/15/2020 | 2114314 | 2114314 |
| Clarified Inc 5.36%, 12/15/2021 | 1715688 | 1715688 |
| Completed Ltd 10.97%, 4/15/2020 | 1618874 | 1618874 |
| Completion Incorporated 7.17%, 1/15/2015 | 1933462 | 1933462 |
| Concerns Ltd 6.09%, 1/15/2023 | 1264770 | 1264770 |
| Continued Enterprises 9.65%, 8/15/2026 | 1745031 | 1745031 |
| Control International 11.35%, 1/15/2033 | 1570422 | 1570422 |
| Defined Corp 11.68%, 1/15/2015 | 2288619 | 2288619 |
| Described International 12.87%, 11/15/2018 | 1783385 | 1783385 |
| Determine Ltd 8.59%, 4/15/2028 | 2310583 | 2310583 |
| Developments Fund 9.22%, 11/15/2015 | 1953018 | 1953018 |
| District Fund 5.26%, 10/15/2014 | 1598782 | 1598782 |
| District Incorporated 12.89%, 6/15/2024 | 1363267 | 1363267 |
| Each Enterprises 10.91%, 9/15/2014 | 1658569 | 1658569 |

| Description | Book Value | FMV |
|---|-------------------|------------|
| Each Inc 6.28%, 7/15/2028 | 2052568 | 2052568 |
| Employer International 8.25%, 1/15/2026 | 1832106 | 1832106 |
| End Inc 6.09%, 9/15/2024 | 2095909 | 2095909 |
| Examined Incorporated 6.56%, 11/15/2011 | 1417093 | 1417093 |
| Exemption Corp 12.52%, 8/15/2018 | 1451843 | 1451843 |
| Exemption Enterprises 6.08%, 9/15/2026 | 1883584 | 1883584 |
| Exemption Fund 6.93%, 9/15/2011 | 1391621 | 1391621 |
| Exemption Fund 6.94%, 6/15/2032 | 1921301 | 1921301 |
| Exemption Group 8.54%, 10/15/2033 | 2136211 | 2136211 |
| Exemption Inc 7.14%, 8/15/2012 | 2489248 | 2489248 |
| Exemption Incorporated 8.24%, 10/15/2010 | 2229679 | 2229679 |
| Exemption Ltd 12.86%, 10/15/2013 | 1887356 | 1887356 |
| From Group 7.04%, 12/15/2012 | 2099076 | 2099076 |
| Furnished Group 7.73%, 6/15/2013 | 2444037 | 2444037 |
| Group Enterprises 12.61%, 7/15/2024 | 1823068 | 1823068 |
| Group Fund 5.1%, 7/15/2013 | 2307632 | 2307632 |
| Group Group 8.69%, 7/15/2019 | 1788370 | 1788370 |
| Group Ltd 7.1%, 7/15/2032 | 2395432 | 2395432 |
| Have Corp 11.8%, 4/15/2012 | 1916353 | 1916353 |
| Hawaii Inc 12.77%, 9/15/2025 | 2416737 | 2416737 |
| Included Fund 12.78%, 8/15/2030 | 1883318 | 1883318 |
| Inclusion Inc 7.55%, 11/15/2031 | 1285412 | 1285412 |
| Information International 6.11%, 12/15/2011 | 1459173 | 1459173 |
| Internal Corp 6.58%, 10/15/2016 | 2439976 | 2439976 |
| Introduction Group 7%, 1/15/2017 | 2041747 | 2041747 |
| Involves Fund 11.2%, 8/15/2024 | 2075855 | 2075855 |
| Issue Incorporated 7.41%, 12/15/2022 | 2462062 | 2462062 |
| Issued Group 10.87%, 10/15/2029 | 2153306 | 2153306 |
| Kansas Fund 5.88%, 4/15/2023 | 2451192 | 2451192 |
| Letter Enterprises 10.67%, 4/15/2014 | 1916606 | 1916606 |
| Letter Group 11.92%, 5/15/2014 | 2395175 | 2395175 |
| Mailing Corp 9.97%, 8/15/2010 | 1905166 | 1905166 |
| Manner International 10.41%, 5/15/2017 | 1573226 | 1573226 |
| Many Ltd 12.92%, 8/15/2012 | 2252072 | 2252072 |
| Michigan Enterprises 11.46%, 11/15/2031 | 2502145 | 2502145 |
| Month Fund 8.2%, 6/15/2026 | 2323414 | 2323414 |
| More International 12.93%, 4/15/2022 | 1398696 | 1398696 |
| Must Incorporated 5.6%, 10/15/2023 | 2485647 | 2485647 |
| Nothing Ltd 6.81%, 1/15/2032 | 1949063 | 1949063 |
| Notice Ltd 12.36%, 10/15/2016 | 1597222 | 1597222 |
| Number Inc 11.13%, 1/15/2011 | 2324577 | 2324577 |
| Office Corp 5.25%, 5/15/2028 | 1537252 | 1537252 |
| Office Ltd 9.07%, 11/15/2010 | 2333236 | 2333236 |
| Ofthis Corp 10.51%, 9/15/2013 | 1365336 | 1365336 |

| Description | Book Value | FMV |
|--|-------------------|------------|
| One Fund 6.64%, 4/15/2023 | 1933940 | 1933940 |
| Only Ltd 9.22%, 7/15/2024 | 2202217 | 2202217 |
| Organization Corp 10.77%, 8/15/2017 | 1604692 | 1604692 |
| Organization Enterprises 11.53%, 8/15/2022 | 1756181 | 1756181 |
| Organization Incorporated 5%, 4/15/2018 | 2062074 | 2062074 |
| Organized Enterprises 6.93%, 7/15/2011 | 2454153 | 2454153 |
| Out International 7.3%, 11/15/2017 | 2171862 | 2171862 |
| Outlined Inc 6.41%, 11/15/2027 | 1736653 | 1736653 |
| Over Incorporated 10.8%, 1/15/2016 | 2002500 | 2002500 |
| Own Enterprises 7.34%, 6/15/2021 | 1337925 | 1337925 |
| Own Group 6.41%, 9/15/2015 | 2152467 | 2152467 |
| Paragraph Enterprises 5.75%, 9/15/2030 | 1728373 | 1728373 |
| Periods Enterprises 9.46%, 11/15/2031 | 2133298 | 2133298 |
| Procedure Ltd 12.39%, 12/15/2011 | 1447840 | 1447840 |
| Purposes Incorporated 9.09%, 6/15/2021 | 1423899 | 1423899 |
| Recognition Group 12.37%, 11/15/2019 | 1882123 | 1882123 |
| Recognize Group 6.21%, 4/15/2014 | 2078278 | 2078278 |
| Regarding International 5.09%, 7/15/2022 | 2445525 | 2445525 |
| Require Incorporated 6.96%, 8/15/2026 | 1405635 | 1405635 |
| Retained Incorporated 12.98%, 5/15/2017 | 1706118 | 1706118 |
| Returns Fund 11.02%, 3/15/2018 | 1611223 | 1611223 |
| Revenue Inc 7.71%, 6/15/2015 | 1983029 | 1983029 |
| Revised Corp 8.62%, 5/15/2020 | 1854224 | 1854224 |
| Same Inc 7.04%, 12/15/2026 | 1275040 | 1275040 |
| Same Incorporated 6.02%, 9/15/2015 | 2344479 | 2344479 |
| Sample Enterprises 10.57%, 3/15/2024 | 1511243 | 1511243 |
| Section Corp 9.07%, 12/15/2030 | 1289124 | 1289124 |
| Separately Ltd 9.58%, 12/15/2019 | 1567446 | 1567446 |
| Service Inc 12.68%, 1/15/2015 | 1887073 | 1887073 |
| Specifically Enterprises 6.51%, 12/15/2017 | 1829689 | 1829689 |
| Status Fund 8.89%, 1/15/2031 | 2168220 | 2168220 |
| Submitted Ltd 9.69%, 9/15/2028 | 2307304 | 2307304 |
| Subordinate Incorporated 5.13%, 10/15/2025 | 2325228 | 2325228 |
| Subordinates Group 6.2%, 1/15/2014 | 1669033 | 1669033 |
| Subordinates Inc 6.05%, 8/15/2033 | 2067785 | 2067785 |
| Such Enterprises 11.05%, 3/15/2020 | 2149420 | 2149420 |
| Supervision Corp 12.4%, 6/15/2026 | 1886112 | 1886112 |
| Support Ltd 12.51%, 12/15/2035 | 2411094 | 2411094 |
| That International 11.69%, 6/15/2029 | 1599061 | 1599061 |
| Thatch Incorporated 6.6%, 5/15/2020 | 1599311 | 1599311 |
| Their Fund 5.23%, 3/15/2018 | 1546813 | 1546813 |
| They Group 11.72%, 12/15/2032 | 2251328 | 2251328 |
| Those Fund 11.68%, 4/15/2017 | 1466254 | 1466254 |
| Though International 7.51%, 9/15/2010 | 1810825 | 1810825 |

| Description | Book Value | FMV |
|---------------------------------------|-------------------|------------|
| Time International 7.03%, 12/15/2011 | 2372315 | 2372315 |
| Under Corp 5.06%, 8/15/2029 | 1703255 | 1703255 |
| Under Inc 9.17%, 1/15/2033 | 2319355 | 2319355 |
| Under International 9.57%, 10/15/2020 | 1640967 | 1640967 |
| Unions Fund 6.33%, 4/15/2023 | 2126778 | 2126778 |
| Will Incorporated 5.66%, 12/15/2012 | 1324253 | 1324253 |
| With Group 11.01%, 5/15/2033 | 1961299 | 1961299 |
| With Inc 9.62%, 5/15/2014 | 2068193 | 2068193 |

InvestmentsOtherSchedule2

| Description | Cost/FMV | Book Value | FMV |
|--------------------------------|-----------------|-------------------|------------|
| Securities collateral received | F | 132278908 | 132278908 |
| Accrued interest | F | 4115717 | 4115717 |

LandEtcSchedule2

| Description | Cost/Basis | Accum. Depr. | Book Value | FMV |
|--------------------|-------------------|---------------------|-------------------|------------|
| Office furniture | 712594 | 495355 | 217239 | 217239 |
| Office equipment | 1152151 | 1120093 | 32058 | 32058 |
| software | 133718 | 128580 | 5138 | 5138 |
| Vehicles | 40053 | 12016 | 28037 | 28037 |
| Artwork | 165967 | 0 | 165967 | 165967 |
| Land | 1032613 | 0 | 1032613 | 1032613 |
| Building | 9165864 | 1186516 | 7979348 | 7979348 |

OtherAssetsSchedule

| Description | BOY Book Value | EOY Book Value | FMV |
|--------------------|-----------------------|-----------------------|------------|
| Deposits | 6717 | 3316 | 3316 |

OtherLiabilitiesSchedule

| Description | BOY Amount | EOY Amount |
|--|-------------------|-------------------|
| Payable under securities lending program | 253363012 | 132278908 |
| Federal excise tax payable | 119028 | 413471 |

OtherIncreasesSchedule

| Description | Amount |
|---------------------------------|---------------|
| Unrealized gains on investments | 30507760 |

OtherDecreasesSchedule

| <i>Description</i> | <i>Amount</i> |
|---------------------------|----------------------|
| Prior period adjustment | 563445 |

Part IV – Capital Gains & Losses

| Description | P/D | Date Acq. | Date Sold | Sales Price | Depr | Cost/Basis | Gain or Loss | Total Gains/Losses |
|----------------------------|------------|------------------|------------------|--------------------|-------------|-------------------|---------------------|---------------------------|
| Publicly traded securities | | | | 12,098,938,176 | | 12,067,022,184 | 31,915,992 | 31,915,992 |

Part VIII, Line 1, Officers, Directors, Trustees, Etc.

| Name & Address | Title | Hrs/Wk | Comp | Benefits | Other |
|---|----------------|---------------|-------------|-----------------|--------------|
| Patsy Pine 9753 Perfume St Cologne MN 55322 | Board Chair | 20 | 61500 | 0 | 0 |
| Jean Oak-Holly 9753 Perfume St Cologne MN 55322 | Vice Chair | 20 | 50250 | 0 | 194 |
| Sarah Oak Hickory 9753 Perfume St Cologne MN 55322 | Treasurer | 25 | 56250 | 0 | 998 |
| Elizabeth O. Walnut 9753 Perfume St Cologne MN 55322 | Trustee | 5 | 50250 | 0 | 500 |
| Jane Maple 9753 Perfume St Cologne MN 55322 | Trustee | 10 | 55500 | 0 | 215 |
| Bradford Pear 9753 Perfume St Cologne MN 55322 | Trustee | 5 | 49500 | 0 | 0 |
| Loblolly Pine 9753 Perfume St Cologne MN 55322 | Trustee | 5 | 51000 | 0 | 1831 |
| Penn Oak, Jr. 9753 Perfume St Cologne MN 55322 | Secretary | 15 | 56250 | 0 | 0 |
| George W. Kirk 9753 Perfume St Cologne MN 55322 | Trustee | 5 | 50250 | 0 | 458 |
| J. Lawrence Chamberlain 9753 Perfume St Cologne MN 55322 | Trustee | 5 | 50250 | 0 | 0 |
| George Thomas 9753 Perfume St Cologne MN 55322 | Trustee | 5 | 49500 | 0 | 0 |
| Belle Hood 9753 Perfume St Cologne MN 55322 | Trustee | 5 | 49500 | 0 | 1977 |
| Thomas J. Jackson 9753 Perfume St Cologne MN 55322 | Exec. Dir. | 45 | 354669 | 96933 | 19434 |
| D. H. Hill 9753 Perfume St Cologne MN 55322 | Exec. VP | 45 | 214686 | 37749 | 0 |
| Earl Van Dorn 9753 Perfume St Cologne MN 55322 | CFO | 45 | 185711 | 41107 | 0 |

ActivitiesNotPreviouslyReportedExplanation

The Foundation has instituted a new grant-making program with an emphasis on educational programs for preschool children from low-income families in Oak and Loblolly Counties. Grants will be awarded to schools and other educational organizations to support existing programs and to develop new programs. Capital grants for new facilities may also be awarded in some cases.

SubstantialContributorsSchedule

| Name | Address |
|---------------|----------------------------------|
| Penn Oak, III | 9753 Perfume St Cologne MN 55322 |

ExpenditureResponsibilityStatement

Grantee's name: Program Fund
Grantee's address: 6594 Oak Avenue Annandale MN 55315
Grant date: 1/3/2008
Grant amount: 309000
Grant purpose: To fund 2008 operating budget of grantee
Amount expended: 309000
Any diversion by grantee?: No
Dates of reports: 08/31/2008
Date of verification:
Results of verification: N/A

ContractorCompensationExplanation

Name – Big Broker

Explanation – Compensation is based on investment performance

Name – Bigger Broker

Explanation – Compensation is based on investment performance

Name – Even Bigger Broker

Explanation – Compensation is based on size of portfolio managed

Name – Extremely Huge Broker

Explanation – Compensation is based on size of portfolio managed

Name – Very Biggest Broker

Explanation – Compensation is based on investment performance and size of portfolio managed

GeneralExplanationAttachment

The Executive Director of the Penn Oak Foundation provides volunteer direct services to community organizations with respect to board training, resource development training, strategic planning services, and consulting. In 2006, 80 hours of such services were provided to 3 local organizations.

Application submission information (Part XV, lines 2a-2d)

Name of grant program – Local Grants Program

Name of person to get applications – Evan Euonymus

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – The Foundation does not accept unsolicited proposals. To be considered for a grant you must first submit a one -page letter of inquiry. This letter should include or address the following:

- organizational information

- implementation timeline or deadline of program/project or match

- type of grant applying for:

 - program/project

 - general operating support

 - matching

 - capital

Should you be invited to apply, you will receive a formal notice and instructions. We accept the state common grant application form. Terms and conditions apply to all grants.

Acceptance of a proposal does not guarantee funding. Please see our website for additional information.

Submission deadlines – none

Restrictions on awards – This program is restricted to 501(c)(3) organizations operating in Oak County. Preference will be given to organizations providing educational or health care services to the urban poor.

Name of grant program – National Rural Grants Program

Name of person to get applications – Arlene Astilbe

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – Use the application form available on our website, and be sure to submit all of the required attachments listed in its instructions.

Submission deadlines – December 31 of each year

Restrictions on awards – Preference will be given to organizations providing educational, infrastructure, or community development services in underserved rural areas.

Name of grant program – Medical Grants Program

Name of person to get applications – Rachel Rugosa

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – Use the application form available on our website, and be sure to submit all of the required attachments listed in its instructions.

Submission deadlines – September 30 of each year

Restrictions on awards – Preference will be given to organizations with a long-term commitment to providing medical services to underserved low-income communities and to organizations conducting research on medical issues with disparate impact on minority groups

Contributions Paid (Part XV, line 3a)

| Name | Address | Fdn Status | Purpose | Amount |
|--------------------------|--------------------------------------|-------------------|---------------------|---------------|
| Each Fund | 647 Hickory Blvd Buffalo MN 55318 | 509(a)(1) | program development | 776000 |
| Private Association | 7258 Second Street Buffalo MN 55325 | 509(a)(1) | program development | 299000 |
| Nature Association | 7696 Oak Street Annandale MN 55313 | 509(a)(2) | program support | 702000 |
| Different Charity | 824 First Avenue Stewart MN 55389 | 509(a)(1) | building fund | 533000 |
| Recognition Fund | 3165 Hickory Blvd Buffalo MN 55326 | 509(a)(1) | program development | 322000 |
| Letter Association | 2598 First Street Stewart MN 55395 | 509(a)(1) | building fund | 421000 |
| Organizations Foundation | 7755 Hickory Way Buffalo MN 55324 | 509(a)(1) | program development | 589000 |
| Some Association | 2675 Second Street Buffalo MN 55329 | 509(a)(1) | program development | 766000 |
| During Foundation | 463 Major Way Stewart MN 55390 | 509(a)(1) | building fund | 213000 |
| Then Charity | 2686 Second Avenue Buffalo MN 55331 | 509(a)(1) | program development | 453000 |
| Their Fund | 4629 Fifth Blvd Hamburg MN 55357 | 509(a)(1) | operating budget | 315000 |
| Subordinates Association | 6701 Minor Street Hamburg MN 55356 | 509(a)(1) | operating budget | 804000 |
| Advance Charity | 48 First Avenue Stewart MN 55385 | 509(a)(1) | building fund | 698000 |
| Bulletin Fund | 81 Fifth Blvd Hamburg MN 55341 | 509(a)(1) | operating budget | 293000 |
| Affiliated Association | 36 Second Street Buffalo MN 55313 | 509(a)(1) | program development | 516000 |
| Revoked Foundation | 1587 Elm Way Cologne MN 55337 | 509(a)(1) | scholarships | 485000 |
| Employer Foundation | 154 Main Way Annandale MN 55308 | 509(a)(2) | program support | 641000 |
| Involving Charity | 8529 Central Avenue Cologne MN 55332 | 509(a)(1) | scholarships | 590000 |
| Have Association | 714 Second Street Buffalo MN 55321 | 509(a)(1) | program development | 468000 |
| Bank Fund | 84 Hickory Blvd Buffalo MN 55314 | 509(a)(1) | program development | 618000 |
| Service Association | 7395 Central Street Cologne MN 55338 | 509(a)(1) | scholarships | 606000 |
| Central Association | 46 Oak Street Annandale MN 55305 | 509(a)(2) | program support | 824000 |
| Exercise Foundation | 519 Elm Way Cologne MN 55329 | 509(a)(1) | scholarships | 678000 |

| Name | Address | Fdn Status | Purpose | Amount |
|------------------------|--------------------------------------|-------------------|---------------------|---------------|
| Filing Fund | 856 Major Blvd Stewart MN 55392 | 509(a)(1) | building fund | 231000 |
| Each Association | 223 Minor Street Hamburg MN 55344 | 509(a)(1) | operating budget | 346000 |
| Sections Charity | 1839 Minor Avenue Hamburg MN 55354 | 509(a)(1) | operating budget | 607000 |
| Cypress Association | 554 Central Street Cologne MN 55326 | 509(a)(1) | scholarships | 354000 |
| Whose Charity | 5152 First Avenue Stewart MN 55405 | 509(a)(1) | building fund | 453000 |
| Rule Association | 7290 Oak Street Annandale MN 55317 | 509(a)(2) | program support | 628000 |
| Under Charity | 1571 Minor Avenue Hamburg MN 55358 | 509(a)(1) | operating budget | 682000 |
| Requirement Fund | 6875 Fifth Blvd Hamburg MN 55353 | 509(a)(1) | operating budget | 232000 |
| Conditions Foundation | 23 Hickory Way Buffalo MN 55316 | 509(a)(1) | program development | 234000 |
| Exempt Fund | 489 Fifth Blvd Hamburg MN 55345 | 509(a)(1) | operating budget | 592000 |
| Wants Association | 5536 Central Street Cologne MN 55342 | 509(a)(1) | scholarships | 632000 |
| Procedure Fund | 7422 Elm Blvd Cologne MN 55335 | 509(a)(1) | scholarships | 842000 |
| Section Fund | 7942 Major Blvd Stewart MN 55400 | 509(a)(1) | building fund | 898000 |
| Such Fund | 5490 Hickory Blvd Buffalo MN 55330 | 509(a)(1) | program development | 479000 |
| Revenue Charity | 8735 Second Avenue Buffalo MN 55327 | 509(a)(1) | program development | 560000 |
| Individual Association | 3783 Minor Street Hamburg MN 55348 | 509(a)(1) | operating budget | 687000 |
| Purpose Association | 8770 Minor Street Hamburg MN 55352 | 509(a)(1) | operating budget | 485000 |
| Exemption Charity | 173 Second Avenue Buffalo MN 55319 | 509(a)(1) | program development | 580000 |
| Provide Foundation | 4765 Major Way Stewart MN 55398 | 509(a)(1) | building fund | 652000 |
| Nevertheless Fund | 5592 Major Blvd Stewart MN 55396 | 509(a)(1) | building fund | 652000 |
| Having Fund | 799 Elm Blvd Cologne MN 55331 | 509(a)(1) | scholarships | 475000 |
| Other Association | 7918 Central Street Cologne MN 55334 | 509(a)(1) | scholarships | 415000 |
| Status Fund | 2798 Elm Blvd Cologne MN 55339 | 509(a)(1) | scholarships | 234000 |
| Seven Fund | 8346 Main Blvd Annandale MN 55318 | 509(a)(2) | program support | 440000 |
| Ceased Foundation | 76 Elm Way Cologne MN 55325 | 509(a)(1) | scholarships | 354000 |
| Required Association | 4109 First Street Stewart MN 55399 | 509(a)(1) | building fund | 739000 |
| Come Charity | 67 Minor Avenue Hamburg MN 55342 | 509(a)(1) | operating budget | 337000 |
| Included Charity | 2515 Oak Avenue Annandale MN 55311 | 509(a)(2) | program support | 805000 |
| Signed Foundation | 2454 Fifth Way Hamburg MN 55355 | 509(a)(1) | operating budget | 629000 |
| Short Charity | 7424 First Avenue Stewart MN 55401 | 509(a)(1) | building fund | 246000 |
| Federal Association | 553 Oak Street Annandale MN 55309 | 509(a)(2) | program support | 698000 |

| Name | Address | Fdn Status | Purpose | Amount |
|------------------------|--------------------------------------|-------------------|---------------------|---------------|
| Still Charity | 3960 Oak Avenue Annandale MN 55319 | 509(a)(2) | program support | 874000 |
| Organization Charity | 2410 Minor Avenue Hamburg MN 55350 | 509(a)(1) | operating budget | 499000 |
| Furnished Association | 155 Central Street Cologne MN 55330 | 509(a)(1) | scholarships | 301000 |
| Located Fund | 8103 Fifth Blvd Hamburg MN 55349 | 509(a)(1) | operating budget | 593000 |
| Issued Foundation | 1539 Main Way Annandale MN 55312 | 509(a)(2) | program support | 871000 |
| Forth Charity | 895 Minor Avenue Hamburg MN 55346 | 509(a)(1) | operating budget | 375000 |
| Four Foundation | 701 Hickory Way Buffalo MN 55320 | 509(a)(1) | program development | 866000 |
| Subordinate Foundation | 5064 Major Way Stewart MN 55402 | 509(a)(1) | building fund | 384000 |
| Authorize Association | 33 Minor Street Hamburg MN 55340 | 509(a)(1) | operating budget | 423000 |
| Director Foundation | 259 Fifth Way Hamburg MN 55343 | 509(a)(1) | operating budget | 527000 |
| Days Fund | 258 Main Blvd Annandale MN 55306 | 509(a)(2) | program support | 652000 |
| Both Association | 28 First Street Stewart MN 55387 | 509(a)(1) | building fund | 837000 |
| Application Foundation | 64 Major Way Stewart MN 55386 | 509(a)(1) | building fund | 488000 |
| Postal Foundation | 4728 Fifth Way Hamburg MN 55351 | 509(a)(1) | operating budget | 589000 |
| Political Charity | 7966 First Avenue Stewart MN 55397 | 509(a)(1) | building fund | 868000 |
| Been Charity | 71 Central Avenue Cologne MN 55324 | 509(a)(1) | scholarships | 788000 |
| Update Foundation | 3793 Hickory Way Buffalo MN 55332 | 509(a)(1) | program development | 717000 |
| Has Foundation | 708 Fifth Way Hamburg MN 55347 | 509(a)(1) | operating budget | 754000 |
| Evidence Association | 412 First Street Stewart MN 55391 | 509(a)(1) | building fund | 762000 |
| Supplied Charity | 8673 Central Avenue Cologne MN 55340 | 509(a)(1) | scholarships | 718000 |
| Below Foundation | 58 Main Way Annandale MN 55304 | 509(a)(2) | program support | 609000 |
| Governing Fund | 599 Main Blvd Annandale MN 55310 | 509(a)(2) | program support | 856000 |
| The Association | 8412 First Street Stewart MN 55403 | 509(a)(1) | building fund | 587000 |
| Cease Charity | 45 Second Avenue Buffalo MN 55315 | 509(a)(1) | program development | 739000 |
| To Association | 3606 Oak Street Annandale MN 55321 | 509(a)(2) | program support | 292000 |
| Group Charity | 713 First Avenue Stewart MN 55393 | 509(a)(1) | building fund | 490000 |
| Send Foundation | 3993 Hickory Way Buffalo MN 55328 | 509(a)(1) | program development | 749000 |
| When Fund | 5153 Main Blvd Annandale MN 55322 | 509(a)(2) | program support | 405000 |
| Massachusetts Charity | 1804 Second Avenue Buffalo MN 55323 | 509(a)(1) | program development | 390000 |
| Indenture Foundation | 7766 Major Way Stewart MN 55394 | 509(a)(1) | building fund | 262000 |

| Name | Address | Fdn Status | Purpose | Amount |
|---------------------------|--------------------------------------|-------------------|-----------------|---------------|
| Document Charity | 264 Oak Avenue Annandale MN 55307 | 509(a)(2) | program support | 628000 |
| Already Charity | 45 Oak Avenue Annandale MN 55303 | 509(a)(2) | program support | 832000 |
| Own Fund | 8776 Main Blvd Annandale MN 55314 | 509(a)(2) | program support | 637000 |
| Change Fund | 54 Major Blvd Stewart MN 55388 | 509(a)(1) | building fund | 412000 |
| Program Fund | 6594 Oak Avenue Annandale MN 55315 | n/a | program support | 309000 |
| That Foundation | 7678 Main Way Annandale MN 55320 | 509(a)(2) | program support | 207000 |
| Addition Association | 20 Central Street Cologne MN 55322 | 509(a)(1) | scholarships | 491000 |
| Additional Fund | 69 Main Blvd Annandale MN 55302 | 509(a)(2) | program support | 208000 |
| District Fund | 352 Elm Blvd Cologne MN 55327 | 509(a)(1) | scholarships | 597000 |
| Representative Foundation | 1918 Main Way Annandale MN 55316 | 509(a)(2) | program support | 302397 |
| Ultimately Fund | 4854 Major Blvd Stewart MN 55404 | 509(a)(1) | building fund | 744000 |
| Recognizing Charity | 2386 Central Avenue Cologne MN 55336 | 509(a)(1) | scholarships | 643000 |

F1120-POL test1

PreparerFirm

EIN – 11-9000025

PreparerFirmBusinessName – ELECTRONIC TAX FILERS, INC.

PreparerFirmAddress -- 100 TECHO DRIVE
RAINTOWN, WA 98530

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – as assigned

PinEnteredBy – n/a

SignatureOption – Binary Attachment 8453 Signature Document

ReturnType – 1120POL

TaxPeriodBeginDate – 1/1/2007

TaxPeriodEndDate - 12/31/2007

Filer

EIN – 11-9000015

Name – Kolkwizia Political Action Committee

NameControl -- KOLK

USAddress -- 3504 West Oak Blvd.
Tampa, FL 33607

Officer

Name -- Test K. Insightful

Title -- Chairman

Phone – 813-555-1212

EmailAddress --

DateSigned – self-select

TaxpayerPIN – self-select

AuthorizeThirdParty -- Y

Preparer

Name – John Doe

SSN or PTIN – 001-99-0001

Phone – 206-555-1212

EmailAddress --

DatePrepared – self select

SelfEmployed --N

binaryAttachmentCount – 1

**U.S. Income Tax Return
for Certain Political Organizations**

For calendar year 2007 or other tax year beginning _____, 2007, and ending _____, 20__.

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3)

| | | |
|--|--|--|
| Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return | Name of organization Kolkwizia Political Action Committee Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions.) 3504 West Oak Blvd City or town, state, and ZIP code Tampa FL 33607 | Employer identification number 11 9000015 Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee, check here. <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2.) <input type="checkbox"/> |
|--|--|--|

| | | | | | |
|-------------------|---|--|-------|-------|--|
| Income | 1 | Dividends (attach schedule) | | | |
| | 2 | Interest | 2 | 14227 | |
| | 3 | Gross rents | 3 | | |
| | 4 | Gross royalties | 4 | | |
| | 5 | Capital gain net income (attach Schedule D (Form 1120)) | 5 | 0 | |
| | 6 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | 6 | | |
| | 7 | Other income and nonexempt function expenditures (see instructions) | 7 | | |
| | 8 | Total income. Add lines 1 through 7. | 8 | 14227 | |
| Deductions | 9 | Salaries and wages | 9 | | |
| | 10 | Repairs and maintenance | 10 | | |
| | 11 | Rents | 11 | | |
| | 12 | Taxes and licenses | 12 | 1185 | |
| | 13 | Interest | 13 | | |
| | 14 | Depreciation (attach Form 4562) | 14 | | |
| | 15 | Other deductions (attach schedule) | 15 | | |
| | 16 | Total deductions. Add lines 9 through 15. | 16 | 1185 | |
| | 17 | Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show: | | | |
| | | a Amount of net investment income | | | |
| | b Aggregate amount expended for an exempt function (attach schedule) | 17c | 13042 | | |
| 18 | Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g)) | 18 | 100 | | |
| Tax | 19 | Taxable income. Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.) | 19 | 12942 | |
| | 20 | Income tax. (see instructions) | 20 | 4530 | |
| | 21 | Tax credits. (Attach the applicable credit forms.) (see instructions) | 21 | | |
| | 22 | Total tax. Subtract line 21 from line 20 | 22 | 4530 | |
| | 23 | Payments: a Tax deposited with Form 7004 | 23a | 4551 | |
| | | b Credit for tax paid on undistributed capital gains (attach Form 2439) | 23b | | |
| | | c Credit for Federal tax on fuels (attach Form 4136) | 23c | | |
| | | d Total. Add lines 23a through 23c. | 23d | 4551 | |
| 24 | Tax due. Subtract line 23d from line 22. See instructions on page 4 for depository method of payment | 24 | | | |
| 25 | Overpayment. Subtract line 22 from line 23d | 25 | 21 | | |

| | | |
|-------------------------------|----|---|
| Additional Information | 1 | At any time during the 2004 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name of the foreign country _____ |
| | 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ |
| | 4 | Date organization formed 07-21-92 |
| | 5a | The books are in care of Test K. Insightful b Enter name of candidate _____ c The books are located at 3504 West Oak Blvd Tar d Telephone No. 813-555-1212 |

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

| | | |
|----------------------|------|-------|
| Signature of officer | Date | Title |
|----------------------|------|-------|

May the IRS discuss this return with the preparer shown below (see page 3)? Yes No

| | | | | |
|---------------------------------|--|------|---|------------------------|
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | EIN | Phone no. () | |

TY2007 1120POL test2

TaxPeriodEndDate -- 12/31/2007

PreparerFirm

EIN -- n/a

PreparerFirmBusinessName -- n/a

PreparerFirmAddress -- none

MultipleSoftwarePackagesUsed -- no

Originator

EFIN -- as assigned

Type -- ERO

PractitionerPIN

EFIN -- as assigned

PIN -- as assigned

PinEnteredBy -- Taxpayer

SignatureOption -- Pin Number

ReturnType -- 1120POL

TaxPeriodBeginDate -- 1/1/2007

Filer

EIN -- 11-9000004

Name -- National Hyrax Association

NameControl -- NATI

USAddress -- 1234 Weeping Willow Lane, Anaheim, CA 92812

Officer

Name -- Test U. Phrozintows

Title -- Treasurer

Phone -- 714-555-1212

EmailAddress --

DateSigned -- self-select

TaxpayerPIN -- self-select

AuthorizeThirdParty -- Y

Preparer

Name -- Test J. Caesar

SSN or PTIN -- 400-55-4006

Phone -- 703-555-1212

EmailAddress --

DatePrepared – self select
SelfEmployed -- Y

binaryAttachmentCount – 0

**U.S. Income Tax Return
 for Certain Political Organizations**

For calendar year 2007 or other tax year beginning _____, 2007, and ending _____, 20____.

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3)

| | | |
|--|---|--|
| Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return | Name of organization National Hyrax Association <hr/> Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions.) 1234 Weeping Willow Lane <hr/> City or town, state, and ZIP code Anaheim, CA 92812 | Employer identification number 11 9000004 <hr/> Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee, check here. <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2.) <input type="checkbox"/> |
|--|---|--|

| | | | | | |
|-------------------|---|--|------------|------------|------------|
| Income | 1 | Dividends (attach schedule) | | | |
| | 2 | Interest | | | |
| | 3 | Gross rents | | | |
| | 4 | Gross royalties | | | |
| | 5 | Capital gain net income (attach Schedule D (Form 1120)) | | 0 | |
| | 6 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | | |
| | 7 | Other income and nonexempt function expenditures (see instructions) | | | |
| | 8 | Total income. Add lines 1 through 7. | | | |
| Deductions | 9 | Salaries and wages | | | |
| | 10 | Repairs and maintenance | | | |
| | 11 | Rents | | | |
| | 12 | Taxes and licenses | | | |
| | 13 | Interest | | | |
| | 14 | Depreciation (attach Form 4562) | | | |
| | 15 | Other deductions (attach schedule) | | | |
| | 16 | Total deductions. Add lines 9 through 15 | | | |
| | 17 | Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show: | | | |
| | | a Amount of net investment income | 700 | | |
| | b Aggregate amount expended for an exempt function (attach schedule) | 620 | 17c | 620 | |
| 18 | Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g)) | | 18 | 100 | |
| Tax | 19 | Taxable income. Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.) | | 19 | 520 |
| | 20 | Income tax. (see instructions) | | 20 | 78 |
| | 21 | Tax credits. (Attach the applicable credit forms.) (see instructions) | | 21 | |
| | 22 | Total tax. Subtract line 21 from line 20 | | 22 | 78 |
| | 23 | Payments: a Tax deposited with Form 7004 | 23a | | |
| | | b Credit for tax paid on undistributed capital gains (attach Form 2439) | 23b | | |
| | | c Credit for Federal tax on fuels (attach Form 4136) | 23c | | |
| | d Total. Add lines 23a through 23c. | | 23d | | |
| 24 | Tax due. Subtract line 23d from line 22. See instructions on page 4 for depository method of payment | | 24 | 78 | |
| 25 | Overpayment. Subtract line 22 from line 23d | | 25 | | |

| | | |
|-------------------------------|-----------|---|
| Additional Information | 1 | At any time during the 2004 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name of the foreign country _____ |
| | 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 3 | Enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="\$"/> 0 |
| | 4 | Date organization formed <input type="text" value="5/27/1992"/> |
| | 5a | The books are in care of <input type="text" value="The Organization"/> 5b Enter name of candidate <input type="text"/> |
| | c | The books are located at <input type="text" value="1234 Weeping Willow Lar"/> d Telephone No. <input type="text" value="714-555-1212"/> |

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

| | | |
|----------------------|------|-------|
| Signature of officer | Date | Title |
|----------------------|------|-------|

May the IRS discuss this return with the preparer shown below (see page 3)? Yes No

| | | | | |
|---------------------------------|---|---------------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature <input type="text"/> | Date <input type="text"/> | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN <input type="text"/> |
| | Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/> | EIN <input type="text"/> | Phone no. (<input type="text"/>) <input type="text"/> | |

Form 1120-POL, line 17b, Exempt Function Expenditures

| <i>Description</i> | <i>Amount</i> |
|--|----------------------|
| Purchase of political barbecue tickets | 250 |
| Campaign contributions | <u>370</u> |
| Total | 620 |

Payment Record

| | |
|------------------------|--------------|
| Routing Transit Number | 012456778 |
| Bank Account Number | 111-222-3456 |
| Account Type | checking |
| Payment Amount | \$78 |
| Requested payment date | 3-15-2008 |
| Taxpayer Daytime Phone | 714-555-1212 |

TY2007 8868 test1

TaxPeriodEndDate – 12/31/2007

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN –

PinEnteredBy – *ERO or Taxpayer*

SignatureOption – *Pin Number or Binary Attachment 8453 Signature Document*

ReturnType – 8868

TaxPeriodBeginDate – 1/1/2007

Filer

EIN – 11-9000022

Name – Echinacea Endowment

NameControl – ECHI

USAddress – 1234 Weeping Willow Lane
Anaheim CA 92813

Officer

Name – Walter Oak

Title – Trustee

DateSigned – self select

TaxpayerPIN – self select

TaxYear -- 2007

BinaryAttachmentCount – 0

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Forms 990-C and 1120-C filers), Partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|---|---|---|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of Exempt Organization Echinacea Endowment | Employer identification number 11 9000022 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1234 Weeping Willow Lane | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Anaheim CA 92813 | |

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

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

• The books are in the care of ▶ The Organization 1234 Weeping Willow Lane Anaheim CA 92813

Telephone No. ▶ (714) 555-1212 FAX No. ▶ (714) 555-1313

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a Form 990-T corporation) extension of time until August 15 , 2008 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ... or
 ▶ tax year beginning _____ , 20 ... , and ending _____ , 20 ...

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 23000

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 20000

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 3000

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

Payment Record

| | |
|------------------------|--------------|
| Routing Transit Number | 012456778 |
| Bank Account Number | 111-222-3456 |
| Account Type | checking |
| Payment Amount | \$3000 |
| Requested Payment Date | 5/15/2008 |
| Taxpayer Daytime Phone | 714-555-1212 |

TY2007 8868 test2

TaxPeriodEndDate – 12/31/2007

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN –

PinEnteredBy – *ERO or Taxpayer*

SignatureOption – *Pin Number or Binary Attachment 8453 Signature Document*

ReturnType – 8868

TaxPeriodBeginDate – 1/1/2007

Filer

EIN – 11-9000004

Name – National Hyrax Association

NameControl – NATI

USAddress – 1234 Weeping Willow Lane Anaheim CA 92812

Officer

Name – Test U. Phrozintows

Title – Treasurer

DateSigned – self select

TaxpayerPIN – self select

TaxYear -- 2007

BinaryAttachmentCount – 0

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Forms 990-C and 1120-C filers), Partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|--|--|---|
| Type or print | Name of Exempt Organization National Hyrax Association | Employer identification number 11 9000004 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1234 Weeping Willow Lane | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Anaheim, CA 92812 | |

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

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

• The books are in the care of ▶ **National Hyrax Association 1234 Weeping Willow Lane Anaheim CA 92812**

Telephone No. ▶ (714) 555-1212 FAX No. ▶ (714) 555-1213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a Form 990-T corporation) extension of time until August 15 , 20 08 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ... or
 ▶ tax year beginning _____ , 20 ... , and ending _____ , 20 ...

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

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