PUBLICATION 4205 REVISION 9/23/2008

# 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 2008**



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 – TY2008

#### 1.1 REDESIGNED FORM 990

The IRS has released a redesigned Tax Year (TY) 2008 Form 990, Return of Organizations Exempt from Income Tax. The redesigned Form 990 consists of an 11-page core form that must be completed by each Form 990 filer. In addition, 16 schedules have been developed to report information required by organizations that conduct particular activities. A new schedule (Schedule O) has been added for filers to provide unstructured explanations and narrative responses to the form's questions.

Tax Year 2008 Form 990-EZ will primarily be retained in its present form with the addition of some new fields. Also, some of the new schedules implemented for the redesigned Form 990 will also be used for Tax Year 2008 Form 990-EZ.

The IRS will allow for transition relief for smaller organizations by phasing in the requirement to file the new form over a three-year period. These organizations will be allowed to file Form 990-EZ in lieu of Form 990. For the 2008 tax year, organizations with gross receipts less than \$1.0 million and total assets less than \$2.5 million may file Form 990-EZ. For the 2009 tax year, organizations with gross receipts less than \$1.25 million may file Form 990-EZ. For the 2009 tax year, organizations with gross receipts less than \$1.25 million may file Form 990-EZ. Beginning with tax year 2010, Form 990-EZ thresholds will be adjusted permanently to gross receipts less than \$200,000 and total assets less than \$500,000.

#### 1.2 NEW FUNCTIONALITY

As of January 1, 2009, passwords can no longer be used for Application to Application (A2A) filing. To support strong authentication for Modernized e-File (MeF) A2A Web services, the IRS is installing certificate-based authentication technology. The new authentication system will affect authentication for all A2A Web services. More information is found in this publication under <u>Section 2.5.2</u>, Application to Application (A2A), and Publication 4164.

Strong authentication will not be needed for Acceptance Testing (ATS) in November, but will be required for both ATS and production in January.

## 2. FORMS 990/990-EZ/990-N/990-PF/1120-POL/8868 ASSURANCE TESTING TY2008

## 2.1 WHO MUST TEST?

All software developers and transmitters are required to perform the tests in this Test Package before they will be accepted into the electronic filing program for the 2009 (Tax Year 2008) 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 <u>e-services – Online</u> <u>Tools for Tax Professionals</u> website.

The transmitter must also register the system(s) that will be used to conduct business with MeF in order to obtain a systemID. If a transmitter and/or 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) 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 2008 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. 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 4).

The test scenarios provide 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 does not endorse any product). You may choose any third party parser toolkit or use your own.

- W3C XML Home Page: <u>http://www.w3.org/XML/</u>
- W3C XML Schema Home Page: <u>http://www.w3.org/XML/Schema</u>
- XML Spy: http://www.xmlspy.com/
- Apache Xerces parser toolkit: <u>http://xml.apache.org/</u>

Microsoft Core XML Services: <u>http://msdn.microsoft.com/xml/default.aspx</u>

#### 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 in Publication 4164 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/STRONG AUTHENTICATION

#### 2.5.1 Internet Filing Application (IFA)

New or renewed applicants who will be transmitting to the IRS through the Internet will use an eight-digit alphanumeric password for testing and production. Applicants will choose their passwords during On-Line Registration.

#### 2.5.2 Application to Application (A2A)

Beginning January 1, 2009, passwords will not be available for A2A filing through Assurance Testing System (ATS). Instead, strong authentication will be used. All A2A systems must use certificates for authentication which will provide much stronger security for A2A transactions.

It's recommended that, prior to converting existing client applications over to using strong authentication, a new ATS client be added for developing and testing your digital signature code for MeF processing.

Additional information on strong authentication can be found in Publication 4164, Modernized e-File Guide for Software Developers and Transmitters.

#### 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 and assign 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, or 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 intermingle 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 to Forms 990, 990-EZ, 990-N, 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, the return 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.
- 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 selfselected by the ERO.

The filer must decide whether they want to enter their own PIN or whether to 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. If not present, 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

IRS allows two means of transmission for MeF: Internet Filing Application (IFA); and Application to Application (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 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 and 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 Exhibit 4 for your independent tests. DO NOT use any other combinations.

## 3. FED/STATE ACCEPTANCE TESTING (ATS) 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 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.

There will not be separate ATS for states. Any of the test returns may be used if you will be participating in the Fed/State electronic filing program. Fed/State returns must be transmitted through A2A or IFA. Inform the e-Help Desk (1-866-255-0654) of 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

Standard Postal Service State Abbreviations and ZIP Codes can be found on the irs.gov web at the following link: <u>http://www.irs.gov/efile/article/0,,id=171946,00.html</u>

#### **EXHIBIT 2 - FOREIGN COUNTRY CODES**

Foreign Country Codes can be found on the irs.gov web at the following link: <u>http://www.irs.gov/efile/article/0,,id=175595,00.html</u>

#### EXHIBIT 3 - ACCEPTED FORMS AND SCHEDULES FOR EXEMPT ORGANIZATIONS

The forms and schedules accepted for the TY2008 IRS Modernized e-File Program for Exempt Organizations and the maximum number that may be submitted with each return can be found on the irs.gov website at the following link: <u>http://www.irs.gov/efile/article/0,.id=176123,00.html</u>

#### **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	Sub- section Code	Fdn Code	Fiscal Year Month
990-1	11-9000001	WALN	0000	501(c)(3)	03		12
990-2	11-9000004	NATI	0000	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	11-9000022	ECHI	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 on either 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 accepted forms and schedules).

Following is the necessary data for each scenario:

#### TY2008 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 – 1/1/2008

TaxPeriodEndDate -- 12/31/2008

Filer

EIN – 11-9000001 Name – Walnut Hospital, 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)

2008 Open to Public

OMB No. 1545-0047

		of the Treasury nue Service(77) The organization may have to use a copy of this return to satisfy state	e reporting requirements.	Inspection
		ne 2008 calendar year, or tax year beginning , 2008, and end		, 20
		applicable: Please C Name of organization Walnut Hospital Inc	D Employer identifi	cation number
		s change label or Doing Business As Walnut Medical Center	11	900001
	Name c	print or Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe	r
	Initial re	CFF Day offered Offered	(775)	555-1313
	Termina	Specific City or town, state or country, and ZIP + 4	G Enter gross receipts	
		ed return Nixon NV 89424		
		F Name and address of Principal Officer: Dr. Jane Maple	H(a) Is this a group r affiliates?	eturn for Yes Vo
	ripplicati	655 Bradford Street Nixon NV 89424	<b>H(b)</b> Are all affiliates	
Τ	Tax-ex	empt status:		a list. (See instructions)
J	Webs	ite: ► www.walnuthospital.org	H(c) Group Exemption Nu	,
κ		organization: 🗹 Corporation 🗌 trust 🗌 association 🗌 Other 🕨 🛛 L Year of Form		legal domicile: NV
	art I	Summary		
_	1	Briefly describe the organization's mission or most significant activities:		
		To provide medical care to residents of Nixon, Nevada and the surroundin		
nce			~	
rnal				
Governance	2	Check this box $\Box$ if the organization discontinued its operations or disposed of more than	25% of its assets.	
Ğ	3	Enter the number of voting members of the governing body (Part VI, line 1a)		16
es 6	4	Enter the number of independent voting members of the governing body (Par		
viti	5	Enter the total number of employees (Part V, line 2a).		
Activities &	6		6	400
		Enter total gross unrelated business revenue from Part VIII, line 12, column (C		
			7b	22,481
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	36,597	81,254
nue	9	Program service revenue (Part VIII, line 2g)		24,833,306
Revenue	10	Investment income (Part VIII, lines 3, 4, and 7d, column (A))	6,365,046	
£	11	Other revenue (Part VIII, lines 5, 6d, 8c, 9c, and 10c of column (A), and 11e)	136,592	162,412
		Total revenue-add lines 8 through 11 (must equal Part VIII, line 12, column (A))	25,262,424	31,442,018
	13	Grants and similar amounts paid (Part IX, lines 1–3, column (A))	0	0
		Benefits paid to or for members (Part IX, line 4, column (A))	0	0
ses	15	Salaries, other compensation, employee benefits (Part IX, lines 5–10, column (A))	10,690,607	11,342,954
Expenses	16a	Professional fundraising fees (Part IX, line 11e, column (A))	0	0
Ă	b	(Enter total fundraising expenses, Part IX, line 25, column (D)0)		
		Other expenses (Part IX, lines 11a-11d, 11f-24f, column (A))	13,551,776	14,346,948
		Total expenses-add lines 13-17 (must equal Part IX, line 25, column (A)).	24,242,383	25,689,902
		Revenue less expenses—line 12 minus line 18	1,020,041	5,752,116
Net Assets or Fund Balances	2		Beginning of Year	End of Year
set	20	Total assets (Part X, line 16)	64,267,313	67,363,916
t As	21	Total liabilities (Part X, line 26)	20,162,856	19,790,092
		Net assets or fund balances, line 20 minus line 21	44,104,457	47,573,824
Pa	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based of		
Ple	ease			
Sig				
	ere	Signature of officer	Date	
		Type or print name and title	Chook if _	
Pai	d	Preparer's	self-	s PTIN (See Gen. Inst.)
	parer's	signature	employed	
	e Only	Firm's name (or yours if self-employed),	EIN ►	
		address, and ZIP + 4	Phone no.  (	)
Ma	ay the	IRS discuss this return with the preparer shown above? (See instructions) .		. Yes No

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

Form	990 (2008) Page <b>2</b>
Par	t III Statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission:
	To provide medical care to residents of Nixon, Nevada and the surrounding area
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:       ) (Expenses \$ 15,082,471 including grants of \$ 0 ) (Revenue \$ 24,507,971 )         Patient services, including general medicine (2,050 patients), surgery (681 patients), cardiology (613 cases) and         obstetrics (1,579 patients)
4b	(Code:       ) (Expenses \$ 5,826,288 including grants of \$ 0 ) (Revenue \$ 0 )         Community wellness programs, serving approximately 5,700 individuals
4c	(Code:       ) (Expenses \$ 2,496,981 including grants of \$ 0 ) (Revenue \$ 0 )         Medical education programs, including medical residency & nurse training programs
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$       23,405,741       Must equal Part IX, Line 25, column (B).

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			~
	Part II	4		
5	501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VII, IX, or X as applicable</i>	11	~	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	~	
13	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		~
15	Did the organization report on Part IX, line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .	15		~
16	Did the organization report on Form 990, Part IX, line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		~
17	Did the organization report more than \$15,000 on Part IX, line 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>V</b>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	~	~
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 21	-	~
21 22	Did the organization report more than \$5,000 on Part IX, line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization report more than \$5,000 on rait ix, the 21 if res, complete ocheater, raits raid in Did the organization answer "Yes" to questions 3, 4, or 5, Part VII, Section A? If "Yes," complete			
		23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer 24b–24d and complete Schedule K. If "No," go to question 25.</i>	24a	~	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		~
,	disqualified person during the year? If "Yes," complete Schedule L, Part I.	2Ja		-
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		~

Form	990 (2008)		Р	age <b>4</b>
Ра	rt IV Checklist of Required Schedules (Continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L,</i>			
	Part IV	28a	~	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		~
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c	~	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets or undergo a substantial contraction? <i>If "Yes," complete Schedule N, Part II</i>	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	~	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	~	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its exempt activities through an entity that is not a related organization and that is taxed as a partnership? If "Yes," complete Schedule R, Part VI	37		~

Form **990** (2008)

Form	990 (2008)		F	Page 5					
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	-							
b		2							
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
b	Statements filed for the calendar year ending with or within the year covered by this return If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	~						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	~						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	~						
	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								
h	account)?	4a		-					
D	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Report of Foreign Bank</i> and <i>Financial Accounts</i> .								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		~					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~					
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c							
6a	Did the organization solicit any contributions that were not tax deductible?	6a		~					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization provide goods or services in exchange for any contribution of \$75 or more?	7a		~					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~					
d	If "Yes," indicate the number of Forms 8282 filed during the year	-							
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<ul> <li>✓</li> </ul>					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h							
8	501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have								
	excess business holdings at any time during the year?	8							
9	501(c)(3) and other sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	-							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	501(c)(12) organizations. Enter: Gross income from members or shareholders								
a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b								

Form **990** (2008)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a b	Enter the number of voting members of the governing body1a16Enter the number of voting members that are independent114			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		>
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		~
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	~	
b	5 5 7	8b	~	
9a		9a		~
b		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	~	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		~
Sec	tion B. Policies			

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "Yes":	12a	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		~
13	Does the organization have a written whistleblower policy?	13		~
14	Does the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	~	
b		15b		~
	Describe the process in Schedule O.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

- 17 List the States with which a copy of this Form 990 is required to be filed. NV
- 18 IRC Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
   □ own website another's website upon request
- **19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Walnut Medical Center, 655 Bradford St., Nixon, NV 89424 776-555-1313

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#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Check this box if the organization did not co		any o	offic			ctor,	trus			
(A)	(B) (C) Average Position (check all that apply) Re							(D)	(E)	(F)
Name and Title	Average hours per week	P or director	no Institutional trustee	check Officer	Key employee	that Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dr. Jane Maple	45							196,120		
President & Board Chair		~		~				130,120		
Albert Astilbe	5							0	0	0
Director	<b>°</b>	~							· · ·	
Dr. Herbert Hellebore	5							0	0	0
Director	3	~						•	•	•
Red Oak	5							0	0	0
Secretary	Э	~		~				U	U	0
Loblolly Pine	5									•
Director	5	~						0	0	0
Dr. Bradford Pear	-									•
Vice President	5			~				0	0	0
Penn Oak	_									
Treasurer	5			~				0	0	0
Dr. Hosta Daylily										
Chief of Surgery	55					~		278,225	0	0
Dr. Daisy Daffodil										
Head, Obstetrics Dept	55					~		289,007	0	0
Rhoda Boxwood										
Nursing Director	55					~		173,000	0	0
	-									
	-									
	-									
	1	I			I	I	1	1		- 000

Pa	rt VII	Continued												
1b	Total .							.		936,352		0		0
2		umber of individuals (including thos ation ►	e in 1) who	o rece	ived	mo	ore	than S	\$10	0,000 in report	able compe	ensation	from	the <b>4</b>
													Yes	No
3	Did the	e organization list any former office	r director	or tri	istor	- k		omolo		a or highest c	ompensated	4		
Ŭ		vee in Section A? If "Yes," complete								· · · · · ·	-	0		~
4	For any the org	r individual listed in Section A, is the anization and related organizations	sum of rep greater that	oortab an \$15	ole co 50,00	omp 00?	oen: <i>If "</i>	sation Yes,"	n an <i>cor</i>	d other compe nplete Schedu	nsation from	1		
5	<i>individu</i> Did an	v person listed in Section A receive	e or accrue	e com	pens	sati	on j	from	anv	unrelated org	anization for	4		
Se		s rendered to the organization? If " Independent Contractors	Yes," comp	olete	Sche	edui	e J	tor si	ucn	person		5		~
1	Comple	ete this table for your five highest constant of the station from the organization.	ompensate	d ind	epen	nde	nt c	ontra	cto	rs that received	d more than	\$100,0	00 of	
		(A) Name and business add	lress							<b>(B)</b> Description of s	ervices	Com	(C) pensatio	n
Nix	on Heal	th Services 3456 Salem St Nixon	NV 89424						ph	ysician contra				4,975
		Managers Inc 4567 Salem St Nix							-	/estment mgm				9,094
		es 789 Salem St Nixon NV 89424								rsing services				5,026

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#### Form 990 (2008)

	Statement of Re	venue		(A)	(B)	(C)	(D)
				Total Revenue	Related or Exempt Function Revenue	Unrelated Business Revenue	<b>(D)</b> Revenue Excluded from Tax under IRC 512, 513, or 51
1a	Federated campaigns	1a					
b	Membership dues	1b					
С	Fundraising events .						
d	Related organizations	1d					
е	Government grants (con	tributions) <b>1e</b>					
f	All other contributions, gifts,	grants, and	04.054				
	similar amounts not included	above . 1f	81,254				
	Noncash \$ Total (lines 1a-1f).			81,254			
<u> </u>			Business Code	01,204			
2a	Patient revenue	-	Dusiness couc	24,507,971	24,507,971		
b	Darking			139,397	//-		139,3
G	Cafatoria			94,145			94,1
d	Fitness center			69,517		69,517	
e	Dilling complete			22,276		22,276	
f	All other program servi	ce revenue .					
g	Total	🕨 \$	24,833,306				
3	Investment income (inc	luding dividends	, interest and				
	other similar amounts)		🕨	1,704,538			1,704,5
4	Income from investment of						
5	Royalties						
		(i) Real	(ii) Personal				
		218,806					
1	Less: rental expenses	56,394 162,412					
C d	Rental income or (loss) Net rental income or (lo			162,412		1,800	160,6
		(i) Securities	(ii) Other	102,412		1,000	100,0
7a	Gross amount from sales of assets other than inventory	7,540,919					
b	Less: cost or other basis and sales expenses .	2,880,411					
	Gain or (loss)	4,660,508					
	Net gain or (loss)		🕨	4,660,508			4,660,5
	Gross income from	fundraising					
	events (not including \$ of contributions reported						
	See Part IV, line 18.	····a					
	Less: direct expenses						
С	Net income or (loss) fro	om fundraising ev	vents 🕨				
9a	Gross income from gaming ac						
	IV, line 19						
	Less: direct expenses. Net income or (loss) fro		ties 🕨				
		[					
iva	Gross sales of inverters and allowances						
h	Less: cost of goods so						
	Net income or (loss) fror		iry 🕨				
	Miscellaneous Rev	1	Business Code				
11a							
b							
c							
d	All other revenue	r					
	Total						
	Total Revenue. Add lin		5, 6d, 7d, 8c,				
	9c, 10c, and 11e			31,442,018	24,507,971	93,593	6,759,2

Part IX Statement of Functional Expenses

	501(c)(3) and (4) of All other organizations must complete col				C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	196,120	162,235	33,885	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,253,273	8,557,807	695,466	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) .	396,067	366,299	29,768	
9	Other employee benefits	822,489	760,672	61,817	
10	Payroll taxes	675,005	627,179	47,826	
11 а	Fees for services (non-employees): Management				
		93,885	982	92,903	
	Accounting	20,912		20,912	
	Lobbying				
	Professional fundraising. See Part IV, line 17				
	Investment management fees	119,094		119,094	
	Other	2,103,388	1,906,697	196,691	
12	Advertising and promotion	286,544	47,790	238,754	
13	Office expenses	5,307,133	5,212,089	95,044	
14	Information technology				
15	Royalties				
16	Occupancy	799,047	772,056	26,991	
17	Travel	11,346	8,443	2,903	
18	Payments of travel or entertainment expenses for any Federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,463	11,620	6,843	
20		735,681	735,324	357	
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	2,343,659	2,135,774	207,885	
23	Insurance	366,926	20,844	346,082	
24	Other expenses—Itemize expenses not				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Bad debts	1,237,605	1,237,605		
a b	Contract labor	625,308	621,659	3,649	
c	Taxes	33,631	. ,	33,631	
d	Other	244,326	220,665	23,661	
e					
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	25 680 002	23,405,740	2,284,162	
<u>25</u> 26	Joint Costs. Check i if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25,689,902	23,403,740	2,204,102	

Part X	Balance Sheet			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	995,677	1	1,154,567
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,837,239	4	2,641,702
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. <i>Complete Part II of Schedule L</i>		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete</i>			
	Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	
8	Inventories for sale or use	329,091	8	353,671
◄ 9	Prepaid expenses and deferred charges	226,319	9	236,091
10a	Land, buildings, and equipment: cost basis 10a 41,032,288			
	b Less: accumulated depreciation. Complete			
	Part VI of Schedule D	22,788,679		22,774,861
11	Investments—publicly traded securities	36,290,319		39,170,730
12	Investments—other securities. Complete Part VII of Schedule D	263,144		343,161
13	Investments—program-related. Complete Part VIII of Schedule D .		13	
14	Intangible assets		14	
15	Other assets. Complete Part IX of Schedule D	536,845		689,133
16	Total assets. Add Columns A and B, lines 1 through 15 (must equal line 34).	64,267,313		67,363,916
17	Accounts payable and accrued expenses	2,776,267		2,966,750
18	Grants payable	24,282		0
19	Deferred revenue	40.077.000	19	45 054 500
20	Tax-exempt bond liabilities	16,377,000		15,854,500
<u>ě</u> 21	Escrow account liability. Complete Part IV of Schedule D		21	
21 Liabilities	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
-	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable		24	
25	Other liabilities. Complete Part X of Schedule D	985,307	25	968,842
26 رم	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117, check here ▶ ☑ and	20,162,856	26	19,790,092
Fund Balances 65 65 65 65	complete lines 27 through 29, and lines 33 and 34.	42,880,738	27	46,430,916
<u>e</u> 80 27 28 28		864,062	28	739,261
20 22 29	Temporarily restricted net assets	359,657	29	403,647
or Fun	Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			,
st 30			30	
Net Assets           30           31           35           33	Capital stock or trust principal, or current funds		31	
× 31	Retained earnings, endowment, accumulated income, or other funds		32	
32 e 33	Total net assets or fund balances	44,104,457	33	47,573,824
Z 33 34	Total liabilities and net assets/fund balances	64,267,313		67,363,916
Part X		- 1,201,010	•	

Yes No ✓ accrual 1 Accounting method used to prepare the Form 990: 🗌 cash other 2a V 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . ~ 2b **b** Were the organization's financial statements audited by an independent accountant? . . . . c If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c ~ 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ . . . . . . . 3a b If "Yes," did the organization undergo the required audit or audits? . 3b

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

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations.

#### See instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	rt I	Reason	for Public Ch	harity Status (to be	comple	ted by a	all organ	izations)	(See in	struction	s)	
The 1 2	orga	A church, co	onvention of chu	idation because it is: rches, or association <b>A)(ii).</b> (Attach Schedu	of churc				,			
3 4		A hospital or A medical res	r a cooperative l	nospital service organ ion operated in conjur	nization. S						e hospital's name,	
5		An organizat	tion operated fo	r the benefit of a col ne Support Schedule	0	,	owned c	or operate	ed by a	governme	ntal unit. Section	
6		A federal, st	ate, or local gov	ernment or governme	ental unit.	Section	170(b)(1	)(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general put <b>Section 170(b)(1)(A)(vi).</b> (Complete the <i>Support Schedule</i> in Part II.)								he general public.			
8 9		<ul> <li>A community trust. Section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.)</li> <li>An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub> % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub> % 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. Section 509(a)(2). (Complete the Support Schedule in Part III.)</li> </ul>							than 331/3 % of its from businesses			
10 11 e		An organizati purposes of <b>509(a)(3).</b> Ch <b>a</b> Type By checking persons other	tion organized a one or more p neck the box tha I <b>b</b>	tify that the organization managers and othe	vely for the panization of suppo constants tion is not	he benefi is describ inting orga be III-Fun bt control	it of, to p bed in se anization ctionally lled direc	perform the ection 509 and com Integrated tly or inc	he functi 9(a)(1) or plete line d lirectly b	ions of, o section es 11e thr <b>d</b> y one or	r to carry out the 509(a)(2). <b>Section</b> ough 11h. Type III-Other more disqualified	
f g		organization	, check this box it 17, 2006, has	a written determinati							III supporting □	
		(i) a person	who directly or	r indirectly controls, e ning body of the supp				h person	s descri 	bed in (ii) 	Yes         No           11g(i)	
h		(iii) a 35% c	ontrolled entity of	rson described in (i) a of a person described ation about the organ	l in (i) or	(ii) above	?		 	· · ·	11g(ii) 11g(iii)	
(i)		e of Supported ganization	(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1–9		(iv) Is the organization (v in (i) listed in your the		<ul><li>(v) Did you notify the organization in</li><li>(i) of your support?</li></ul>		Is the ation in (i) ed in the .S.?	<b>(vii)</b> Amount of support	
					Yes	No	Yes	No	Yes	No		
Tota	al											

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

Organization type (check one):

Name of the organization

### Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, and 990-PF (see instructions)

2008

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub> % 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 Form 990, Part VIII, line 1h, and line 1 of Form 990-EZ. (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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

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

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	Walnut Medical Center Foundation 655 Bradford Street	\$15,000	Person 🗹 Payroll 🗌 Noncash 🗌
	Nixon NV 89424		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	a noncash contribution.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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(Form	990)	

### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar F	unds or Accounts (Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6)	
	(a) Donor Advised Funds	(b) Funds and Other Accounts
1	Total number at end of year	
2	Contributions to (during year)	
3	Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	
_	funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra used only for charitable purposes and not for the benefit of the donor or donor advisor	
Dai	rt II Conservation Easements (Complete if the organization answered "Yes" to	
		0 1 0111 990, Part IV, IIIe 7)
1	Purpose(s) of conservation easements held by the organization (check all that apply).	of an historically importantly land area
		of an historically importantly land area of certified historic structure
	Preservation of open space	Tor certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the f	form of a conservation easement
-	on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	
b	Total acreage subject to conservation easements	
с	Number of conservation easements on a certified historic structure included in (a) .	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, or terminated by t	he organization during the taxable
	year:	
4	Number of states in which the organization held a conservation easement:	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring or enforcing easements during the year	
6 7	Amount of expenses incurred in monitoring or enforcing easements during the year: _	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	
0	170(h)(4)(B)(i) and $170(h)(4)(B)(ii)$ ?	
9	In Part XIV, describe how the organization reports conservation easements in its rever	
	balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	financial statements that describes
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
i ui	(Complete if the organization answered "Yes" to Form 990, Part IV, line 8)	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or re	
	provide, in Part XIV, the text of the footnote to its financial statements that describes	
h	If the organization elected, as permitted under SFAS 116, to report in its revenue state	
b	historical treasures, or other similar assets held for public exhibition, education, or res	
	provide the following amounts relating to these items:	· · ·
	(i) Revenues included in Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (Cor         3       Using the organization's accession and other records, check any of the following that are a significant use of its creatives (check all that apply):         a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpor Part XIV.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	pollection pse in No No
<ul> <li>items (check all that apply):</li> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpor Part XIV.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Trust, Escrow and Custodial Arrangements (Complete if organization answered "Yes" to Form 990 Part IV, line 9, or reported an amount on Form 990, Part X, line 21.)</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> </ul>	ose in No No
<ul> <li>b Scholarly research e Other</li></ul>	□ No 7 □ No
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpor Part XIV.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	□ No 7 □ No
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purper Part XIV.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	□ No 7 □ No
<ul> <li>Part XIV.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	□ No 7 □ No
<ul> <li>assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes</li> <li>Part IV Trust, Escrow and Custodial Arrangements (Complete if organization answered "Yes" to Form 990 Part IV, line 9, or reported an amount on Form 990, Part X, line 21.)</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li></ul>	
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.) 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	□ No
included on Form 990, Part X?	
<b>b</b> If "Yes," explain why in Part XIV and complete the following table:	
\$ Amount	
<b>c</b> Beginning balance	
d Additions during the year	
e Distributions during the year	
<ul> <li>2a Did the organization include an amount on Form 990, Part X, line 21?</li> <li>b If "Yes," explain the arrangement in Part XIV.</li> </ul>	└ No
Part V Endowment Funds (Complete if organization answered "Yes" to Form 990, Part IV, line 10)	
(a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Back (e) Four Year	ars Back
1 222 710	
1a Beginning of year balance   1,223,719     b Contributions	
e Other expenditures for facilities and programs	
f Administrative expenses       .         g End of year balance       .         1,123,908       .	
2 Provide the estimated percentage of the year end balance held as:	
a Board designated or quasi-endowment: %	
b Permanent endowment: <u>36</u> %	
c Term endowment: <u>64</u> %	
<b>3a</b> Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	
	es No
(ii) related organizations	_
4 Describe in Part XIV the intended uses of the organization's endowment funds.	
Part VI Investments—Land, Buildings, and Equipment (See Form 990, Part X, line 10)	
Description of investment       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Depreciation       (d) Book v	alue
1a         Land         285,721         2	85,721
	54,868
c Leasehold improvements	
	34,272
e Other	
	74,861

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008			Page 3
Part VII Investments—Other Securities	(See Form 990, Part X,	line 12)	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method o Cost or end-of-ye	
Financial derivatives and other financial products	343,161	F	
Closely-held equity interests			
Other			
Column (b) Total (should equal Form 990, Part X, line 12)	343,161		
Part VIII Investments—Program Relate		line 13)	
(a) Description of investment type	(b) Book value	(c) Method o	of valuation
(-)	(-)	Cost or end-of-ye	
Column (b) Total (should equal Form 990, Part X, line 13)			
Part IX Other Assets (See Form 990, Pa	rt X, line 15)		
	(a) Description		(b) Book value
Deferred financing costs			415,776
Investment in subsidiaries			273,357
Column (b) Total (should equal Form 990, Part X, line	15)		689,133
Part X Other Liabilities (See Form 990,	,	<u></u>	000,100
(a) Description of Liability	(b) Amount		
Federal Income Taxes		-	
Due to 3rd party payors	808,08	0	
Interest payable	83,44	3	
Miscellaneous	77,31	9	
Column (b) Total (should equal Form 990, Part X, line 25)	968.84	2	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	ule D (Form 990) 2008					Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 99	0 to Fi	inancial	Statements	6	
1	Total revenue (Form 990, Part VIII, line 12, column (A))					31,442,018
2	Total expenses (Form 990, Part IX, line 25, column (A))			🖵		25,689,902
3	Excess or (deficit) for the year (line 1 minus line 2)					
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses					-119,094
7	Prior period adjustments					
8	Other (Describe in Part XIV)					-6,179,297
9	Total adjustments (net) (add lines 4–8).					-6,298,391
10	Excess or (deficit) for the year per financial statements (line 3 plus o	r minus	line 9).			-546,275
Par	t XII Reconciliation of Revenue per Audited Financial S	tateme	ents Wit	th Revenue	per	Return
1	Total revenue, gains, and other support per audited financial statem	ents .			1	25,099,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities					
	Recoveries of prior year grants	-				
d	Other (Describe in Part XIV)			103,935		
	Add lines <b>2a</b> through <b>2d</b>				2e	103,935
3					3	24,995,718
3 4	Subtract line <b>2e</b> from line <b>1</b>	· · ·	· · ·		-	24,000,110
-		4a				
a L	Investment expenses not included on Form 990, Part VIII, line 7b			6,446,299	-	
b C	Other (Describe in Part XIV)				4c	6,446,299
5	Total Revenue (Form 990, Part I, line 12). Add lines <b>3</b> and <b>4c</b>				5	31,442,017
_	t XIII Reconciliation of Expenses per Audited Financial \$				-	
				-	1	25,645,925
1					-	20,040,020
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	1			
a	Donated services and use of facilities					
b	Prior year adjustments				-	
c	Losses reported on Form 990, Part IX, line 25			149,719	-	
d	Other (Describe in Part XIV)		1		2e	149,719
	Add lines <b>2a</b> through <b>2d</b>				3	25,496,206
3	Subtract line 2e from line 1	· · ·	· · ·		3	23,490,200
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	A -		110 004		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		119,094		
	Other (Describe in Part XIV)	4b		74,598	-	102 602
_	Add lines <b>4a</b> and <b>4b</b>				4c	193,692
5	Total Expenses (Form 990, Part I, line 18). Add lines <b>3</b> and <b>4c</b> .				5	25,689,898
-	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, line 9; V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XI				IV, lir	nes 1b and 2b;
Par	t V, line 4 - intended use of endowment funds - purchase of equip	nent &	medical	education p	rogra	ms
Par	t X - The impact of adopting FIN 48 had no material effect on the c	onsolid	lated fina	ancial staten	nents.	· · · · · · · · · · · · · · · · · · ·
Pai	t XI, line 8 - See explanations for Part XII, lines 2d and 4b and Part	XIII, lin	es 2d an	d 4b		

\_\_\_\_\_

\_\_\_\_\_

Part XII, line 2d - revenues from subsidiaries

Part XII, line 4b - realized gains and other income not included on financial statements

\_\_\_\_\_

\_\_\_\_\_

Part XIII, line 2d - adjustments for transactions with subsidiaires

Part XIII, line 4b - taxes and other income included on financial statements

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(Form	990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

### **Hospitals**

Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.



Employer identification number

Par	t I Charity Care and Ce	ertain Other (	Community E	Benefits at Cost	(Optional for 200	28)			
								Yes	No
1a	Does the organization have a ch	arity care polic	y? If "No," ski	p to question 6a .			1a	~	
b	If "Yes," is it a written policy?						1b	~	
2	If the organization has multiple	hospitals, indic	cate which of	the following best	describes applica	ation of the			
	charity care policy to the various			Ū.					
	applied uniformly to all hos	pitals		oplied uniformly to	most hospitals				
	generally tailored to individ								
3	Answer the following based on organization's patients.	the charity car	re eligibility cri	iteria that applies	to the largest nun	nber of the			
а	Does the organization use Federal F	Poverty Guideline	e (FPG) to data	rmine eligibility for p	roviding free care to	low income			
a	individuals? If "Yes," indicate which		( )	0, 1	0		3a	~	
		200%		ier %					
h	Does the organization use Federal F				providing discounted	care to low			
D	income individuals? If "Yes," indicate						3b	~	
	200% 250%					%			
С	If the organization does not use								
	determining eligibility for free or asset test or other threshold, reg								
4	Does the organization's policy p					Sale.	4	V	
- 5а	Does the organization budget ar			-	-	nolicy?	5a	~	
	If "Yes," did the organization's c				-		5b	~	
	, <b>S</b>	, ,		9				-	
С	If "Yes" to 5b, as a result of budg care to a patient who was eligibl						5c		~
62	Does the organization prepare a						6a	~	
	If "Yes," does the organization n						6b	~	
D	Complete the following table us								
	these worksheets with the Schee								
7	Charity Care and Certain Other	Community Be	nefits at Cost						
	Charity Care and	(a) Number of	(b) Persons	(c) Total community	(d) Direct offsetting	(e) Net comm	unity	(f) Pe	rcent
	Means-Tested Programs	activities or programs	served	benefit expense	revenue	benefit expe	nse	of to	
		(optional)	(optional)					expe	51130
а	Charity care at cost (from								
ŭ	worksheets 1 and 2)	6	9000	2,500,000	500,000	2,00	D, <b>000</b>	7.8	8%
b	Unreimbursed Medicaid (from								
	worksheet 3, column a)			300,000	100,000	20	0,000	.8	%
С	Unreimbursed costs—other means- tested government programs (from								
	worksheet 3, column b)								
d	Total Charity Care and								
	Means-Tested Programs	6	9000	2,800,000	600,000	2,20	<b>),000</b>	8.0	5%
-	Other Benefits								
е	Community health improvement services and community benefit								
	operations (from worksheet 4)			1,000,000	100,000	90	D <b>,000</b>	3.5	5%
f	Health professions education								
•	(from worksheet 5)			2,000,000	200,000	1,80	D <b>,000</b>	7	%
a	Subsidized health services (from								

Part V Facility Information (Required for 2008	)								Page J
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Walnut Medical Center 655 Bradford St. Nixon, NV 89424	~	~	~	~		~	r		
Walnut Urgent Care Center 850 Bradford St. Nixon, NV 89424				~					non-emergency care facility

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(Form	990)	

Department of the Treasury Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Attach to Form 990. To be completed by organizations that

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.



Name of the organization

Employer identification number

Pa	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ first-class or charter travel ☐ housing allowance or residence for personal use			
	□ travel for companions □ payments for business use of personal residence			
	□ tax indemnification and gross-up payments □ health or social club dues or initiation fees			
	□ discretionary spending account □ personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	16		
	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	2	~	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	~	•	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
Ũ	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee			
	□ independent compensation consultant □ compensation survey or study			
	□ Form 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
	receive a severance payment or change of control payment?	4a		~
b	participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
с	participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		
а	the organization?	5a		
b		5b		
-	If "Yes," describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
2	the organization?	6a		~
	any related organization?	6b		~
~	If "Yes," describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
For	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 50053T Schedul	e J (Fo	rm 990	) 2008

Schedule J (Form 990) 2008

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or (E) amounts on Form 990, Part VII, line 1a.

<b>(A)</b> Name			W-2 and/or 1099-MIS		(C) Deferred	<b>(D)</b> Nontaxable benefits (\$)	(E) Total of columns (B)(i)–(D) (\$)	(F) Compensation	
		(i) Base compensation (\$)	(ii) Bonus & incentive compensation (\$)	<b>(iii)</b> Other compensation (\$)	compensation (\$)			Form 990 or Form 990-EZ	
Dr. Jane Maple	(i) (ii)	196,120					196,120	190,000	
Dr. Hosta Daylily	(i) (i) (ii)	278,225					278,225	275,000	
Dr. Daisy Daffodil	(i) (i) (ii)	289,007					289,007	280,000	
Rhoda Boxwood	(i) (ii)	173,000					173,000	170,00	
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								
	(i) (ii)							dula 1 (Earm 990) 200	

Schedule J (Form 990) 2008

Page 2

#### SCHEDULE K (Form 990)

#### **Supplemental Information on Tax Exempt Bonds**

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.



Internal Revenue Service

Department of the Treasury

Bond Issues (Required for 2008) Part I (h) On (c) CUSIP # (g) Defeased (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price (f) Description of Purpose Behalf of Issuer A Crook County Industrial Development Authority Yes No Yes No **Facility renovation** 7/1/02 17.000.000 99-000001 AB1234567 х х B Nevada Urban Renewal Agency 99-000002 CD7654321 3/1/04 12.500.000 Purchase of facility x Х С D Е Part II Proceeds (Optional for 2008) В С E Α D 1 Total Proceeds of Issue Gross Proceeds in Reserve Funds . . . . . . 2 Proceeds in Refunding or Defeasance Escrows 3 4 Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds . . . 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion . . . . . . . . 8 Yes No Yes No Yes Yes No Yes No No Were the bonds issued as part of a current refunding issue? 9 10 Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and 12 records to support the final allocation of proceeds? Private Business Use (Optional for 2008) Part III Α В С D Ε Yes No Yes No Yes No Yes No Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? **2** Are there any lease arrangements with respect to the financed property which may result in private business use?

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Transactions with Interested Persons**

► Attach to Form 990. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.



Employer identification number

Part I			line 40	b.
To be completed by organizations that answered "Yes" on Form		(c) Cor	rected?	
To b 1 (a) 2 Enter the a	(a) Name of disqualified person	(b) Description of transaction	Yes	No
		bleted by organizations that answered "Yes" on Form 990, Part IV, lines 25a or b, or Form 990-EZ, Part V, line (b) Description of transaction		
	der section 4958	· · · · · · · · · · · · · · · · · · ·		

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II

#### Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose		to or from anization?	<b>(c)</b> Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Writte agreemen	
	То	From			Yes	No	Yes	No	Yes	No
otal			► \$	•						

Part III

P

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

art IV	Business Transactions Involving Interested Persons
	To be a second stand by a second stimulation of the standard second (0/2 s 2 s s E s 2 s 2

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, b, or c.

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction \$	(d) Description of transaction	organiz	haring of nization's renues?	
				Yes	No	
Dr. Bradford Pear	Officer of organization	5,805	Lease of office space		~	
Dr. Jane Maple	Officer of organization	6,651	Officer of entity with bus rel		~	
Penn Oak	Officer of organization	8,500	Officer of entity with bus rel		~	

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

Cat. No. 50056A



### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047
2008

**Open to Public** 

Inspection

Part VI, Section A, line 10 - The Form 990 is distributed to the board of directors 2 weeks approved. At the meeting of the board, there is a discussion period at which time the bo comments about the Form 990. A resolution to adopt the the Form 990, either as preser of the board.	ard members can ask questions or make nted or with changes, is then put to a vote
Part VI, Section C, line 19 - Audited financial statements are available on the organizatio interest policy and governing documents are available upon request.	on's website. The organization's conflict of

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number

age l	2
-------	---

SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See Instructions. Use Schedule R-1 if additional space is needed.



OMB No. 1545-0047

Employer identification number

# Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" to Form 990, Part IV, line 33.

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Total income (\$)	<b>(E)</b> End-of-year assets (\$)	(F) Direct Controlling Entity
Walnut Physician Associates LLC 655 Bradford St. 11-9000088	Physician primary care	NV	220,534	138,538	NA
Nixon Properies LLC 655 Bradford St Nixon NV-89424-11-9000077	Property management	NV	580,000	8,500,000	NA
-Walnut-Urgent Care LLC-655.Bradford St Nixon-NV-11-9000066	Urgent care services	NV	305,000	162,000	NA

#### Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	(D) Exempt Code section	<b>(E)</b> Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
Walnut Medical Center Foundation, 655 Bradford St. 11-9000055	Supporting organization	NV	501(c)(3)	11	NA
-Walnut-Children's-Care-Center Inc, 655 Bradford-St 11-9000044	Center serving children	NV	501(c)(3)	3	NA

Part III

### Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" to Form 990, Part IV, line 37.

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal Domicile (State or Foreign Country)	<b>(D)</b> Direct Controlling Entity	<b>(E)</b> Predominant income (related, investment, unrelated)	(F) Share of total income (\$)	<b>(G)</b> Share of end-of-year assets (\$)	(H) Disproportionate allocations?		Disproportionate Code V-UBI amount o		J) eral or aging tner?
							Yes	No	-	Yes	No

#### Part IV

### Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Name, address, and EIN of related organization	Primary activity	Legal Domicile (State or Foreign Country)	Direct Controlling Entity	Type of entity (C corp, S corp, or trust)	Share of total income (\$)	Share of end-of-year assets (\$)	Percentage ownership
Walnut Real Estate Group Inc. 655 Bradford St Nixon NV 89424	Own real estate	NV	NA	C corp	27,626	136,402	100%

Schedule R (Form 990) 2008

### Part V Transactions With Related Organizations

	Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:	1.	~	
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a 1b	~	~
	Gift, grant, or capital contribution to other organization	1c	~	
	Gift, grant, or capital contribution from other organization	1d	·	V
	Loans or loan guarantees by other organization	1e		~
Ŭ				
f	Sale of assets to other organization	1f		~
g	Purchase of assets from other organization	1g		~
	Exchange of assets	1h		~
i	Lease of facilities, equipment, or other assets to other organization	<b>1</b> i	~	
		41		
-	Lease of facilities, equipment, or other assets from other organization	1j 1k	~	~
	Performance of services or membership or fundraising solicitations for other organization	1I	~	V
	Performance of services or membership or fundraising solicitations by other organization	1m	~	
	Sharing of facilities, equipment, mailing lists, or other assets	1n	~	
0	Reimbursement paid to other organization for expenses	10	~	
	Reimbursement paid by other organization for expenses	1p	<	
-				
q	Other transfer of cash or property to other organization	1q		~
	Other transfer of cash or property from other organization	1r		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions (n)			Jius.
		<b>))</b> Amount i	nvolve	d
	type (a-r)	(9	5)	
(1)				
(0)				
(2)				
(3)				
(0)				
(4)				
(5)				
(6)				

### TY2008 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 - 1/1/2008 TaxPeriodEndDate -- 12/31/2008

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

Form <b>9</b>	90
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Department of the Treasury

# **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)

2008 **Open to Public** 

OMB No. 1545-0047

		of the Treasur enue Service(7	7y 77) ► 1	The organization may ha	ve to use a copy of this	return to satis	sfy state rep	orting requ	uirements.	Inspection	
A	For th	he 2008 ca	alendar	year, or tax year begin	ning	, 2008, a	nd ending	_		, 20	
в	Check if	applicable:	Please	C Name of organization	National Hyrax Ass	ociation		D Emplo	yer identificat	tion number	
		s change	use IRS label or	Doing Business As				11		900004	
_	Name c	•	print or type.	Number and street (or P.O. I	box if mail is not delivered to st	reet address)	Room/suite	E Teleph	one number		
	Initial re		See	1234 Weeping Willo	w Lane			(714)	55	5-1212	
	Termina		Specific Instruc-	City or town, state or co	untry, and ZIP + 4			G Enter gr	oss receipts \$	9,822,398	
	Amende	ed return	tions.	Anaheim CA 92812							
	Applicati	on pending	F Nar	me and address of Principal	Officer: Test K Insigh	ntful			is a group retu ates?	Irn for Yes 🗹 No	
			1234 \	Weeping Willow Lane	Anaheim CA 9281	2		H(b) Are a	all affiliates inc	luded? Yes No	
I	Tax-ex	cempt status	s: 🖌 5	501(c) ( 4 )  (insert no.	) 4947(a)(1) or	] 527		lf "N	o," attach a lis	st. (See instructions)	
J				axassn.org				H(c) Group	Exemption Numb	per 🕨	
		organization:	🗹 Corpo	oration 🗌 trust 🗌 associatior	o □ Other ►	L Year	of Formation	<b>1987</b>	M State of le	gal domicile: CA	
Pa	art I	Summ	nary								
	1	Briefly de	escribe	the organization's mi	ssion or most signific	ant activities	:				
Ø		To educ	ate the	e public on the merits	of the hyrax						
nce											
erne											
Governance	2	Check this	box 🗌	] if the organization disco	ontinued its operations or	disposed of m	ore than 25%	6 of its ass	ets.		
ۍ ه	3	Enter the	e numb	er of voting members	of the governing boo	ly (Part VI, lii	ne 1a) .		3	7	
ies	4	Enter the	e numb	er of independent vot	ing members of the g	overning bo	dy (Part VI	, line 1b)	4	4	
Activities	5	Enter the	e total r	number of employees	(Part V, line 2a).				5	61	
Ac				number of volunteers		,			6	0	
				s unrelated business r					7a _	0	
	b	Enter net	t unrela	ted business taxable	income from Form 99	90-T, line 34	<u></u>		<u> 7b</u>	0	
								Prior Ye		Current Year	
e	8	Contribu	tions a	nd grants (Part VIII, Iir	ie 1h)			6,	844,118	5,238,916	
enu	9	-		e revenue (Part VIII, lir					0	0	
Revenue	10		estment income (Part VIII, lines 3, 4, and 7d, column (A))						160,599	111,461	
_	11			Part VIII, lines 5, 6d, 8					687,423	4,311,693	
				add lines 8 through 11			in (A))	14,	692,140	9,662,070	
				ilar amounts paid (Par			· · ·		0	0	
s	14		•	or for members (Part					0	0	
nse	15			ompensation, employee		5–10, columi	n (A))	ζ,	559,087	4,343,609	
Expenses	16a			draising fees (Part IX, I			_		0	0	
Ш				raising expenses, Part I			)	•	004 470	5 745 040	
				(Part IX, lines 11a-11		,,			081,176	5,745,816	
				-add lines 13-17 (mu		25, column	(A)) <u> </u>		640,263	10,089,425	
		Revenue	less ex	penses—line 12 minus					947,840	-427,355	
Net Assets or Fund Balances								Beginning		End of Year	
Asse Bala	20			art X, line 16)			· · ·		035,923 906,224	<u>2,452,377</u> 750,033	
Vet /	21 22			Part X, line 26) und balances, line 20 i			· · ·		129,699	1,702,344	
	art II			Block				۷,	129,099	1,702,344	
				f perjury, I declare that I have	examined this return, inclu	ding accompany	vina schedule:	s and statem	ents, and to th	ne best of my knowledge	
		and belie	ef, it is tru	ue, correct, and complete. D	eclaration of preparer (othe	er than officer) is	based on all	information	of which prep	arer has any knowledge.	
	ease										
Się		Sign	ature of o	officer				Dat	e		
He	ere										
		Туре	e or print	name and title							
<u> </u>		, ,				Date	Chec	k if	Preparer's F	PTIN (See Gen. Inst.)	
Paie		Preparer' signature					self-	oyed 🕨 🗌			
	parer's	Firm's na		ours		I	cinple		► :		
USE	e Only	if self-em address,		+ 4				Phone n		1	
Ma	v the			s return with the prepa	arer shown above? (S	See instruction	ons)			Yes No	
	.,o						-, -,				

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

Form	990 (2008)	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments (See the instructions.)	
1	Briefly describe the organization's mission: To educate the public on the merits of the hyrax	
2	Did the organization undertake any significant program services during the year which were not listed or the prior Form 990 or 990-EZ?	Yes 🗹 No
3	Did the organization cease conducting or make significant changes in how it conducts any program services?	🗌 Yes 🗹 No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program service Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,911,842 including grants of \$ 0 ) (Revenue \$Research and public education, including lobbying activities	0)
	2	
	3	
4b	(Code:       ) (Expenses \$ 2,103,255 including grants of \$ 0 ) (Revenue \$         Publications - bimonthly magazine, monthly newsletter, brochures	0)
4c	(Code: ) (Expenses \$ 1,855,487 including grants of \$ ) (Revenue \$ Broadcast and other media, including Internet	• )
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses \$7,870,584Must equal Part IX, Line 25, column (B).	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		~
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	~	
13	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		~
15	Did the organization report on Part IX, line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		~
16	Did the organization report on Form 990, Part IX, line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		~
17	Did the organization report more than \$15,000 on Part IX, line 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		<u> </u>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		~
21 22	Did the organization report more than \$5,000 on Part IX, line 1? If "Yes," complete Schedule I, Parts I and II.	21		~
22 23	Did the organization report more than \$5,000 on Part IX, line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to questions 3, 4, or 5, Part VII, Section A? If "Yes," complete			
		23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20022 // "Year," answer 34b, 34d			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer 24b–24d and complete Schedule K. If "No," go to question 25.</i>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		V
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		~
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		~

**Checklist of Required Schedules** 

Part IV

Form **990** (2008)

\_

Form	990 (2008)		Р	age <b>4</b>	
Ра	rt IV Checklist of Required Schedules (Continued)				
			Yes	No	
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:				
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L,</i>				
	Part IV				
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		~	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		~	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		~	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets or undergo a substantial contraction? <i>If "Yes," complete Schedule N, Part II</i>	32		~	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	~		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36			
37	Did the organization conduct more than 5% of its exempt activities through an entity that is not a related organization and that is taxed as a partnership? <i>If "Yes," complete Schedule R, Part VI</i>	37		~	

Form	990 (2008)		I	Page 5					
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0							
С	gaming (gambling) winnings to prize winners?								
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
b	Statements filed for the calendar year ending with or within the year covered by this return If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	61 . 2b	• •						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere this return?	d by <b>3a</b>	1	~					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
	<b>a</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								
h	account)?	<u>4</u> a							
5	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Report of Foreign I</i> and <i>Financial Accounts</i> .	Bank							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	. <u>5</u> a	1	~					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	,	~					
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard Prohibited Tax Shelter Transaction?	rding	;						
6a	Did the organization solicit any contributions that were not tax deductible?	<b>6</b> a	ı 🗸	<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributio gifts were not tax deductible?	ns or 6b	~						
7	Organizations that may receive deductible contributions under section 170(c).	7a							
а									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		)						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it required to file Form 8282?	was . 7c	;						
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personentiation contract?	. 7e	-						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		-						
g L	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>					
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- required?	. <b>7</b> h	1						
8	501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) suppo organizations. Did the supporting organization, or a fund maintained by a sponsoring organization,								
	excess business holdings at any time during the year?								
9	501(c)(3) and other sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	. 9a	ı 📃						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b							
10	501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	501(c)(12) organizations. Enter: Gross income from members or shareholders								
a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12	a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b								

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a b	Enter the number of voting members of the governing body17Enter the number of voting members that are independent114			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		~
b		7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	~	
b		8b		~
9a		9a		~
b		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	~	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		~
200	tion R. Policies			

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "Yes":	12a		~
b		12b		
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		~
14	Does the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		~
b	Other officers or key employees of the organization?	15b		~
	Describe the process in Schedule O.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

17 List the States with which a copy of this Form 990 is required to be filed.

- 18 IRC Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
   □ own website □ another's website ☑ upon request
- **19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Test U Phrozintows 1234 Weeping Willow Lane Anaheim CA 92812 714-555-1212

Page 6

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.         (A)       (B)       (C)       (D)       (E)										(F)
Name and Title	Average	Position (check all that apply)			oply)	Reportable	Reportable	Estimated		
	hours per		-					compensation	compensation	amount of
	week	divi	stitu	Officer	ey e	nplo	Former	from the	from related organizations	other compensation
		Individual trustee or director	Institutional trustee	¥	Key employee	byee	e,	organization	(W-2/1099-MISC)	from the
		or tr	nal i		loye	m		(W-2/1099-MISC)		organization and related
		Iste	trus		ď	pen				organizations
		O O	tee			Highest compensated employee				-
Test K Insightful						ed				
President	40	~		~				145,000	0	0
Test U Phrozintows				•						
Treasurer	40	~		~				105,877	0	0
Test N Blownapart		-		•						
Secretary	40	~		~				60,263	0	0
Pink Camellia								_		
Director	2	~						0	0	0
Howard Honeysuckle	_									
Director	2	~						0	0	0
Gambol N Frivol	_							•	•	•
Director	2	~						0	0	0
Andrew Astilbe	2							0	0	0
Director	2	~						U	U	0
Mary Marigold	40							127,890	0	0
Research Director	40					~		127,090	0	0
Freda Forsythia	40							115,234	0	0
Publications Editor						~		110,204		<b>`</b>
										,
	1		I			1				

Ра	rt VII	Continued		1								
	Tetal									554,264		0 0
2	Total .	umber of individuals (including thos		 	ivod	 1 m/	 oro	than	► ¢10		able compor	0 0
2				Jiece	iveu		ore	lian	φιυ		lable comper	4
3	Did the	e organization list any <b>former</b> office yee in Section A? <i>If "Yes," complete</i>							oyee		ompensated	Yes No 3 V
4		y individual listed in Section A, is the ganization and related organizations ual.										4 🗸
5	service	y person listed in Section A receive s rendered to the organization? If "	e or accrue Yes," com	e com plete (	pen Sche	sati e <i>du</i>	ion <i>le J</i>	from <i>for</i> s	any <i>uch</i>		anization for	5 🖌
Se		Independent Contractors										
1		ete this table for your five highest constitution from the organization.	ompensate	ed ind	eper	nde	nt c	contra	cto	rs that received	d more than	\$100,000 of
		(A) Name and business add								<b>(B)</b> Description of se	ervices	<b>(C)</b> Compensation
-	-	nc. 9999 K St NW Washington DC								obying		438,152
		bbyist, Inc. 8888 K St NW Washi								obying		175,261
Yet	Anothe	er Lobbyist, Inc. 8888 K St NW Wa	shington	DC 2	000	6			lol	obying		116,840

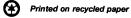
3

Form 99								Page S
Part	VIII	Statement of Re	venue		<b>(A)</b> Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (con All other contributions, gifts, similar amounts not included Noncash \$ 160 Total (lines 1a-1f).		73,435 5,165,481	5,238,916			
Program Service Revenue	b c d e f	All other program servi Total	ce revenue	Business Code				
	3 4 5	Investment income (inc other similar amounts) Income from investment of Royalties	of tax-exempt bond	►	111,106			111,106
	b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo						
		Gross amount from sales of assets other than inventory	(i) Securities 160,683	(ii) Other				
	с	Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)	160,328 355		355			355
Other Revenue		Gross income from events (not including \$ of contributions reporter See Part IV, line 18.	fundraising d on line 1c).					
Othe		Less: direct expenses Net income or (loss) fro		vents 🕨				
	b	Gross income from gaming ac IV, line 19. Less: direct expenses. Net income or (loss) fro	a b	ities ►				
1	b	Gross sales of inver- returns and allowances Less: cost of goods so Net income or (loss) from	a <b>a</b> Id <b>b</b>	ory ►				
1	b c	Miscellaneous Rev Reimbursement from All other revenue	NHF	Business Code	4,311,693	4,311,693		
1	е	TotalTotal Revenue.Add lin9c, 10c, and 11e	\$ nes 1h, 2g, 3, 4,	4,311,693 5, 6d, 7d, 8c, ►	9,662,070	4,311,693	0	111,461

Par	t IX Statement of Functional Expenses		oomplete ell selve		
	501(c)(3) and (4) of All other organizations must complete colu	organizations must umn (A) but are not	-		C), and (D),
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	311,140	85,019	214,839	11,282
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	3,243,334	2,129,122	877,091	237,121
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .	131,440		131,440	
9	Other employee benefits	392,190	327,271	6,451	58,468
10	Payroll taxes	265,505	166,584	68,669	30,252
11	Fees for services (non-employees):				
	Management				
	Legal	49,510	41,601	7,909	
	Accounting	42,956	5,903	37,053	
	Lobbying	730,253	730,253		
	Professional fundraising. See Part IV, line 17				
	Investment management fees				
	Other	781,309	776,674		4,635
	Advertising and promotion	1,452,419	1,362,180	49,872	40,367
		1,095,379	976,625	110,266	8,488
		1,000,010	510,025	110,200	0,400
	Royalties	240,710	33,223	207,487	
	Occupancy	298,932	211,738	61,428	25,766
	Travel Payments of travel or entertainment expenses			01,120	20,100
	for any Federal, state, or local public officials Conferences, conventions, and meetings	188,923	188,923		
		,	,		
	Interest				
	Depreciation, depletion, and amortization				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Miscellaneous	865,425	835,468	29,119	838
a b		-, -			
c					
d					
e					
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,089,425	7,870,584	1,801,624	417,217
	Joint Costs. Check ∠ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				·
	solicitation	995,848	947,215	0	48,633

Part X	Balance Sheet	(1)		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	1,134,669	1	476,144
2	Savings and temporary cash investments	1,085,263	2	1,649,84
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	377,613	4	236,38
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. <i>Complete Part II of Schedule L</i> .		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete</i>		6	
•	Part II of Schedule L		6 7	
207	Notes and loans receivable, net		8	
7 8 8	Inventories for sale or use	400.070	<u>8</u> 9	00.00
9	Prepaid expenses and deferred charges	438,378	9	90,00
10a	Land, buildings, and equipment: cost basis 10a			
b			10	
	Part VI of Schedule D		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. Complete Part VII of Schedule D		12	
13	Investments—program-related. Complete Part VIII of Schedule D .		13	
14	Intangible assets		14	
15	Other assets. Complete Part IX of Schedule D	2,025,022	15	0 450 07
16	Total assets. Add Columns A and B, lines 1 through 15 (must equal line 34).	3,035,923	16	2,452,37
17	Accounts payable and accrued expenses	906,224		750,03
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21 22	Escrow account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified		00	
-	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable		24	
25 26	Other liabilities. Complete Part X of Schedule D	906,224	25 26	750.02
	Organizations that follow SFAS 117, check here <b>&gt; </b> and	900,224	20	750,03
	complete lines 27 through 29, and lines 33 and 34.	2,129,699	27	1,702,34
27 28 28	Unrestricted net assets	2,120,000	28	1,102,04
2 20 2 29	Temporarily restricted net assets		29	
29	Permanently restricted net assets		23	
27 28 29 30 31 32 33	and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>5</u> 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,129,699		1,702,34
34 Part XI	Total liabilities and net assets/fund balances	3,035,923	34	2,452,37

			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 cash 🛛 🗹 accrual 🔲 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	Were the organization's financial statements audited by an independent accountant?	2b	~	
	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	~	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		~
b	If "Yes," did the organization undergo the required audit or audits?	3b		



Department of the Treasury Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, and 990-PF (see instructions)

2008

Name of the organization

Organization type (check one):

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)( 4 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub> % 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 Form 990, Part VIII, line 1h, and line 1 of Form 990-EZ. (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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

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

Name of organization

(a)       Name, address, and ZIP + 4       Aggregate contributions         1       E. P. Alexander       \$         1515 Foxglove Drive       \$       15,000         Washington DC 20224       \$       (c)         (a)       Name, address, and ZIP + 4       Aggregate contributions         2       George W. Kirk       6         6 Caladium Ct       \$       8,000         Washington DC 20224       \$       \$         (a)       Name, address, and ZIP + 4       Aggregate contributions         3       George W. Kirk       \$       8,000         Washington DC 20224       \$       \$         (a)       Name, address, and ZIP + 4       Aggregate contributions         3       George Thomas       \$       120,246         Fairfax VA 22031       \$       120,246         (a)       Name, address, and ZIP + 4       Aggregate contributions         4       Belle Hood       \$       40,082         980 Tiarella Trail       \$       40,082         Chestnut Hill, MA 02467       \$       Aggregate contributions         5       Mr & Mrs John Burford       \$       5,750         Nixon, NV 89424       \$       Aggregate contributions	Part I	Contributors (See Specific Instructions.)		
1515 Foxglove Drive       \$			(c) Aggregate contributions	(d) Type of contribution
(a)       Name, address, and ZIP + 4       Aggregate contributions         2       George W. Kirk       §       8,000         (a)       C       (b)       (c)         Mo.       George W. Kirk       §       8,000         Washington DC 20224       (c)       (c)         (a)       Name, address, and ZIP + 4       Aggregate contributions         3       George Thomas       (c)         1       Hayfield Rd       §       120,246         Fairfax       VA 22031       (c)         (a)       Name, address, and ZIP + 4       Aggregate contributions         4       Belle Hood       §       120,246         980 Tiarella Trail       (c)       Aggregate contributions         5       Mr & Mrs John Burford       (c)         730 Daylily Drive       (c)       Aggregate contributions         5       Mr & Mrs John Burford       (c)         730 Daylily Drive       (c)       (c)         Nixon, NV 89424       (b)       (c)	_1	1515 Foxglove Drive	\$15,000	Person Payroll Noncash (Complete Part II if there is a papagab contribution )
No.       Name, address, and ZIP + 4       Aggregate contributions         2       George W. Kirk       \$       \$         6 Caladium Ct       \$       \$       \$         (a)       Washington DC 20224       (b)       Aggregate contributions         3       George Thomas       (c)       Aggregate contributions         3       George Thomas       \$       120,246         Fairfax VA 22031       \$       120,246         (a)       Name, address, and ZIP + 4       Aggregate contributions         (a)       Name, address, and ZIP + 4       Aggregate contributions         (a)       Name, address, and ZIP + 4       Aggregate contributions         (a)       Name, address, and ZIP + 4       Aggregate contributions         (a)       Name, address, and ZIP + 4       Aggregate contributions         (a)       Name, address, and ZIP + 4       Aggregate contributions         (b)       Name, address, and ZIP + 4       Aggregate contributions         5       Mr & Mrs John Burford       \$       5,750         Nixon, NV 89424       Nixon, NV 89424       (c)			-	a noncash contribution.)
6 Caladium Ct       \$				(d) Type of contribution
(a) No.(b) Name, address, and ZIP + 4Aggregate contributions3George Thomas 1 Hayfield Rd Fairfax VA 22031\$120,246(a) No.(b) Name, address, and ZIP + 4Aggregate contributions(a) 980 Tiarella Trail Chestnut Hill, MA 02467(c) Aggregate contributions(a) No.Name, address, and ZIP + 4Aggregate contributions	_2	6 Caladium Ct	- _ \$ <b>8,000</b>	Person Payroll Noncash (Complete Part II if there is
No.Name, address, and ZIP + 4Aggregate contributions3George Thomas\$1 Hayfield Rd\$120,246Fairfax VA 22031\$120,246(a)(b)Aggregate contributions4Belle Hood\$980 Tiarella Trail\$40,082Chestnut Hill, MA 02467\$40,082(a)Name, address, and ZIP + 4Aggregate contributions5Mr & Mrs John Burford\$730 Daytily Drive\$5,750Nixon, NV 89424(b)(c)			-	a noncash contribution.)
Image: 1 Hayfield Rd $\$ 120,246$ Fairfax VA 22031 $\$ 120,246$ (a)(b)(c)No.Name, address, and ZIP + 4Aggregate contributions4Belle Hood(c)980 Tiarella Trail $\$ 40,082$ Chestnut Hill, MA 02467(c)(a)Name, address, and ZIP + 4(a)Name, address, and ZIP + 4(a)Mame, address, and ZIP + 45Mr & Mrs John Burford5Mr & Mrs John Burford730 Daylily Drive $\$ 5,750$ Nixon, NV 89424(c)(a)(b)(c)(a)(b)				(d) Type of contribution
No.Name, address, and ZIP + 4Aggregate contributions4Belle Hood980 Tiarella Trail\$40,082980 Tiarella TrailChestnut Hill, MA 02467\$40,082(a)(b)(c)No.Name, address, and ZIP + 4Aggregate contributions5Mr & Mrs John Burford\$5,750730 Daylily Drive\$5,750\$5,750Nixon, NV 89424(b)(c)	3	1 Hayfield Rd	- _ \$ <u>120,246</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
980 Tiarella Trail         \$40,082           Chestnut Hill, MA_02467         \$40,082           (a)         (b)         (c)           No.         Name, address, and ZIP + 4         Aggregate contributions           5         Mr & Mrs John Burford         \$55,750           Nixon, NV 89424         (b)         (c)				(d) Type of contribution
No.Name, address, and ZIP + 4Aggregate contributions5Mr & Mrs John Burford		980 Tiarella Trail	- \$\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.Name, address, and ZIP + 4Aggregate contributions5Mr & Mrs John Burford	(-)		- (-)	,
730 Daylily Drive         \$				(d) Type of contribution
	_5	730 Daylily Drive	- _ \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
				(d) Type of contribution
6         Mrs. Eva Law           5604 Walnut Way         \$	6	5604 Walnut Way	- _ \$8,900	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

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_	5,000 shares XYZ Corporation	- - - \$\$	7 / 14 / 2008
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_4	275 shares ABC Corporation	- - - \$\$	2 / 22 / 2008
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	/

SCHE	DULE	D
(Form	990)	

# **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar F	unds or Accounts (Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6)	
	(a) Donor Advised Funds	(b) Funds and Other Accounts
1	Total number at end of year	
2	Contributions to (during year)	
3	Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	
_	funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra used only for charitable purposes and not for the benefit of the donor or donor advisor	
Dai	rt II Conservation Easements (Complete if the organization answered "Yes" to	
		0 1 0111 990, Part IV, IIIe 7)
1	Purpose(s) of conservation easements held by the organization (check all that apply).	of an historically importantly land area
		of an historically importantly land area of certified historic structure
	Preservation of open space	Tor certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the f	form of a conservation easement
-	on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	
b	Total acreage subject to conservation easements	
с	Number of conservation easements on a certified historic structure included in (a) .	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, or terminated by t	he organization during the taxable
	year:	
4	Number of states in which the organization held a conservation easement:	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring or enforcing easements during the year	
6 7	Amount of expenses incurred in monitoring or enforcing easements during the year: _	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	
0	170(h)(4)(B)(i) and $170(h)(4)(B)(ii)$ ?	
9	In Part XIV, describe how the organization reports conservation easements in its rever	
	balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	financial statements that describes
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
i ui	(Complete if the organization answered "Yes" to Form 990, Part IV, line 8)	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or re	
	provide, in Part XIV, the text of the footnote to its financial statements that describes	
h	If the organization elected, as permitted under SFAS 116, to report in its revenue state	
b	historical treasures, or other similar assets held for public exhibition, education, or res	
	provide the following amounts relating to these items:	· · ·
	(i) Revenues included in Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

Scheo	dule D (Form 990) 2008						Page <b>2</b>
Par	rt III Organizations Maintaini	ng Collections	of Art, Hist	toric	al Treasures,	or Other Similar	Assets (Continued)
3	Using the organization's accession a items (check all that apply):	and other record	s, check an	y of	the following the	at are a significan	t use of its collection
а	Public exhibition		d		Loan or exchan	ae programs	
b	Scholarly research		e			9- p 9	
С	Preservation for future generation	ions					
4	Provide a description of the organization Part XIV.		s and explai	in ho	ow they further t	ne organization's e	exempt purpose in
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive d	onations of a ained as part	art, h t of t	istorical treasures the organization's	, or other similar collection?	. 🗌 Yes 🗌 No
Pa	rt IV Trust, Escrow and Custo Part IV, line 9, or reported					answered "Yes"	to Form 990,
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or of	her interme	diary	/ for contributior	s or other assets	not Yes No
h	If "Yes," explain why in Part XIV and						
D			nowing tabl	с.		\$ A	Amount
~	Beginning balance						
	Additions during the year						
e	Distributions during the year						
f	Ending balance						
	Did the organization include an amo						
	If "Yes," explain the arrangement in		,,,,				
Pai	rt V Endowment Funds (Cor		zation ans	were	ed "Yes" to Fo	rm 990, Part IV,	line 10)
	-	(a) Current Year	(b) Prior Y	'ear	(c) Two Years Ba	ack (d) Three Years B	ack (e) Four Years Back
1a	Beginning of year balance						
b	Contributions						
с							
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f g	Administrative expenses End of year balance						
2	Provide the estimated percentage of	f the year end ba	lance held a	as:			
а	Board designated or quasi-endowm	-					
b	Permanent endowment:	_ %					
С	Term endowment:%						
3a	Are there endowment funds not in the	e possession of t	ne organizati	ion t	hat are held and	administered for th	ne
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
-	(ii) related organizations						. 3a(ii)
							. 3b
4 De:	Describe in Part XIV the intended us					V line 10)	
Par	rt VI Investments—Land, Bu						(n =
	Description of investment	(a) Cost or o (investri			Cost or other asis (other)	(c) Depreciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment	· ·					
	Other						
0010	and a rorne (should equal rolling 390, 1			• •			hadula D (Earm 990) 2008

Schedule D (Form 990) 2008

Part VII Investments—Other Securities	(See Form 990, Part X,	line 12)	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valu Cost or end-of-year ma	ation rket value
Financial derivatives and other financial products .			
Closely-held equity interests			
Other			
Column (b) Total (should equal Form 990, Part X, line 12)			
Part VIII Investments—Program Relate	d (See Form 990, Part V	line 13)	
			-41
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Column (b) Total (should equal Form 990, Part X, line 13)			
Part IX Other Assets (See Form 990, Pa	rt X. line 15)		
	(a) Description		(b) Book value
Column (b) Total (should equal Form 990, Part X, line			
Part X Other Liabilities (See Form 990,	· · · · · · · · · · · · · · · · · · ·		
(a) Description of Liability	(b) Amount	_	
Federal Income Taxes		_	
		-	
		-	

Column (b) Total (should equal Form 990, Part X, line 25)

Schedule D (Form 990) 2008

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008		Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990	) to Financial Statement	S
1	Total revenue (Form 990, Part VIII, line 12, column (A))		9,662,070
2	Total expenses (Form 990, Part IX, line 25, column (A))		10,089,425
3	Excess or (deficit) for the year (line 1 minus line 2)		-427,355
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) (add lines 4-8)		0
10	Excess or (deficit) for the year per financial statements (line 3 plus or		-427,355
	t XII Reconciliation of Revenue per Audited Financial Sta		
1	Total revenue, gains, and other support per audited financial statement	nts	1 9,662,070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	
a	Net unrealized gains on investments	2a 2b	-
b	Donated services and use of facilities	20 2c	-
c	Recoveries of prior year grants	20 2d	-
d	Other (Describe in Part XIV)		2e 0
е			
3	Subtract line <b>2e</b> from line <b>1</b>		3 9,662,070
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4b	-
b c	Other (Describe in Part XIV)		4c 0
5	Total Revenue (Form 990, Part I, line 12). Add lines <b>3</b> and <b>4c</b>		5 9,662,070
_	t XIII Reconciliation of Expenses per Audited Financial St		
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · ·	1 10,089,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2 a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	-
c	Losses reported on Form 990, Part IX, line 25	2c	-
d	Other (Describe in Part XIV)	2d	-
e	Add lines <b>2a</b> through <b>2d</b>		2e 0
3	Subtract line 2e from line 1		3 10,089,425
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
-	Other (Describe in Part XIV)	4b	
	Add lines <b>4a</b> and <b>4b</b>		4c 0
5	Total Expenses (Form 990, Part I, line 18). Add lines 3 and 4c		5 10,089,425
Pa	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, line 9; F	Part III, lines 1a and 4; Par	t IV, lines 1b and 2b;
	V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII		

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Non-Cash Contributions**

OMB No. 1545-0047

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.



Employer identification number

ł

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	Method o rev	<b>(d)</b> If deter Venues		g
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles	1 1						
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	~	2	160,328	F	-MV		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution (historic structures)							
	Qualified conservation							
14	contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received	d by the or	ganization during the tax	year for contributions for				
	which the organization complete				29	2		
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prop	erty reported in Part I that i	t must hold			
	for at least three years from the							
	exempt purposes for the entire					30a		~
b	If "Yes," describe the arrangeme	ent in Part	II.					
31	Does the organization have a	-		-				
	contributions?					31		~
32a	Does the organization hire or us	se third par	ties or related organizatior	ns to solicit, process, or se	ll non-cash			
						32a		~
	If "Yes," describe in Part II.			<b>.</b>				
33	If the organization did not report checked, describe in Part II.	ort revenue	s in Column (c) for a type	e of property for which Co	lumn (a) is			

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

es to	20 <b>08</b> Open to Public
	Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

Employer	identification	number
:		

Part VI, Section A, line 8b - There are no committees with authority to act for the governing body	у.
Part VI, Section A, line 10 - Form 990 is reviewed at a special meeting of the Board of Directors	before it is filed.
Part VI, Section C, line 19 - Audited financial statements are available on the organization's web conflict of interest policy, but other documents are available upon request.	osite. We do not have a formal

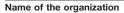
SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See Instructions. Use Schedule R-1 if additional space is needed.



Identification of Disregarded Entities. Complete if the organization answered "Yes" to Form 990, Part IV, line 33.

	-	-		-	
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Total income (\$)	<b>(E)</b> End-of-year assets (\$)	<b>(F)</b> Direct Controlling Entity

#### Identification of Related Tax-Exempt Organizations Part II

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
National Hyrax Foundation 11-9000099	education	СА	E01(c)/2)	7	NA
1234 Weeping Willow Lane Anaheim CA 92812			501(c)(3)	· · · · · · · · · · · · · · · · · · ·	

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

8

6

### Part V Transactions With Related Organizations

	Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		~
b	Gift, grant, or capital contribution to other organization	1b		~
С		1c		~
d	Loans or loan guarantees to or for other organization	1d		~
е	Loans or loan guarantees by other organization	1e		~
f	Sale of assets to other organization	1f		~
g		1g		~
h	Exchange of assets	1h		~
i	Lease of facilities, equipment, or other assets to other organization	1i		~
	Lease of facilities, equipment, or other assets from other organization	1j		<u> </u>
		1k		~
		11		~
		1m	~	
n	Sharing of paid employees	1n	~	
		10	~	
р	Reimbursement paid by other organization for expenses	1p	~	
		1q		V
2 r	Other transfer of cash or property from other organization	1r	rooha	
2				Jus.
	(A) (B) Name of other organization Transaction Am	<b>(C</b> Iount i	; <b>)</b> nvolve	b
	type (a-r)	(\$	)	
(1)				
(2)				
(3)				
. ,				
(4)				
(5)				
(3)				
(6)				

### TY2008 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 - 6/1/2008

TaxPeriodEndDate -- 5/31/2009

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

Form <b>9</b>	90
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# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service(77) The organization may have to use a copy of this return to satisfy state reporting requirement 2008 Open to Public

OMB No. 1545-0047

		```	/				ne 1,					
			r	year, or tax		lickory Trus		2008, and en	uing		ay 31 over identific	, 20 09 ation number
		use IRS Doing Rusinoss As										
	Address	s change	label or	<u>_</u>		k if mail is not deliv	and to atreat add		. /	11 E Toloph	i none number	900005
	Name c	hange	print or type.		,	k li mali is not deliv	ered to street add	Roon	n/suite			
	Initial re	turn	See Specific	1234 Hick						( <b>703</b> )		55-1212
	G E									G Enter g	ross receipts \$	1,129,480
	Amended return tions. Fairfax VA 22031											
Application pending F Name and address of Principal Officer: Bank Trustee H(a) Is this a grou affiliates?										Turn for Yes VNO		
1234 Hickory Lane Fairfax VA 22031 H(b) Are all affiliates in												
Ι	Tax-exe	empt status	s: 🗌 :	501(c) ( )	(insert no.)	✓ 4947(a)(1)	or 527					list. (See instructions)
J	Websi	ite: 🕨									Exemption Nur	,
κ	Type of	organization:	: Corpo	oration 🗹 trust	association	🗌 Other 🕨		L Year of For	mation:		1	egal domicile: VA
	art I	Summ						1			1	•
				the organiz	ation's miss	ion or most	significant a	otivitioo:				
				exempt char			0					
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าลท	· ·											
ver		Oh 1 - 4h '-	<b>-</b>	7					050/			
Activities & Governance	1					tinued its opera						1
				•		f the governi	• • •		,			
itie						g members o	-					
Sti						Part V, line 2a						
ĕ						stimate if neo						
	7a	Enter tot	al gros	s unrelated	business rev	venue from P	art VIII, line	12, column (	(C).		7a_	
	D	Enter net	t unrela	ated busines	s taxable in	come from F	orm 990-1, I	line 34	· · ·			0
Revenue										Prior Y		Current Year
						1h)					0	0
	9	Program	gram service revenue (Part VIII, line 2g)						. —		0	0
				ncome (Part VIII, lines 3, 4, and 7d, column (A))							894,498	957,056
				enue (Part VIII, lines 5, 6d, 8c, 9c, and 10c of column (A), and nue—add lines 8 through 11 (must equal Part VIII, line 12, colum						0	0	
	12	Total reve	enue—a	add lines 8 th	nrough 11 (m	iust equal Pai	t VIII, line 12	, column (A))	_		894,498	957,056
	13	Grants a	nd sim	ilar amounts	s paid (Part	IX, lines 1–3,	column (A))				627,542	650,483
	14	Benefits	paid to	o or for mem	members (Part IX, line 4, column (A))						0	0
ses	15	Salaries,	other co	ompensation	, employee b	enefits (Part I	X, lines 5–10	, column (A))			36,933	39,516
Expenses	16a	Professio	onal fur	ndraising fee	s (Part IX, lin	e 11e, columi	n (A))				0	0
Ă	b	(Enter tot	tal fund	raising exper	nses, Part IX,	line 25, colur	nn (D)	<b></b> )				
	17	Other ex	penses	s (Part IX, lin	es 11a-11d	, 11f–24f, co	lumn (A))				500	578
		18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)).								664,975	690,577	
	19			penses—line		io					229,523	266,479
or									E	Beginning	of Year	End of Year
Net Assets or Fund Balances	20	Total ass	sets (Pa	art X. line 16	5)					16	,736,359	16,889,814
As	21			Part X, line	,						0	0
Ret	22			und balance						16	,736,359	16,889,814
Pa	art II	Sign	ature	Block								
_												the best of my knowledge
		and belie	ef, it is tru	ue, correct, and	complete. Dec	laration of prepa	arer (other than	officer) is based	on all i	informatior	of which pre	parer has any knowledge.
	ease											
Si	-	Sign	nature of	officer						Da	te	
He	ere											
		Туре	e or print	name and title								
		,						Date	Check	: if	Preparer's	PTIN (See Gen. Inst.)
Pai		Preparer <sup>1</sup> signature							self-	yed 🕨 🗌		()
	parer's	Firm's na	,	ours				1			► ¦	
Use	Only	if self-em	nployed),									)
N/-	v tha	address,			the preser	or chown at	NO2 (Coo in	otructions)		Phone r		
						er shown abo						Yes No
For	<sup>•</sup> Privad	cv Act an	d Pape	rwork Reduc	tion Act Not	ice. see the s	eparate instr	uctions.		Cat. No. 1	1282Y	Form <b>990</b> (2008)

Form	990 (2008)			Page <b>2</b>
Pa	t III Statement of Program Service	e Accomplishments (See the instruction	ons.)	
1	Briefly describe the organization's mission			
	grants to tax-exempt charitable organ	izations		
2	Did the organization undertake any sign	ificant program services during the year	which were not listed on	
-	the prior Form 990 or 990-EZ?		· · · · · · · · · · C	🛛 Yes 🗹 No
3	Did the organization cease conducting or services?	or make significant changes in how it co	nducts any program	🛛 Yes 🗹 No
	If "Yes," describe these changes on Sch			
4	Describe the exempt purpose achievem Section 501(c)(3) and (4) organizations a others, the total expenses, and revenue.		rt the amount of grants and	
4a	(Code: ) (Expenses \$	54,435 including grants of \$ 65	0,483 ) (Revenue \$	)
	The Trust makes grants to various cha	arities as required by the will of A. B. H	ickory and related documer	nts.
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services. (Describe in Sc	hedule O.)		
4 -	(Expenses \$ including (			
40	Total program service expenses \$	654,435 Must equal Part IX, Line	25, COIUMN (B).	

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			~
4	501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		~
5	501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		~
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		~
13	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	~	
15	Did the organization report on Part IX, line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	~	
16	Did the organization report on Form 990, Part IX, line 3, more than \$5,000 of aggregate grants or assistance	16		~
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	17		~
17 18	Did the organization report more than \$15,000 on Part IX, line 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		V
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		V
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		V
21	Did the organization report more than \$5,000 on Part IX, line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
22	Did the organization report more than \$5,000 on Part IX, line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to questions 3, 4, or 5, Part VII, Section A? <i>If "Yes," complete Schedule J</i> .	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 24b–24d and complete Schedule K. If "No," go to question 25.	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		~
b		25b		~
26	person from a prior year? If "Yes," complete Schedule L, Part I			Ť
20	disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		~
-1	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		~

Form	Form 990 (2008) Page <b>4</b>				
Ра	rt IV Checklist of Required Schedules (Continued)				
			Yes	No	
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:				
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L,</i>				
	Part IV	28a		~	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		~	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		~	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		~	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets or undergo a substantial contraction? <i>If "Yes," complete Schedule N, Part II</i>	32		~	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		~	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~	
37	Did the organization conduct more than 5% of its exempt activities through an entity that is not a related organization and that is taxed as a partnership? If "Yes," complete Schedule R, Part VI	37		~	

Form	990 (2008)		F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			1
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable101a0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this return <b>2a</b>			
h	Statements filed for the calendar year ending with or within the year covered by this return $\lfloor 2a \rfloor = 0$ If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b		
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		~
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Report of Foreign Bank</i> and <i>Financial Accounts</i> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
•	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	50		
C	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any contribution of \$75 or more?	7a		~
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	~	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	~	
8	501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting			
	organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	8		
9	excess business holdings at any time during the year?			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 0			

Section A.	Governing	Body and	Management

			Yes	No
	For each "Yes" response to lines 2–7 below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		~
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	the governing body?	8a	~	
b	each committee with authority to act on behalf of the governing body?	8b		~
9a	Does the organization have local chapters, branches, or affiliates?	9a		<ul> <li>✓</li> </ul>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		~
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		~
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "Yes":	12a		~
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
~	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c		
13		13		~

Section	С.	Discl	osure
---------	----	-------	-------

**b** Other officers or key employees of the organization?

Describe the process in Schedule O.

17 List the States with which a copy of this Form 990 is required to be filed.

14 Does the organization have a written document retention and destruction policy?
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:
a The organization's CEO, Executive Director, or top management official?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

with a taxable entity during the year?
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

- 18 IRC Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
  □ own website □ another's website ☑ upon request
- **19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Bank Trustee 1234 Hickory Lane Fairfax VA 22031 703-555-1212

14

<u>15a</u> 15b

16a

16b

V

Page 6

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

			mo			0.01,	uuu			
(A)			(D)	(E)	(F)					
Name and Title	Average hours per week	P or director	o Institutional trustee	Officer	a Key employee	the mployee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		rustee	trustee		/ee	mpensated				and related organizations
Bank Trustee Trustee	1		~					42,225	0	0

Ра	rt VII Continued													
1b	Total								42,225		0			0
2	Total number of individuals (including those organization ►	e in 1) who	o rece	ived	mo	ore	than	\$10	0,000 in report	table comp	ensat	ion fro	om th	ie 0
													Yes	No
3	Did the organization list any <b>former</b> office employee in Section A? If "Yes," complete							oyee	e, or highest c	-		3		~
4	For any individual listed in Section A, is the the organization and related organizations	sum of rep	ortab	le co	omp	ben	satior							
							• • •					4		~
5	Did any person listed in Section A receiver services rendered to the organization? If "	e or accrue	e com	pens Sche	sati	on le .1	from	any		anization fo		5		~
Se	ction B. Independent Contractors	100, 00111		50110	aui	00	101 0				<u>.</u>	5		-
1	Complete this table for your five highest co compensation from the organization.	ompensate	d ind	epen	Idei	nt c	ontra	cto	rs that received	d more tha	n \$10	0,000	of	
	(A) Name and business add	Iress							<b>(B)</b> Description of s	ervices	C	<b>(C)</b> Compen	isation	
		-			_	_	-							

0

Form	990	(2008)
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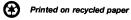
Part	: VIII	Statement of Re	venue					
					<b>(A)</b> Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
s, grants imounts	b	Federated campaigns Membership dues	1b _					
ns, gifts imilar a	d	Fundraising events . Related organizations Government grants (con	1d _					
Contributions, gifts, grants and other similar amounts	f g	All other contributions, gifts, similar amounts not included Noncash \$ Total (lines 1a–1f).	grants, and above <b>1f</b>					
e				Business Code				
Program Service Revenue	2a b c d e							
Progra	f	All other program servi	ice revenue					
	3	Investment income (incother similar amounts)			793,949			793,949
	4 5	Income from investment of Royalties						
	62	Gross Rents			-			
	b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo						
	7a	Gross amount from sales of assets other than inventory	(i) Securities 335,531	(ii) Other				
		Less: cost or other basis and sales expenses .	172,424 163,107		-			
		Gain or (loss) Net gain or (loss)			163,107			163,107
Other Revenue		Gross income from events (not including \$ of contributions reporte See Part IV, line 18.	fundraising d on line 1c).					
Othe		Less: direct expenses Net income or (loss) fro	b	vents 🕨				
	b	Gross income from gaming ac IV, line 19. Less: direct expenses. Net income or (loss) fro	a b	ities ►	_			
	10a b	Gross sales of inver- returns and allowances Less: cost of goods so Net income or (loss) from	entory, less		-			
		Miscellaneous Rev		Business Code				
	b c	All other revenue						
		Total Total Revenue. Add lin 9c, 10c, and 11e	\$ nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c, ►	957,056	0	0	957,056

# Part IX Statement of Functional Expenses

	501(c)(3) and (4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	542,070	542,070	gonoral oxponses	expendee				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	108,413	108,413						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	39,516	3,952	35,564					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
	Management								
		563		563					
	Accounting	505		505					
	Lobbying								
	Professional fundraising. See Part IV, line 17								
	Investment management fees								
g	Other								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any Federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
а	miscellaneous	15		15					
b									
c									
d									
e									
	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	690,577	654,435	36,142	0				
26	Joint Costs. Check if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part	X	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. <i>Complete Part II of Schedule L</i> .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete</i>		6	
	_	Part II of Schedule L		7	
בי	7	Notes and loans receivable, net		8	
433613	8	Inventories for sale or use		<u> </u>	
	9	Prepaid expenses and deferred charges		9	
1	0a	Land, buildings, and equipment: cost basis 10a			
	b	Less: accumulated depreciation. Complete       Part VI of Schedule D       10b		10c	
1	1	Investments—publicly traded securities	16,736,359	11	16,889,81
1	2	Investments—other securities. Complete Part VII of Schedule D		12	
1	3	Investments—program-related. Complete Part VIII of Schedule D		13	
1	4	Intangible assets		14	
	5	Other assets. Complete Part IX of Schedule D		15	
1	6	Total assets. Add Columns A and B, lines 1 through 15 (must equal line 34).	16,736,359	16	16,889,81
1	7	Accounts payable and accrued expenses		17	
1	8	Grants payable		18	
1	9	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
2	22	Payables to current and former officers, directors, trustees, key			
		employees, highest compensated employees, and disqualified			
-		persons. Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	0	26	
2020		Organizations that follow SFAS 117, check here $\blacktriangleright$ and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
2   2	28	Temporarily restricted net assets		28	
2 2	<u>29</u>	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here $\blacktriangleright$ and complete lines 30 through 34.			
3 3	80	Capital stock or trust principal, or current funds	16,716,294	30	16,869,68
	81	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξ 3	32	Retained earnings, endowment, accumulated income, or other funds	20,065	32	20,13
3	33	Total net assets or fund balances	16,736,359	33	16,889,81
- 1 1	34	Total liabilities and net assets/fund balances	16,736,359		16,889,81

			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 cash 🛛 🗹 accrual 🔲 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		~
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		~
b	If "Yes," did the organization undergo the required audit or audits?	3b		



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

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations.

#### See instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

\_\_\_\_\_

Employer identification number

Part I Reason for Public Charity Status (to be completed by all organizations) (See instructions) The organization is not a private foundation because it is: (Please check only one applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 1 2 A school. Section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 4 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 5 170(b)(1)(A)(iv). (Complete the Support Schedule in Part II.) 6 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). 7 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). (Complete the Support Schedule in Part II.) 8 A community trust. Section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.) An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub> % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Section 509(a)(2). (Complete the Support Schedule in Part III.) An organization organized and operated exclusively to test for public safety. Section 509(a)(4). (See instructions.) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I b 🗹 Type II **c** Type III–Functionally Integrated **d** Type III–Other e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) ~ 11g(i) and (iii) below, the governing body of the supported organization? V 11g(ii) (ii) a family member of a person described in (i) above? 11g(iii) 1 (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (vi) Is the (iii) Type of organization (i) Name of Supported (ii) EIN (iv) Is the organization (v) Did you notify (vii) Amount of organization in (i) (described on lines 1-9 in (i) listed in your Organization the organization in support organized in the governing document? above or IRC section.) (i) of your support? U.S.? Yes Yes No No Yes No **Child Care Society** 7 11-9000051 1 V 108,414 1 Common 7 V ~ 11-9000052 1 108,414 Association **Church Home** 7 11-9000053 1 1 1 108,414 Small College 2 11-9000054 1 1 1 216,828 **Old Folks Home** 9 11-9000055 ~ 1 108,413 ~ Total 650.483

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule F (Form 990)		Statement of Activities Outside the United State	es	OMB No. 1545-0047				
	tment of the Treasury al Revenue Service	Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.		Open to Pu Inspection	ublic			
Namo	Employe	er identification	number					
Pa		Information on Activities Outside the United States. Complete if the o Form 990, Part IV, line 14b.	rganizat	ion answered	ł			
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							

- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region. (Use Schedule F-1 if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures in region
North America	0	0	grants to recipients		108,413
Totals	0	0			108,413

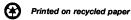
Schedule F (Form 990) 2008

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	housing fo		wire transfer	0		
	Use Schedule F-1 if addition	Use Schedule F-1 if additional space is need	Use Schedule F-1 if additional space is needed.         (a) Name of organization       (b) IRS code section and EIN (if applicable)       (c) Region	Use Schedule F-1 if additional space is needed.         (a) Name of organization       (b) IRS code section and EIN (if applicable)       (c) Region       (d) Purpose of grant	Use Schedule F-1 if additional space is needed.         (a) Name of organization       (b) IRS code section and EIN (if applicable)       (c) Region       (d) Purpose of grant       (e) Amount of cash grant         (a) Name of organization       (b) IRS code section and EIN (if applicable)       (c) Region       (d) Purpose of grant       (e) Amount of cash grant	Use Schedule F-1 if additional space is needed.         (a) Name of organization       (b) IRS code section and EIN (if applicable)         (c) Region       (d) Purpose of grant         (e) Amount of cash grant       (f) Manner of cash disbursement         (b) IRS code section and EIN (if applicable)       (c) Region         (d) Purpose of grant       (e) Amount of cash disbursement	Use Schedule F-1 if additional space is needed.         (a) Name of organization       (b) IRS code section and EIN (if applicable)       (c) Region       (d) Purpose of grant       (e) Amount of cash disbursement       (f) Manner of cash disbursement       (g) Amount of non-cash disbursement         Image: Colored Colo	Use Schedule F-1 if additional space is needed.         (a) Name of organization       (b) IRS code section and EIN (if applicable)       (c) Region       (d) Purpose of grant       (e) Amount of cash disbursement       (f) Manner of cash disbursement       (g) Amount of non-cash assistance       (h) Description of non-cash assistance         Image: Color

2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has	
	provided a section 501(c)(3) equivalency letter	1
3	Enter total number of other organizations or entities	0

Schedule F (Fo	
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
The recipi	ent provides an annual report of its use of the funds.



SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 2, for any recipient who received more than \$5,000.

Name of the organization

#### Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule I-1 if additional space is needed

<b>1</b> (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child Care Society	11-9000051	501(c)(3)	108,414	0	· · · · · · · · · · · · · · · · · · ·		childcare
Common Association	11-9000052	501(c)(3)	108,414	0			community work
Church Home	11-9000053	501(c)(3)	108,414	0			housing for poor
Small College	11-9000054	501(c)(3)	216,828	0			building fund
<ul> <li>2 Enter total number of 501(c)(3)</li> <li>3 Enter total number of other or</li> </ul>		-	· · · · · · · · ·				4

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

08

Part III G	Grants and Other Assistance to In Jse Schedule I-1 if additional space	dividuals in the is needed.	United States. Co	omplete if the orgar	ization answered "Yes"	on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV S	Supplemental Information. Comple	te this part to p	rovide the informat	ion required in Part	I, line 2, and any other	additional information.
Each recipie	ent provides an annual report of its us	e of the funds.				





#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2 08 **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service	
Name of the organization	n

Part VI, Section A, line 8b - There are no committees with authority to act for the governing body.
Part VI, Section C, line 19 - Audited financial statements are available upon request.

## TY2008 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 - 7/1/2008 TaxPeriodEndDate -- 6/30/2009

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 Fo	rm					OMB No. 1545-1150
For	<b>. 99</b>	0-EZ		Return of Organiz Under section 501(c), (except black	527, or 4947(a)(1)	of the Internal	Revenue	Code			2008
			► For	<ul> <li>Sponsoring organizations and co rm 990. All other organizations witi \$2,500,000 a</li> </ul>	ntrolling organization	ns as defined i s than \$1,000.0	in section 5	512(b)(13) mu tal assets les	ust file ss than	0	pen to Public
		f the Treasury		<ul> <li>\$2,500,000 a</li> <li>The organization may have to u</li> </ul>	t the end of the yea	ar may use this	form.	ina requirem	nents		Inspection
		ue Service 2008 calend		, or tax year beginning	13	, 2008	,	0 1	June	30	, 20 09
_	Check if a		Please	C Name of organization		,					ntification number
	Address of	*	use IRS label or	Magnolia Civic Foundati					11		900007
H	Name cha Initial retu	*	print or type.	Number and street (or P.O. bo	ox, if mail is not deli	ivered to street	address)	Room/suite	E Teleph	one ni	ımber
	Terminatio		See Specific	3522 W Paseo Secundo					( 520	,	555-1212
	Amended		Instruc-	City or town, state or country,	and ZIP + 4				F Group		
		on pending	tions.	Tucson AZ 85701	ment obsritable i	hurrata marrat d	ottoob	G Acco	Numbe	-	. Cash Z Accrual
	• Secti	on 501(c)(3)	organiza	ations and 4947(a)(1) nonexe	mpt charitable t	rusts must a	attacn		r (specify)		
I I	Websit	te: 🕨									organization is <b>not</b> edule B (Form 990,
J	Organiz	zation type (c	heck or	nly one)— 🗹 501(c) ( 3 ) ◀ (ir	nsert no.) 🗌 49	947(a)(1) or	527	990-E	Z, or 990-	PF).	
				on is not a section 509(a)(3) sup ization chooses to file a return,				pts are nor	mally <b>not</b> n	nore th	an \$25,000. A return is
	· ·			ne 9 to determine gross receipts				ead of Form	n 990-EZ	▶\$	66,569
Pa	art I	Revenue,	Expe	nses, and Changes in	Net Assets or	r Fund Ba	lances	(See pag	e 47 of t	he in	structions.)
	1	Contributio	ns, gifts	s, grants, and similar amount	is received.					1	18,424
	2	Program s	ervice r	revenue including governme	ent fees and co	ontracts .			-	2	
	3		•	s and assessments						3 4	29
	4	Investment						• • •	· · ·	4	23
	5a b			om sale of assets other than er basis and sales expense			5b				
	c			n sale of assets other than			5b) (atta	ach sched	ule).	5c	
Revenue	6		,	vities (complete applicable parts of	• •		, ,		· · · · ·		
ver	a			ot including \$							
Å		reported o	n line 1	)			6a		48116		
	1			nses other than fundraising			6b		44329	6.	2707
				ss) from special events and			8 66) .   <b>7a</b>		· · ·	6c	3787
	1			ventory, less returns and al ds sold			7b				
	1			oss) from sales of inventory						7c	
	8	Other reve	nue (de	escribe 🕨					)	8	
	9	Total reve	nue (ac	dd lines 1, 2, 3, 4, 5c, 6c, 7	7c, and 8).				►	9	22,240
	10			r amounts paid (attach sch						10	32,671
S	11			or for members						11 12	
Expenses	12 13			mpensation, and employee and other payments to ind						13	
per	14			utilities, and maintenance						14	
ш	15			ons, postage, and shipping						15	
	16	Other expe	enses (d	describe 🕨					)	16	499
	17	Total expe	enses (a	add lines 10 through 16)					🕨	17	33,170
ets	18			) for the year (line 9 less lin						18	-10,930
Assets	19			nd balances at beginning o						19	18,125
Net A	20	Other char	ir tigure Ides in	e reported on prior year's net assets or fund balance	return) . s (attach expla	nation)	• • •	• • •	· · ·	20	0
ž	21	Net assets	or fund	d balances at end of year (	(combine lines	18 through 2	20)			21	7,195
Pa	art II			s. If Total assets on line 25							
			(S	See page 51 of the instructi	ions.)			<b>(A)</b> Beg	ginning of ye		(B) End of year
22				estments					17,21	2 22	
23										23	
24		•		▶						3 24 25 25	
25									10,12	0 26	
26 27	Net	assets or f	und ba	be ► alances (line 27 of column	(B) <b>must</b> agree	with line 21	)))		1812	25 27	

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

Cat. No. 10642I

Form **990-EZ** (2008)

Form 990-EZ (2008)					Page <b>2</b>
Part III Statement of Program Service Accon	nplishments (See page 5 <sup>.</sup>	1 of the instructio	ns.)		Expenses
What is the organization's primary exempt purpose?	(Rec	uired for 501(c)(3)			
Describe what was achieved in carrying out the organiz	ration's exempt purposes. In	a clear and conc	ise manner	and	(4) organizations 4947(a)(1) trusts;
describe the services provided, the number of persons be	enefited, or other relevant info	prmation for each p	rogram title.	opti	onal for others.)
28 Funds were disbursed to non-profit organization					
and similar purposes					
					00.074
(Grants \$ 32,671) If this amount inc	ludes foreign grants, check	here	. 🕨 🗆	28a	32,671
29					
			<u></u>		
(Grants \$) If this amount inc	ludes foreign grants, check	here	. 🕨 🗌	29a	
30					
	ludes foreign grants, check			30a	
31 Other program services (attach schedule)					
	ludes foreign grants, check			31a	
32 Total program service expenses (add lines 28a t				32	32.671
Part IV List of Officers, Directors, Trustees, and Key				_	- /-
	(b) Title and average	(c) Compensation	(d) Contributio	ons to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	account and other allowances
John Dogwood	president	enter -0)		115411011	
3522 W Paseo Secundo Tucson AZ 85701	5	0		0	0
	-	v		U	V
Jane Bradford	secretary			•	
3522 W Paseo Secundo Tucson AZ 85701	5	0		0	
Jean Boxwood	treasurer				
3522 W Paseo Secundo Tucson AZ 85701	5	0		0	0
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Form	990-EZ	(2008)
1 01111	330-LZ	(2000)

Form	990-EZ (2008)		F	Page 3
Pa	rt 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 <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	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," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37b		~
	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		~
39	501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ ; section 4912 $\blacktriangleright$ ; section 4955 $\blacktriangleright$ 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," complete Schedule L,			
	Part I	40b		~
с	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			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	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 Located at ► 3522 W Paseo Secundo Tucson AZ	) 5 857		12
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		Yes	No
	account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<ul> <li>✓</li> </ul>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
			Vac	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Tes	No
	Form 990-EZ	44		F -

	10mm 330-LZ .																										
45	Is any related or	ganizat	tion a	contro	olled	entity	y wi	thin	the	me	aning	g of	sec	ctior	ז ה	12(1	b)(1	3)?	? If	"Ye	es,"	' Fo	orm	99	90 r	nus	st
	be completed in	stead	of Fo	rm 990	)-EZ																						

Form 990-EZ (2008)

~

45

Form 990-EZ (	2008)	F
Part VI	Section 501(c)(3) organizations only. All 50	01(c)(3) organizations must answer questions 46-49 and
	complete the tables for lines 50 and 51	

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		~
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		~
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
	Did the organization make any transfers to an exempt non-charitable related organization?	49a		<b>v</b>
	If "Yes" was the related organization(s) a section 527 organization?	49b		

50	Complete this table for the	five highes	t compensated	employees	(other than	officers,	directors,	trustees	and key	employees)	who
	received more than \$100,00	00 of comp	ensation from	the organiza	tion. If there	are nor	ne, enter "I	None."			

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ►				

Complete this table for the five highest compensated independent contractors that received more than \$100,000 of 51 compensation from the organization. If there are none, enter "None."

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none			
Total numb	per of other independent contractors receiving over \$100,000	►	
	Under penalties of perjury, I declare that I have examined this return, including accor and belief, it is true, correct, and complete. Declaration of preparer (other than offic		
Sign			
Here	Signature of officer	Date	
	Type or print name and title.		
Paid	Preparer's signature Date	te Check if self- employed ►	s PTIN. See Gen. Inst. X
Preparer's Use Only	Firm's name (or yours if self-employed),	EIN ►	1 1 1
	address, and ZIP + 4	Phone no. ► (	)
May the IF	S discuss this return with the preparer shown above? See instruction	ns	.► 🗌 Yes 🗌 No
			Form <b>990-EZ</b> (2008)

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

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations.

#### See instructions.

OMB No. 1545-0047 2 08 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ł

Ра	rt I	Reason	for Public Ch	arity Status (to be	comple	ted by a	all organ	izations)	(See in:	struction	s)
The	orga	anization is n	ot a private foun	dation because it is:	(Please c	heck onl	y <b>one</b> ap	plicable k	box.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes. <b>Sec</b> t	tion 170(	b)(1)(A)(i)			
2				A)(ii). (Attach Schedu	-						
3		-		nospital service orgar							
4			-	ion operated in conjur		-			)(1)(A)(iii)	. Enter the	e hospital's name,
E				r the henefit of a cal							ntal unit <b>Castion</b>
5		•	•	r the benefit of a col ne Support Schedule	•		owned c	or operate	eu by a g	Jovernme	ntar unit. Section
6				ernment or governme			170(b)(1	)(A)(v).			
7		An organizat	ion that normally	receives a substantia	al part of	its suppo	ort from a		ental uni	t or from t	he general public.
8				mplete the <i>Support S</i> <b>170(b)(1)(A)(vi).</b> (Com				la in Dart	11.)		
9			-	receives: (1) more th	-				-	nembershi	p fees and gross
Ũ		•		ed to its exempt function							
				ent income and unre							
		acquired by	the organization	after June 30, 1975.	Section	509(a)(2)	. (Compl	ete the S	upport S	chedule i	n Part III.)
10		-	-	nd operated exclusive	-	-	-				
11				nd operated exclusiv							
				ublicly supported org at describes the type							
		a Type						Integrate		_	Type III–Other
е				ify that the organizat							
		persons othe	er than foundatio	n managers and othe							
		509(a)(1) or s	section 509(a)(2)								
f		-		a written determinat	ion from	the IRS	that it is	a Type	I, Type I	l or Type	III supporting
		•	, check this box								🛘
g		following per		the organization acce	epted any	gift or c	ontributio	on from a	ny of the	<u>;</u>	
				· indirectly controls, e	either alo	ne or too	ether wit	th person	s descril	bed in (ii)	Yes No
				ning body of the sup							11g(i)
				rson described in (i) a							11g(ii)
				of a person described				· · .			11g(iii)
h		Provide the	following informa	ation about the organ	izations t	the organ	ization s	upports.	()	a tha	
(i)		e of Supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization ed in your		ou notify	organiza	is the ation in (i)	(vii) Amount of support
		J		above or IRC section.)		document?		r support?		ed in the S.?	
					Yes	No	Yes	No	Yes	No	
Tota	al										

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

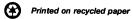
					,		
	lic Support	1				[	
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total						-
5	Amounts included on line 1 from each person (other than a governmental unit or publicly supported organization) whose total payments for the years in columns (a) through (e) exceeded 2% of the amount shown on line 11 column (f)						
6	Public Support (line 4 minus line 5) .						
-	al Support	() 000 (	(1) 0005	() 0000	( )) 0007	() 0000	
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11	Total Support (Add lines 7 through 11)						
12	Gross receipts from related activities, etc	. (See instruction	ons.)			12	
13	<b>First Five Years:</b> If the Form 990 is organization, check this box and <b>stop</b>	here	zation's first,				
Con	nputation of Public Support Perce	ntage				1	
14	Public Support Percentage for 2008 (lin					14	%
15	Public Support Percentage from 2007	Schedule A, P	art IV-A, line 2	6f		15	%
16a	331/3 % Test - 2008: If the organization	n did not chec	k the box on li	ine 13, and line	e 14 is 331/3 %	,	
	and stop here. The organization qualif	-		-			
b	331/3 % Test - 2007: If the organization						
	box and <b>stop here.</b> The organization of			-			
17a	<b>10% Facts and Circumstances Test</b> is 10% or more, and if the organization in Part IV how the organization meets the organization	meets the "fac e "facts and ci	cts and circum ircumstances"	stances" test, test. test. test. The organ	check this box nization qualifie	and <b>stop her</b> es as a publicl	<b>'e.</b> Describe y supported
b 18	10% Facts and Circumstances Test 15 is 10% or more, and if the organiz Describe in Part IV how the organization supported organization Private Foundation: If the organization	ation meets t meets the "fa 	he "facts and acts and circun	circumstances nstances" test.	" test, check The organizat	this box and ion qualifies a	stop here. as a publicly ▶ □
10	instructions			ie 13, 10a, 10i	J, 17A UT 17D,		

Schedule A (Form 990 or 990-EZ) 2008

# Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)<br/>(Complete only if you checked the box on line 9 of Part I.)

Pub	lic Support			,				
Ca	alendar year (or fiscal year beginning in)	<b>(a)</b> 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,885	2,860	5,574	12,737	18,424	42,480	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .							
3	Gross receipts from activities that are not an unrelated trade or business under section 513	18,584	19,542	17,336	21,819	48,116	125,397	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total	21,469	22,402	22,910	34,556	66,540	167,877	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0	
7b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of line 13 for the year or \$5,000						0	
7c	Total of lines 7a and 7b						0	
$\frac{8}{Tat}$	Public Support (line 6 minus line 7c)						167,877	
	al Support Ilendar year (or fiscal year beginning in)	<b>(a)</b> 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
		(a) 2004 21,469	<b>22,402</b>	<b>22,910</b>	34,556	66,540	167,877	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25	21	16	27	29	118	
10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 6/30/75							
10c 11	Total of lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	4,149	8,419				12,568	
13 14	Total Support (Add lines 9, 10c, 11 and 12) . First Five Years: If the Form 990 is the form 100 is the form 10	-				•		
Cor	organization, check this box and stop I nputation of Public Support Perce						▶∟	
15	Public Support Percentage for 2008 (lir		divided by line	a 13 column (f		15	<b>93.0</b> %	
16	Public Support Percentage from 2007 S					16	89.4 %	
Cor	nputation of Investment Income P			0	I.	-		
17	Investment Income Percentage for 200	B (line 10c colu	umn (f) divided	by line 13 col	umn (f))	17	. <b>07</b> %	
18	Investment Income Percentage from 20	07 Schedule A	A, Part IV-A, lin	ie 27h	l	18	.07 %	
19a								
	not more than $33\frac{1}{3}$ %, check this box a	-	-	-				
b	$33{3}$ % Tests - 2007: If the organization of is not more than $33{3}$ %, check this box a							
20	Private Foundation: If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►							

Schedule A (Form 990 or 990-EZ) 2008 Page 4							
Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 17a or 17b, the explanation for Part II, line 10, or Part III, line 12, and any other additional information.						
Part III line	12 The other income reported here is from miscellaneous fees.						



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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Magnoli

Organiza

Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>2</sub> % 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 Form 990, Part VIII, line 1h, and line 1 of Form 990-EZ. (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 answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

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

Attach to Form 990, 990-EZ, and 990-PF (see instructions)

Schedule of Contributors

Employer identification number

a Civic Foundation	11	 9000007
ation type (check one):		

Name of organization

 ${ { Employer identification number } } \\ { { { { I } } } }$ 

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	\$6137_	Person Payroll Noncash (Complete Part II if there is
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE G

(Form 990 or 990-EZ)

#### Department of the Treasury Internal Revenue Service

#### Name of the organization

# **Supplemental Information Regarding** Fundraising or Gaming Activities

▶ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.



No

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. (Check all that apply) solicitation of non-government grants

- mail solicitations email solicitations

  - phone solicitations in-person solicitations

- solicitation of government grants ~
- special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	<b>(v)</b> Amount paid to (or retained by) fundraiser listed in (i)	<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No			
Total			►			
<b>3</b> List all states in which the organ registration or licensing.	nization is regist	ered or li	censed to	solicit funds or	has been notified it	is exempt from

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		more than \$15,000 on F	,	0	1 0	,000.
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Disaster T-Shirts	Golf tournament	1	(sum of (a)-(c))
e			(event name)	(event name)	(total number)	
Revenue			22.766	10.010	0.040	50 746
leve	1	Gross receipts	32,766	10,010	9,940	52,716
ш	2	Less: (Charitable contributions)	0	4,600	0	4,600
	3	Gross revenue (line 1		.,		.,
		minus line 2)	32,766	5,410	9.940	48,116
	4	Cash prizes		500		500
S						
Ise	5	Non-cash prizes				
per						
Ě	6	Rent/Facility costs				
<b>Direct Expenses</b>	7	Other direct expenses .	31,949	3,987	7,893	43,829
Ō	ľ			-,		
	8	Direct expense summary (Sui	m lines 4-7, column (d))			44,329
	9	Net Income Summary. (Enter				3,787
Pa	rt I	<b>Gaming.</b> Complete if t than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19,	or reported more
e			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (sum
Revenue			(2) 2	bingo/progressive bingo	(c) caller galling	of (a)-(c))
Sec.						
_	1	Gross Revenue				
s						
Jse	2	Cash Prizes				
bei	3	Non-Cash Prizes				
ŵ						
Direct Expenses	4	Rent/Facility Costs .				
ā		-				
	5	Other Direct Expenses .				
			□ Yes%	☐ Yes%	☐ Yes%	
	6	Volunteer Labor	L No	No	□ No	
	_					
	7	Direct expense summary (Su	m lines 2-5, column (d))		•	
	8	Net gaming income summary	/ (Enter the difference b	etween lines 1(d) and 7	(d)) 🕨	
					l	Yes No
9	Er	nter the state(s) in which the o	rganization operates ga	amina activities:		
а		the organization licensed to c	•		es?	. 9a
b	lf	"No," Explain:				
		ere any of the organization's g	gaming licenses revoke	d, suspended or termir	ated during the tax yea	r? <b>10a</b>
b	IŤ	"Yes," Explain:				
11	 ח	pes the organization operate g	aming activities with p	onmembers?		11
12		the organization a grantor, be				·
		rmed to administer charitable				

Schedule G (Form 990 or 990-EZ) 2008

			Yes	No
	Indicate the percentage of gaming activity operated in:13aThe organization's facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name:			
	Address:			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
	If "Yes," enter the amount of gaming revenue received by the organization \$and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address:			
	Name:			
	Address:			
16	Gaming Manager Information			
	Name:			
	Gaming Manager Compensation \$			
	Description of Services Provided:			
	Director/Officer Employee Independent Contractor			
17	Mandatory Distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b				

Schedule G (Form 990 or 990-EZ) 2008



# GrantsAndSimilarAmountsPaidSchedule

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

## TY2008 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 – 1/1/2008 TaxPeriodEndDate -- 12/31/2008

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

			Short Form			MB No. 1545-1150
Form	99	0-EZ	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)	K		2008
			Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must fill	e	Or	pen to Public
		the Treasury	Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less that \$2,500,000 at the end of the year may use this form.			Inspection
		ue Service	The organization may have to use a copy of this return to satisfy state reporting requirements.			
_			ar, or tax year beginning , 2008, and ending	Freedore		, 20
	ddress c	change use l	AS Mahania Balitian Action Committee	Employ 11	er iden	tification number 9000010
	lame cha	š lahel		Telepho		
	nitial retu	im type.		(617		555-1212
	erminatio mended	Spec	fic City or town state or country and ZIP + 4	Group I	,	
		on pending linstr	C-	Number	•	
•	Secti	on 501(c)(3) orga		ng meth	nod:	Cash 🗌 Accrual
			Other (spo			
						rganization is <b>not</b>
	Vebsit					edule B (Form 990,
					,	
		0	ation is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are normally anization chooses to file a return, be sure to file a complete return.	y <b>not</b> m	ore that	an \$25,000. A return is
			b line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990	0-F7	▶ \$	27,508
	rt I		penses, and Changes in Net Assets or Fund Balances (See page 4			
	1		ifts, grants, and similar amounts received.		1	25,735
	2	-	e revenue including government fees and contracts		2	
	3	-	les and assessments	•••	3	1,200
	4	Investment inc		: :	4	573
	5a	Gross amount	from sale of assets other than inventory			
	b		ther basis and sales expenses			
	с		om sale of assets other than inventory (line 5a less line 5b) (attach schedule).	L	5c	
Revenue	6		activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 🕨 [			
Nel	а	Gross revenue	(not including \$ of contributions			
۳,		reported on lin		_		
	b		penses other than fundraising expenses		_	
	С		(loss) from special events and activities (line 6a less line 6b)	· ·	6c	
	7a		inventory, less returns and allowances			
	b	Less: cost of g			7c	
	с 8	Other revenue	(loss) from sales of inventory (line 7a less line 7b)	· · ⊢	8	
	9	Total revenue	describe ►	′ ⊢	9	27,508
-	10		ilar amounts paid (attach schedule)		10	16,000
	11			· · ⊢	11	
es	12	Salaries, other	compensation, and employee benefits	: : C	12	
Expenses	13		es and other payments to independent contractors		13	1,200
xpe	14		nt, utilities, and maintenance		14	
Ш	15		ations, postage, and shipping		15	67
	16	Other expense	s (describe		16	
-	17		(add lines 10 through 16)		17	17,267
sts	18		cit) for the year (line 9 less line 17)	· · ⊨	18	10,241
Assets	19		und balances at beginning of year (from line 27, column (A)) (must agree v		10	E 404
t A	00	end-of-year fig	ure reported on prior year's return)	· ·  -	19 20	5,191
Net	20 21		in net assets or fund balances (attach explanation)	🛏	20	15,432
Pa	rt II		ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form \$			
га			(See page 51 of the instructions.) (A) Beginnir			(B) End of year
22	Cash	h savings and	Nestments		1 22	15,432
22				- , - •	23	,
24			De ▶)		24	
25		•	· · · · · · · · · · · · · · · · · · ·	5,19	1 25	15,432

26 Total liabilities (describe ►
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

\_ )

Form 990-EZ (2008)

0

15,432

0 26

5,191 27

Form 990-EZ (200	8)
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Part III Statement of Program Service Accom		Expenses					
What is the organization's primary exempt purpose? to			/		uired for 501(c)(3)		
Describe what was achieved in carrying out the organize	ation's exempt purposes. In	and (4) organizations and 4947(a)(1) trusts;					
describe the services provided, the number of persons ber	nefited, or other relevant info	rmation for each p	rogram title.	opti	onal for others.)		
28 made contributions to six candidates							
(Grants \$) If this amount inclu	udes foreign grants, check	here	. 🕨 🗌	28a			
29							
(Grants \$) If this amount inclu	udes foreign grants, check	here	. 🕨 🗌	29a			
30							
			·····				
	udes foreign grants, check			30a			
<b>31</b> Other program services (attach schedule)				01-			
(Grants \$ ) If this amount inclu 32 Total program service expenses (add lines 28a th	udes foreign grants, check			31a 32			
Part IV List of Officers, Directors, Trustees, and Key					ha instructions )		
Part IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances		
Belle Hood	president	enter -0)		15411011	other allowances		
135 Anemone Ave Raintown WA 98530	5	0					
Benjamin Butler	treasurer						
980 Tiarella Trail Belmont MA 02478	1	0					
J. L. Chamberlain	secretary						
171 Phlox Place Belmont MA 02478	1	0					

Form **990-EZ** (2008)

Form	990-EZ	(2008)
1 01111	330-LZ	(2000)

	990-EZ (2008)		P	age 🤇
Pa	<b>Other Information</b> (Note the statement requirement in General Instruction V.)		Vee	No
			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 <b>not</b>			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	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," complete applicable parts of Schedule N	36		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	_		
	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	20-		~
h	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	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," complete Schedule L,			
	Part I	40b		
С	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40		
	transaction? If "Yes," complete Form 8886-T.	40e		L
<b>4</b> 2a	The books are in care of ► Benjamin Butler Telephone no. ► (617	) 5	55-12	12
τLu	Located at ► 980 Tiarella Trail Belmont MA	024		
h	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		Yes	No
	account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.	40-		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		~
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• • •	•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		~
				(

	10m 330-LZ					•		•	•	•									•	•							•		
45	Is any related o	rgani	izatic	on a	contr	rolled	entit	y w	vithi	in th	ne r	mea	ning	g of	sec	ctior	ז 5 <sup>-</sup>	12(k	b)(1	3)?	۱f	"Ye	es,"	' Fo	orm	99	0 r	nus	st
	be completed i	nstea	ad of	f For	m 99	90-ЕZ																							

Form **990-EZ** (2008)

V

45

GrantsAndSimilarAmountsPaidSchedule

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

Form	990-EZ	(2008)	
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Part VI	Section 501(c)(3)	organizations	only.	All	501(c)(3)	organizations	must	answer	questions	46–49	and
	complete the table	s for lines 50 a	nd 51.			-					

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

b	lf	"Yes," was the related	d organization(s)	a section 527	organization?	 	 	490
	~					 	 	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. If there are none, enter "None."

		(a) Name and address of each independent contractor paid more than \$100,000		<b>(b)</b> T	ype of se	rvice	(c) Compensa	ation
Sign       Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle         Sign       Signature of officer       Date         Freparer's       Preparer's signature       Preparer's row of the preparer's PTIN. See Gen. Inst. X         Paid       Preparer's signature       EIN         Firm's name (or yours if self-employed), address, and ZIP + 4       Phone no. ()         May the IRS discuss this return with the preparer shown above? See instructions								
Sign       Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle         Sign       Image: signature of officer       Image: signature of officer         Paid       Preparer's signature       Image: signature of officer       Image: signature of officer         Firm's name (or yours if self-employed), address, and ZIP + 4       Image: signature of officer       Image: signature of officer         May the IRS discuss this return with the preparer shown above? See instructions       Image: signature of officer       Image: signature of officer								
Sign       Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle         Sign       Image: signature of officer       Image: signature of officer         Paid       Preparer's signature       Image: signature of officer       Image: signature of officer         Firm's name (or yours if self-employed), address, and ZIP + 4       Image: signature of officer       Image: signature of officer         May the IRS discuss this return with the preparer shown above? See instructions       Image: signature of officer       Image: signature of officer								
Sign       Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle         Sign       Signature of officer       Date         Freparer's       Preparer's signature       Preparer's row of the preparer's PTIN. See Gen. Inst. X         Paid       Preparer's signature       EIN         Firm's name (or yours if self-employed), address, and ZIP + 4       Phone no. ()         May the IRS discuss this return with the preparer shown above? See instructions								
Sign       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle         Sign       Signature of officer       Date         Freparer's       Preparer's signature       Preparer's return         Firm's name (or yours if self-employed), address, and ZIP + 4       Date       Check if self-employed, address, and ZIP + 4         May the IRS discuss this return with the preparer shown above? See instructions								
Sign       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle         Sign       Signature of officer       Date         Freparer's       Preparer's signature       Preparer's return         Firm's name (or yours if self-employed), address, and ZIP + 4       Date       Check if self-employed, address, and ZIP + 4         May the IRS discuss this return with the preparer shown above? See instructions								
Sign       Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle         Sign       Signature of officer       Date         Freparer's       Preparer's signature       Preparer's row of the preparer's PTIN. See Gen. Inst. X         Paid       Preparer's signature       EIN         Firm's name (or yours if self-employed), address, and ZIP + 4       Phone no. ()         May the IRS discuss this return with the preparer shown above? See instructions								
Sign Here       and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled         Sign Here       Signature of officer       Date         Yupe or print name and title.       Date         Preparer's Use Only       Preparer's name (or yours if self-employed), address, and ZIP + 4       Date       Check if self- employed ▶ □         May the IRS discuss this return with the preparer shown above? See instructions	Total numb	per of other independent contractors receiving over \$100,000	►					
Here       Signature of officer       Date         Type or print name and title.       Type or print name and title.       Date         Preparer's signature       Preparer's signature       Preparer's PTIN. See Gen. Inst. X         Firm's name (or yours if self-employed), address, and ZIP + 4       EIN       Image: Signature if self-employed is self if self								
Here       Signature of officer       Date         Type or print name and title.       Type or print name and title.       Date         Preparer's signature       Preparer's signature       Preparer's PTIN. See Gen. Inst. X         Firm's name (or yours if self-employed), address, and ZIP + 4       EIN       Image: Signature if self-employed is self if self	Sign							
Paid Preparer's Use Only       Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4       Date       Check if self- employed ► □       Preparer's PTIN. See Gen. Inst. X         May the IRS discuss this return with the preparer shown above? See instructions       EIN ► ()       Phone no. ► ()       Yes □	-	Signature of officer			Date			
Paid Preparer's Use Only     Preparer's signature     Self- employed ▶□       Firm's name (or yours if self-employed), address, and ZIP + 4     EIN ▶       May the IRS discuss this return with the preparer shown above? See instructions		Type or print name and title.						
Use Only       First state (or yours if self-employed), address, and ZIP + 4       EIN       ►         May the IRS discuss this return with the preparer shown above? See instructions		Preparer's	Date	self-		Preparer's P	TIN. See Gen. Inst. X	
May the IRS discuss this return with the preparer shown above? See instructions		if self-employed),					)	
	May the IR		ions .				► □ Yes □	No
Form <b>990-EZ</b> (2							Form <b>990-EZ</b>	_

FORM 990-N TEST SCENARIO #1

**HEADER INFO:** 

Tax Period Begin Date:1/1/2008Tax Period End Date:12/31/2008Tax Year:2008Multiple Software Packages Used:N

Originator: EFIN: self select Type: OnlineFiler Practioner 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:  $\sqrt{}$ 

**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 #2

**HEADER INFO:** 

Tax Period Begin Date:1/1/2008Tax Period End Date:12/31/2008Tax Year:2008Multiple Software Packages Used:N

Originator:	EFIN:	self select
_	Туре:	OnlineFiler
	Practioner PIN:	none
	Pin Entered By:	N/A

Return Type: 990N

Filer:	EIN: Name: Name Control: Address:	11-9000026 Local Chapter LOCA 1234 Weeping Willow Lane Anaheim CA 92812
Officar	Namo	Test II Dhrozintows

Officer:	Name:	Test U. Phrozintows
	Title:	Treasurer
	Date Signed:	self select

990-N INFO

Gross Receipts Less Than \$25,000:  $\sqrt{}$ 

**DBA Name:** Big Organization Anaheim Branch

Website Address: www.anaheimlocal.org

- Name of Officer: Test J. Caesar
- Address of Officer: 1234 Weeping Willow Lane Anaheim CA 92812

FORM 990-N TEST SCENARIO #3

**HEADER INFO:** 

Tax Period Begin Date:7/1/2008Tax Period End Date:6/30/2009Tax Year:2008Multiple Software Packages Used:N

Originator:	EFIN:	self select
-	Туре:	OnlineFiler
	Practioner PIN:	none
	Pin Entered By:	N/A

Return Type: 990N

Filer:EIN:11-9000027Name:Veterans OrganizationName Control:VETEAddress: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:  $\sqrt{}$ 

DBA Name:

Website Address:

- Name of Officer: Oldest Soldier
- Address of Officer: 9876 Oak Hill Fairfax VA 22031

FORM 990-N TEST SCENARIO #4

**HEADER INFO:** 

Tax Period Begin Date:1/1/2008Tax Period End Date:12/31/2008Tax Year:2008Multiple Software Packages Used:N

Originator:	EFIN:	self select
_	Туре:	OnlineFiler
	Practioner PIN:	none
	Pin Entered By:	N/A

Return Type: 990N

Filer:	EIN:	11-90	00028		
	Name:	Nature	e Association		
	Name Contr	ol:	NATU		
	Address:		1234 Tiarella	Trail	
			Chestnut Hill	MA	02467

Officer:	Name:	Gambol N. Frivol
	Title:	Treasurer
	Date Signe	d: self select

990-N INFO

Gross Receipts Less Than \$25,000:  $\sqrt{}$ 

**DBA Name:** 

Website Address: www.natureassociation.org

Name of Officer: Gambol N. Frivol

Address of Officer: 1234 Tiarella Trail Chestnut Hill MA 02467

#### F990PF TY2008 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 - 7/1/2008 TaxPeriodEndDate - 6/30/2009

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 – 2008 binaryAttachmentCount – 1 Form **990-PF** 

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

OMB No. 1545-0052

Treated as a Private Foundation

approved this water to patiefy state ing requirements. 2008

Department of the Treasury	fieated as a Filvate Foundation
Internal Revenue Service	Note: The organization may be able to use a copy of this return to satisfy state reporting

For	cale	ndar	year 2008, or tax year be	ginning	, 2	2008, and e	nding		, 20
G C	heck	all th	at apply: 🗌 Initial retu	ırn 🗌 Final retur	n 🗌 Amende	ed return	Adc	Iress change	Name change
	e the label		Name of organization				A Empl	oyer identification nu	mber
Ot	nerw print	rise, t	Number and street (or P.O. box nu	mber if mail is not delivered	I to street address)	Room/suite	B Telepi	none number (see page	e 10 of the instructions
Instructions I			nption application is pen reign organizations, ch						
			of organization:  Section: Section Sec		private foundati taxable private		che	eign organizations mee eck here and attach co	mputation .
of	year		value of all assets at end Part II, col. (c),	J Accounting meth Other (specify (Part I, column (d) mu	/)		under	vate foundation status section 507(b)(1)(A), c foundation is in a 60-r section 507(b)(1)(B), c	heck here . ►
Pa	rtl	amou	ysis of Revenue and Exp nts in columns (b), (c), and (d) may nounts in column (a) (see page 11	/ not necessarily equal	(a) Revenue and expenses per books	<b>(b)</b> Net inv incor		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	2	Check	ibutions, gifts, grants, etc., receive $\mathbf{r} \in \mathbf{D}$ if the foundation is <b>not</b> receives t on savings and temporary	equired to attach Sch. B					
	4 5a	Divid Gros	lends and interest from se s rents	curities					
anue	6a	Net g	rental income or (loss) gain or (loss) from sale of as sales price for all assets on line 6	sets not on line 10					
Revenue	7 8	Capi Net s	tal gain net income (from I short-term capital gain	Part IV, line 2)					
	10a	Gross	me modifications . sales less returns and allowance : Cost of goods sold.	1					
	11	Othe	s profit or (loss) (attach sc r income (attach schedule I. Add lines 1 through 11	,					
Expenses	14	Othe	pensation of officers, directo r employee salaries and w sion plans, employee bene	vages					
	16a b	Lega Acco	l fees (attach schedule). punting fees (attach sched	 ule)					
istrativ	17	Inter	r professional fees (attach est. s (attach schedule) (see page 14						
and Administrative	19 20	Depr Occu	eciation (attach schedule)	and depletion					
g and		Print	el, conferences, and meeti ing and publications r expenses (attach schedu						
Operating	24	<b>Tota</b> Add	l operating and administ lines 13 through 23	rative expenses.					
ŏ	26	Total	ributions, gifts, grants paid expenses and disbursements, ract line 26 from line 12:						
	a b	Exce Net	ss of revenue over expenses a investment income (if neg sted net income (if negat	gative, enter -0-)					

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

		Attached schedules and amounts in the description column	Beginning of year	F	ind of year
Pa	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	
	2 3	Cash—non-interest-bearing       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .			
ets	4	Less: allowance for doubtful accounts ► Pledges receivable ►			
		Less: allowance for doubtful accounts ►         Grants receivable			
		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 ►			
Assets	9	Inventories for sale or use.			
	b	Investments—U.S. and state government obligations (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ► Less: accumulated depreciation (attach schedule) ►			
	13	Investments—mortgage loans			
		Land, buildings, and equipment: basis ► Less: accumulated depreciation (attach schedule) ►			
	16	Total assets (to be completed by all filers—see page 16 of the instructions. Also, see page 1, item I)			
Liabilities	18 19 20 21	Accounts payable and accrued expenses			
-		Other liabilities (describe ►         Total liabilities (add lines 17 through 22).			-
ŝ		Organizations that follow SFAS 117, check here ► □ and complete lines 24 through 26 and lines 30 and 31.			-
Fund Balances	24 25 26	Unrestricted			_
o	27	Capital stock, trust principal, or current funds			_
Net Assets	29 30	Retained earnings, accumulated income, endowment, or other funds <b>Total net assets or fund balances</b> (see page 17 of the instructions)			
ž		Total liabilities and net assets/fund balances (see page 17 of the instructions)			
Pa	art III	Analysis of Changes in Net Assets or Fund Balance	es		
1		net assets or fund balances at beginning of year—Part II, colu of-year figure reported on prior year's return).			1
	Enter	amount from Part I, line 27a			2 3
5	Decre	lines 1, 2, and 3		· · · · -	4 5 6

Part IV Capital Gains a	nd Losses for Tax on Investion	stment Income			
<b>(a)</b> List and describe 2-story brick wareh	e the kind(s) of property sold (e.g., real e nouse; or common stock, 200 shs. MLC	estate, Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
1a					
b					
с					
d					
е		1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expense			n or (loss) ) minus (g)
а					
b					
с					
d					
е					
Complete only for assets sho	owing gain in column (h) and owned	d by the foundation	on 12/31/69	(I) Gains (Col	. (h) gain minus
(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		col. (k), but not	rom col.(h))
а					
b					
с					
d					
е					
2 Capital gain net income o		also enter in Part I enter -0- in Part I		2	
3 Net short-term capital gai	n or (loss) as defined in sectior	ns 1222(5) and (6):	: 1		
If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instr	uctions).		
If (loss), enter -0- in Part I	l, line 8		]	3	
	nder Section 4940(e) for Re			nt 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?  $\Box$  Yes  $\Box$  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.

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col. (b) divided by col. (c))
2007			
2006			
2005			
2004			
2003			
<ul><li>2 Total of line 1, column (d) .</li><li>3 Average distribution ratio for t</li></ul>	2		
the number of years the found	dation has been in existence if le	ess than 5 years .	3
4 Enter the net value of nonchar	ritable-use assets for 2008 from	Part X, line 5	4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment in	come (1% of Part I, line 27b) .		6
<b>7</b> Add lines 5 and 6			7
8 Enter qualifying distributions f			8
If line 8 is equal to or greater to Part VI instructions on page 18		VI, line 1b, and complete that pa	art using a 1% tax rate. See the

Form	990-PF ( (2008)		P	Page 4		
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 19 of t	he ins	truct	ions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ► □ and enter 1% of Part I, line 27b					
С	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
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-       5					
6	Credits/Payments:					
	2008 estimated tax payments and 2007 overpayment credited to 2008					
	Exempt foreign organizations—tax withheld at source 6b 6c 6c					
C b						
d 7	Backup withholding erroneously withhold					
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached					
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>1</b>					
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax  Refunded  11					
	t VII-A Statements Regarding Activities		Vaa	No		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	res	INO		
h	participate or intervene in any political campaign?	14				
b	of the instructions for definition)?	1b				
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?	1c				
d	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. ► \$					
е	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? $\ldots$	2				
-	If "Yes," attach a detailed description of the activities.					
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? If "Yes," attach a conformed copy of the changes	3				
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a				
_	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b 5				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
•	<ul> <li>By language in the governing instrument, or</li> </ul>					
	• 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?	6 7				
7	7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.					
	8a Enter the states to which the foundation reports or with which it is registered (see page 20 of the instructions) ▶					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b				
•	(or designate) of each state as required by <i>General Instruction G? If "No," attach explanation</i>	0.0				
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 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on					
	page 28)? If "Yes," complete Part XIV	9				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10				

Form **990-PF** (2008)

Form	990-PF (2008)		Pa	age 5
Par	t VII-A Statements Regarding Activities Continued			
11	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)	11a		
12 13	Did the foundation acquire a direct or indirect interest in any applicable insurance contract? Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶			
14	The books are in care of ▶       Telephone no. ▶         Located at ▶       ZIP+4 ▶			
15 Par	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 $ t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		. )	
i ai	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	<ul> <li>Comparison of the second of the sec</li></ul>			
	<ul> <li>(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.)</li> </ul>			
	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> 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 $\rightarrow$ Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1b		
_	were not corrected before the first day of the tax year beginning in 2008?	1c		
2 a	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)): At the end of tax year 2008 did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008?			
	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 22 of the instructions.). If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b		
C	$\blacktriangleright 20 \dots, 20 \dots, 20 \dots, 20 \dots$			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in $\frac{2006}{2006}$ 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? (Use Schedule C, Form 4720, to determine if the foundation by the determine in	3b		
4-	foundation had excess business holdings in 2008.)	30 4a		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2008?	4b		
	Fo	rm <b>990</b>	)-PF	(2008)

For	n 990-PF (2008)					Page <b>6</b>		
Pa	art VII-B Statements Regarding Activities	s for Which Form	14720 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	on (section 4945(e	))? . 🗌 Yes 🗌 No				
	(2) Influence the outcome of any specific public	c election (see section	on 4955); or to ca	rry on,				
	directly or indirectly, any voter registration of	Irive?		🗌 Yes 🗌 No				
	(3) Provide a grant to an individual for travel, s	tudy, or other simila	r 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)							
	(5) Provide for any purpose other than re- educational purposes, or for the prevent							
b	If any answer is "Yes" to 5a(1)-(5), did any of the							
	Regulations section 53.4945 or in a current notice				5b			
	Organizations relying on a current notice regard	•						
С	If the answer is "Yes" to question 5a(4), does t because it maintained expenditure responsibility							
	If "Yes," attach the statement required by Regu	lations section 53.4	945–5(d).					
	Did the foundation, during the year, receive any on a personal benefit contract?			🗌 Yes 🗌 No				
b	Did the foundation, during the year, pay premiums If you answered "Yes" to 6b, also file Form 8870.	s, directly or indirectly	y, on a personal be	enefit contract?	6b			
	At any time during the tax year, was the foundation a							
	If yes, did the foundation receive any proceeds or	have any net incom	e attributable to the	e transaction?	7b			
Pa	art VIII Information About Officers, Dire and Contractors	ectors, Trustees,	Foundation Ma	anagers, Highly Paic	I Emplo	oyees,		
_1	List all officers, directors, trustees, foundation	· · · · · · · · · · · · · · · · · · ·	•		e instruc	ctions).		
	(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		se account, llowances		

# 2 Compensation of five highest-paid employees (other than those included on line 1—see page 24 of the instructions). If none, enter "NONE."

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

#### 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"

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

Form	990-PF (2008)		Page <b>8</b>
Par	<b>t X</b> Minimum Investment Return (All domestic foundations must complete this part. see page 25 of the instructions.)	Foreign fou	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5		
Par	<b>t XI Distributable Amount</b> (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) pr foundations and certain foreign organizations check here ► □ and do not complete this part		ng
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5	-	
b	Income tax for 2008 (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b		
3	Distributable amount before adjustments. Subtract line 2c from line 1		
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5 6	
6	Deduction from distributable amount (see page 26 of the instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
		1	
Par	<b>Qualifying Distributions</b> (see page 26 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	
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:		
а	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	
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<i>c</i>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the	e toundation

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

		(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI, line 7	Corpus	Years prior to 2007	2007	2008
2	Undistributed income, if any, as of the end of 2007:				
а	Enter amount for 2007 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2008:				
а	From 2003	-			
b	From 2004	-			
c	From 2005	-			
d	From 2006	-			
e f	From 2007				
4	Qualifying distributions for 2008 from Part				
-	XII, line 4: $\triangleright$ \$				
а	Applied to 2007, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see page 24 of the instructions)				
С	Treated as distributions out of corpus (Election required—see page 24 of the instructions)				
d	Applied to 2008 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2008				
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	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				
u	amount-see page 25 of the instructions .				
е	Undistributed income for 2007. Subtract line				
	4a from line 2a. Taxable amount—see page 25 of the instructions				
f	Undistributed income for 2008. Subtract				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2009				
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 2003 not applied on line 5 or line 7 (see page 25 of				
	the instructions)				
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а					
b	Excess from 2005				
C	Excess from 2006				
d e	Excess from 2007 Excess from 2008				

Form 9	990-PF (	(2008)					Page 10
Par	t XIV	Private Operating Found	dations (see pag	ge 25 of the ins <sup>.</sup>	tructions and Par	t VII-A, questio	on 9)
	found	foundation has received a rulin ation, and the ruling is effective	for 2008, enter th	e date of the ruling	g 🕨		
b		k box to indicate whether the or	5 1	ate operating found		ection 🗌 4942(j)(	(3) or 2 4942(j)(5)
2a		the lesser of the adjusted net e from Part I or the minimum	Tax year	(1) 0007	Prior 3 years	( 1) 0005	(e) Total
	invest	ment return from Part X for each	<b>(a)</b> 2008	<b>(b)</b> 2007	(c) 2006	(d) 2005	
	year li						
b		of line 2a					
С		ving distributions from Part XII, for each year listed					
d		ts included in line 2c not used directly ve conduct of exempt activities .					
е	for act	ving distributions made directly vive conduct of exempt activities. Inct line 2d from line 2c					
3		olete 3a, b, or c for the ative test relied upon:					
а		ts" alternative test-enter:					
	• •	alue of all assets					
		Value of assets qualifying					
b	"Endov of min	Inder section 4942(j)(3)(B)(i) wment" alternative test—enter <sup>2</sup> / <sub>3</sub> imum investment return shown in line 6 for each year listed					
с		port" alternative test-enter:					
	(1) T ir c	otal support other than gross nvestment income (interest, lividends, rents, payments n securities loans (section 12(a)(5)), or royalties)					
	(2) S a	Support from general public and 5 or more exempt organizations as provided in ection 4942(j)(3)(B)(iii)					
	<b>(3)</b> L	argest amount of support rom an exempt organization					
		Bross investment income					
	t XV	Supplementary Informat assets at any time durin	g the year—se			n had \$5,000 d	or more in
1 a	List a	mation Regarding Foundation ny managers of the foundation e the close of any tax year (b	n who have contril	buted more than 2 ve contributed mo	% of the total cont re than \$5,000). (S	ributions received ee section 507(d	d by the foundation )(2).)
b	List a owne	ny managers of the foundatio rship of a partnership or othe	n who own 10% r entity) of which	or more of the sto the foundation ha	ock of a corporatio is a 10% or greate	n (or an equally l r interest.	arge portion of the
2	Infor	mation Regarding Contribut	ion, Grant, Gift. I	Loan, Scholarshii	o, etc., Programs:		
	Chec unsol	k here ► □ if the organizatic icited requests for funds. If th izations under other condition	on only makes con e organization ma	ntributions to pres akes gifts, grants,	elected charitable	organizations an of the instruction	d does not accept s) to individuals or
а	The name, address, and telephone number of the person to whom applications should be addressed:						
b	The f	orm in which applications sho	ould be submitted	and information	and materials they	should include:	
c	Any s	submission deadlines:					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Grants and Contributions Paid During				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amoun
Name and address (home or business)	or substantial contributor	recipient	contribution	
Paid during the year				
Total			<b>⊳</b> 3a	1
Approved for future payment				
		1	1	1

Form 990-PF (2008)

Part XV	-A Analysis of Income-Producing	Activities				
	s amounts unless otherwise indicated.	1	isiness income	Excluded by secti	on 512, 513, or 514	(e)
-	m service revenue:	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See page 26 of the instructions.)
-						
b						
c						
d						
е						
f						
	s and contracts from government agencies					
	ership dues and assessments					
	on savings and temporary cash investments					
	nds and interest from securities					
	ntal income or (loss) from real estate:					
	ot-financed property					
	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than inventory					
	come or (loss) from special events.					
	profit or (loss) from sales of inventory					
	revenue: <b>a</b>					
-						
d						
е						
12 Subtot	al. Add columns (b), (d), and (e)					
			<sub>.</sub>		13	
	<ul> <li>B Relationship of Activities to the</li> </ul>					
Line No. ▼	Explain below how each activity for whether the accomplishment of the organization page 27 of the instructions.)	nich income is r	reported in colu	mn (e) of Part >	KVI-A contribute	

self-employed), address, and ZIP code

#### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **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?				
а	Transfers from the reporting organization to a noncharitable exempt organization of:				
	(1) Cash	1a(1)			
	(2) Other assets	1a(2)			
b	Other transactions:				
	(1) Sales of assets to a noncharitable exempt organization	1b(1)			
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)			
	(3) Rental of facilities, equipment, or other assets	1b(3)			
	(4) Reimbursement arrangements	1b(4)			
	(5) Loans or loan guarantees	1b(5)			
	(6) Performance of services or membership or fundraising solicitations.	1b(6)			
С	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c			

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

	Is the organization directly or indirectly				
	described in section 501(c) of the Code	e (other than section 501(c)(3)) or in se	ection 527?	Yes	🗌 No
b	If "Yes," complete the following schedu	ule.			
	(a) Name of organization	(b) Type of organization	(a) Description of relati	anahin	

(a) Name of organization			(d) Type of org	b) Type of organization (c) Description of relationship			ion of relationship
e		penalties of perjury, I declare that I have ex t is true, correct, and complete. Declaration	amined this return, includin of preparer (other than taxp	g accompanying sche bayer or fiduciary) is b Date	edules and sta ased on all inf	tements, and ormation of w	to the best of my knowledge and hich preparer has any knowledge.
Sign Here	Paid Preparer's Use Only	Preparer's signature		Date	Check if self-emple	byed ► □	Preparer's SSN or PTIN (See <b>Signature</b> on page 28 of the instructions.)
	_ ₽⊃	Firm's name (or yours if					1

EIN 🕨

Phone no. (

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

Employer identification number

11:9000021

2008

Name of organization

#### **Shiloh Gardens Foundation**

Organization	type	(check	one):
--------------	------	--------	-------

Section:
501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
✓ 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 33<sup>1</sup>/<sub>3</sub>% 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).

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

Schedule B	(Form	990,	990-EZ,	or	990-PF)	(2008)
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Name of organization

**Shiloh Gardens Foundation** 

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 Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_2	Homer Hollyhock Unitrust c/o Hickory Bank & Trust 222 Daylily Drive Chantilly VA 20151	\$2,019,569	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Ann Astilbe Unitrust c/o Hickory Bank & Trust 222 Daylily Drive Chantilly VA 20151	\$59,800	Person □ Payroll □ Noncash ✔ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Homer Hollyhock Unitrust c/o Hickory Bank & Trust 222 Daylily Drive Chantilly VA 20151	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2008) Name of organization

Page \_\_\_\_\_ of \_\_\_\_\_ of Part II

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				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					

# Part IV (Capital Gains & Losses)

				Sales			Gain or	Total
Description	P/D	Date Acq.	Date Sold	Price	Depr.	Cost/Basis	Loss	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	Trustee				
-	Washington DC 20224	Emeritus	7	90092	13888	0
D. H. Hill	123 Oak St Fairfax VA	Trustee				
	22031		16	77778	0	0
Henrietta Heth	4567 Hickory Lane	Secretary				
	Fairfax VA 22031		17	111113	13888	
E. P. Alexander	1515 Foxglove Dr	Treasurer				
	Washington DC 20224		14	53332	6668	
Steven Holly	4567 Hickory Lane	Trustee				
-	Fairfax VA 22031		16	77778	0	0
Mary Ann Marigold	4567 Hickory Lane	Trustee				
	Fairfax VA 22031		9	77778	0	0
Rebecca Rosebud	4567 Hickory Lane	Vice Chair				
	Fairfax VA 22031		15	111113	13888	0
Karen Holly	4567 Hickory Lane	Chairman				
-	Fairfax VA 22031		15	127113	15888	0

GainLossFromSaleOtherAssetsSchedule					
Description	Land				
Date acquired	4/12/1993				
How acquired	Purchase				
Date sold	9/30/2008				
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	Net Invest.	Adj. Net	Char.
_	Books	Inc.	Inc.	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

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
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	Net	Adj Net
						Exp	Invest	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	Net Invest.	Adj. Net Inc.	Char.
	Books	Inc.		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

Walnut Ins. Co.
none
50000
15267
1/2003
12/2009
on demand
.0625
none
business relocation
none
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
		10114500
2782 shares Obtained Group	3249909	
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
	Compensation was determined to be reasonable by
Robert Palm	an impartial panel of experts.
	Compensation was concluded to be equitable by an
Jane Hickory	independent group of experts.
	Compensation was established as reasonable by an
John Oak	independent panel of specialists.
	Compensation was analyzed by an unbiased team of
Pierre L'Enfant	authorities.
	Compensation was determined to be reasonable by
Gambol N. Frivol	an impartial panel of experts.

ExpenditureResponsibilityStatement

Grantee's name:	Nature Association
Grantee's address:	7696 Oak Street Annandale MN 55313
Grant date:	8/31/2008
Grant amount:	\$484,273
Grant purpose:	establishment of wildlife sanctuary
Amount expended:	\$300,000
Any diversion by grantee?	: No
Dates of reports:	11/30/2008; 2/28/2009; 5/31/2009
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 these shares and the discount is based on their findings.

#### F990PF TY2008 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 – 1/1/2008 TaxPeriodEndDate – 12/31/2008

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 -- 2008 binaryAttachmentCount -- 0 Form **990-PF** 

Department of the Treasury

# **Return of Private Foundation**

OMB No. 1545-0052

08

20

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

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

	a neve	nue service Note. The organization may be able to use a		anony state re	oorting ro	quirernents.	
For	cale	ndar year 2008, or tax year beginning	, 20	008, and e	nding		, 20
<b>G</b> C	heck	all that apply: 🗌 Initial return 🗌 Final retur	n 🗌 Amendeo	d return	Adc	Iress change	Name change
	labe					oyer identification nu 1 <mark>  9000023</mark>	mber
	herw prin r typ	t 980 Tiarella Trail	d to street address)	Room/suite		hone number (see page 7 ) 555-1212	e 10 of the instructions
See Specific Instructions.         City or town, state, and ZIP code           Chestnut Hill         MA         02467						nption application is pen reign organizations, ch	
		type of organization: Section 501(c)(3) exempt on 4947(a)(1) nonexempt charitable trust Othe			che	eign organizations mee eck here and attach co	omputation .
of	year	arket value of all assets at end (from Part II, col. (c),       J Accounting meth         Image: Other of the other state of the othe other state of the other state of the oth	y)		under	vate foundation status section 507(b)(1)(A), c foundation is in a 60-r	check here . ►
-	,	<b>73083426</b> (Part I, column (d) mu	ust be on cash basis	s.)	under	section 507(b)(1)(B), c	
Pa	rt 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 inve incon		<b>(c)</b> Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check <b>&gt;</b> If the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	24285		24285		
	4	Dividends and interest from securities	1464640	14	164640		
đ		Net rental income or (loss)	1048806				
nu		Net gain or (loss) from sale of assets not on line 10	1040000				
Revenue		Gross sales price for all assets on line 6a 9936276		1(	048806		
Re	8	Capital gain net income (from Part IV, line 2) . Net short-term capital gain					
	9						
	-	Gross sales less returns and allowances					
		Less: Cost of goods sold.					
		Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	181235		-47811		
	12	Total. Add lines 1 through 11	2718966	24	189920		
Se	13	Compensation of officers, directors, trustees, etc.	192875		25000		167875
nse	14	Other employee salaries and wages	196131		36873		159258
xpenses		Pension plans, employee benefits	21755 525		4090		17665 525
Щ		Legal fees (attach schedule).	28053		14026		14027
ve		Accounting fees (attach schedule)	225677		14020		225677
'ati	17	Other professional fees (attach schedule)					
istı	18	Taxes (attach schedule) (see page 14 of the instructions)	58237		8628		15034
in	19	Depreciation (attach schedule) and depletion .	5665		5665		
dn	20		162631		40658		121973
P P	21	Travel, conferences, and meetings	242924				242924
an	22	Printing and publications	3570				3570
b	23	Other expenses (attach schedule)	407374	:	888421		18953
<b>Operating and Administrative</b>	24	Total operating and administrative expenses.					007464
)er:		Add lines 13 through 23	1545417		523361		987481
do	25	Contributions, gifts, grants paid	2162735		00004		2162735
	26	Total expenses and disbursements. Add lines 24 and 25	3708152		523361		3150216
	27		_090196				
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	-989186	10	66559		
		Adjusted net income (if negative, enter -0-)			100333		

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

Cat. No. 11289X

Part II Balance Sheets should be for	dules and amounts in the description column end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
art in Dalarice Sheets should be for	end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Valu
<b>1</b> Cash—non-interest-bearing .		10957	2257	22
2 Savings and temporary cash i		4173430	3226285	32262
3 Accounts receivable ►				
	iccounts ►			
4 Pledges receivable ►				
Less: allowance for doubtful a				
5 Grants receivable				
6 Receivables due from officers, disqualified persons (attach s instructions)	chedule) (see page 15 of the			
<b>7</b> Other notes and loans receivable (a:				
Less: allowance for doubtful accour		0	15000	150
8 Inventories for sale or use.				
<ul><li>9 Prepaid expenses and deferred</li></ul>		33712	82852	828
<b>10a</b> Investments—U.S. and state govern	0	319890	309308	3544
<b>b</b> Investments—corporate stock	- · · · · · · · · · · · · · · · · · · ·	40001211	40754895	627427
	· · · · · · · · · · · · · · · · · · ·		40104000	021421
c Investments—corporate bond				
<b>11</b> Investments—land, buildings, and e				
Less: accumulated depreciation (atta	,			
12 Investments—mortgage loans		7722340	6421020	64244
13 Investments—other (attach sc		1122340	6421920	64344
<b>14</b> Land, buildings, and equipment: b		24.070	67447	
Less: accumulated depreciation (atta		21876	67417	
	)	155837	225331	2253
16 Total assets (to be completed				
the instructions. Also, see page	ge 1, item I)	52439253	51105265	730834
17 Accounts payable and accrue	d expenses	339454	208019	
18 Grants payable		3666167	3025000	
19 Deferred revenue				
20 Loans from officers, directors, trust	ees, and other disqualified persons			
21 Mortgages and other notes pa	ayable (attach schedule)		427800	
22 Other liabilities (describe ►	)			
23 Total liabilities (add lines 17 t	hrough 22).	4005621	3660819	
Organizations that follow S and complete lines 24 throug	FAS 117, check here ► 🗹 gh 26 and lines 30 and 31.			
24 Unrestricted		48433632	4744446	
25 Temporarily restricted				
	w SFAS 117, check here 🕨 🗌			
27 Capital stock, trust principal, o	or current funds .			
28 Paid-in or capital surplus, or la				
<b>29</b> Retained earnings, accumulated in				
30 Total net assets or fund ba		48433632	4744446	
31 Total liabilities and net assets		52439253	51105265	
rt III Analysis of Changes in	Net Assets or Fund Balance	es		
Total net assets or fund balances a				484336
end-of-year figure reported on prior	vear's return)		1	404330

 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

Page 2

Part IV Capital Gains	as the kind(a) of property cold (a g real o	otata	(b) How acquired P—Purchase	(c) Date acquired	(d) Date sold
2-story brick ware	(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.)			(mo., day, yr.)	(mo., day, yr.)
1a *****					
b					
С					
d					
е	-				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expense			n or (loss) ) minus (g)
а					
b					
с					
d					
e					
Complete only for assets sh	nowing gain in column (h) and owned	d by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
(i) F.M.V. as of 12/31/69	.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess over col.		ss of col. (i) col. (k), but not		less than -0-) <b>or</b> rom col.(h))
а					
b					
С					
d					
e					
2 Capital gain net income		also enter in Part I enter -0- in Part I		2	104880
3 Net short-term capital ga	ain or (loss) as defined in sectior	ns 1222(5) and (6):	: , [		
	l, line 8, column (c) (see pages 13				
If (loss), enter -0- in Part	Line O		· }	3	

(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?  $\Box$  Yes  $\checkmark$  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.

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		<b>(d)</b> Distribution ratio (col. (b) divided by col. (c))
2008	3586131	76523211		.046863
2007	5406373	78237881		.069102
2006	2945588	72132615		.040836
2005	2314516	64778349		.035730
2004	2116769	61658660		.034330
2 Total of line 1, column (d) .			2	.226861
<b>3</b> Average distribution ratio for t the number of years the found	he 5-year base period—divide t lation has been in existence if le		3	.045372
4 Enter the net value of nonchar	itable-use assets for 2008 from	Part X, line 5	4	67,559,151
5 Multiply line 4 by line 3			5	3065294
6 Enter 1% of net investment in	come (1% of Part I, line 27b) .		6	19666
<b>7</b> Add lines 5 and 6			7	3084960
8 Enter qualifying distributions fr	rom Part XII, line 4		8	3150216
If line 8 is equal to or greater the Part VI instructions on page 18		VI, line 1b, and complete that pa	art usi	ing a 1% tax rate. See the

Form	990-PF (2008)		Р	age <b>4</b>	
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 19 of t	he ins	tructi	ions)	
1a Exempt operating foundations described in section 4940(d)(2), check here ► □ and enter "N/A" on line 1.					
	Date of ruling letter:				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here 🕨 🗹 and enter 1% of Part I, line 27b				
С	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 Add lines 1 and 2				
3 4			9666		
4 5					
6	Tax based on investment income.       Subtract line 4 from line 3. If zero or less, enter -0-       5         Credits/Payments:       5				
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 90009				
	Exempt foreign organizations—tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d	90	0009		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . Enter the amount of line 10 to be: Credited to 2008 estimated tax 40000 Refunded 11		)343 )343		
11 Par	Enter the amount of line 10 to be: Credited to 2008 estimated tax ► 40000 Refunded ► 11 to UI-A Statements Regarding Activities	3	J343		
			Yes	No	
Ta	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?	1a		~	
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 20				
	of the instructions for definition)?	1b		~	
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
с	Did the foundation file Form 1120-POL for this year?	1c		~	
d	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. ► \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
•	foundation managers. ► \$	2		~	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	~		•	
~	If "Yes," attach a detailed description of the activities.				
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>	3		~	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	~		
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	~		
5					
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	<ul> <li>By language in the governing instrument, or</li> </ul>				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	~		
_	conflict with the state law remain in the governing instrument?	6 7	~		
7					
	a Enter the states to which the foundation reports or with which it is registered (see page 20 of the instructions) ► MA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	~		
~	(or designate) of each state as required by <i>General Instruction G? If "No," attach explanation</i>	55			
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 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on				
	page 28)? If "Yes," complete Part XIV				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		~	

Form	990-PF <sup>(2008)</sup>		Р	age 5
Par	t VII-A Statements Regarding Activities Continued			
11	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)	<u>11a</u>		~
12 13	Did the foundation acquire a direct or indirect interest in any applicable insurance contract? Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>www.hollytrust.org</b>	12 13	~	
14	The books are in care of ► Anne Astilbe CPA       Telephone no. ► 617         Located at ► 454 Willow Way Chestnut Hill MA       ZIP+4 ►			
15 Par	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		.	
rai			Yes	No
1a	<ul> <li>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</li> <li>During the year did the foundation (either directly or indirectly):</li> <li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person?</li> <li>Yes ✓ No</li> <li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?</li> <li>Yes ✓ No</li> <li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li> <li>Yes ✓ No</li> <li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li> <li>Yes ✓ No</li> <li>(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)?</li> <li>Yes ✓ No</li> </ul>			
	<ul> <li>(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.)</li> </ul>			
b	If any answer is "Yes" to $1a(1)$ –(6), did <b>any</b> 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	1b		~
с	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 2008?	1c		~
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 $4942(j)(5)$ ):			
а	At the end of tax year 2008 did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008?			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 22 of the instructions.).	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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?			
b	If "Yes," did it have excess business holdings in 2008 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
	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 2008?	4b		~
	Fo	rm <b>99</b>	)-PF	(2008)

Forn	Form 990-PF (2008) Pag				
Pa	art 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))? . <b>Yes V</b> No				
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?				
	<ul> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes?</li></ul>				
	(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 V No				
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)?	5b			
	Organizations relying on a current notice regarding disaster assistance check here				
С	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?				
	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?				
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If you answered "Yes" to 6b, also file Form 8870.</i>	6b		~	
	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? .  Yes  No				
	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b			
De	art VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Daid F	Small	~~~~	~	

#### 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		
NONE						
<b>Total</b> number of other employees paid over \$50,000						

# 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.				
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	
<b>Total.</b> Add lines 1 through 3	

Form	990-PF (2008)		Page <b>8</b>
Par	<b>t X</b> Minimum Investment Return (All domestic foundations must complete this part. see page 25 of the instructions.)	Foreign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	65133994
	Average of monthly cash balances	1b	3194705
С	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
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
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 $1\frac{1}{2}$ % 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
Par	t XI Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) pri foundations and certain foreign organizations check here ►		erating
1	Minimum investment return from Part X, line 6	1	3377958
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.) 2b		
с	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
Par	t XII Qualifying Distributions (see page 26 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	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 qualifies for the section 4940(e) reduction of tax in those years.	·	

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

		<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2007	<b>(c)</b> 2007	<b>(d)</b> 2008
1	Distributable amount for 2008 from Part XI, line 7	Corpus	rears phor to 2007	2007	3587338
2	Undistributed income, if any, as of the end of 2007:				
a	Enter amount for 2007 only		0	0	
ь 3	Total for prior years: 20,20,20 Excess distributions carryover, if any, to 2005:		U		
ა a	From 2003				
b	From 2004				
С	From 2005				
d	From 2006				
е	From 2007	4.5.40.500			
f	Total of lines 3a through e	1543766			
4	Qualifying distributions for 2008 from Part         XII, line 4: ► \$				
	Applied to 2007, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see page 24 of the instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see page 24 of the instructions)	0			2450246
d	Applied to 2008 distributable amount	0			3150216
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2008	437122			437122
5	(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:	1106644			
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1106644			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	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		
е	Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount—see page				
	25 of the instructions			0	
f	Undistributed income for 2008. 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 $170(b)(1)(5)$ or $4042(c)(2)$ (and page				
	section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)	0			
8	Excess distributions carryover from 2003 not				
	applied on line 5 or line 7 (see page 25 of				
	the instructions)	0			
9	Excess distributions carryover to 2009.	1106644			
10	Subtract lines 7 and 8 from line 6a Analysis of line 9:				
a	Excess from 2004.				
b	Excess from 2005				
С	Excess from 2006 1106644				
d e	Excess from 2007				

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	t XIV Private Operating Found	· · ·	0		rt VII-A, questio	n 9)
1a	If the foundation has received a rulin foundation, and the ruling is effective	-				
b	Check box to indicate whether the org				section 🗌 4942(j)(	3) or 🗌 4942(j)(5)
<b>2</b> a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	(e) Total
	income from Part I or the minimum investment return from Part X for each	<b>(a)</b> 2008	<b>(b)</b> 2007	(c) 2006	(d) 2005	(,, , , , , , , , , , , , , , , , , , ,
	year listed					
b	85% of line 2a					
с	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 .					
е	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:					
а	"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 3					
	of minimum investment return shown in Part X, line 6 for each year listed					
с	"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					
Par	t XV Supplementary Informat	on (Complete	this part only if	the organization	n had \$5,000 o	pr more in
	assets at any time during					
1	Information Regarding Foundatio					
а	List any managers of the foundation before the close of any tax year (bu					
b	List any managers of the foundatio ownership of a partnership or other					arge portion of the
2	Information Regarding Contributi	on, Grant, Gift.	Loan, Scholarshii	p, etc., Programs	:	
	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.					
а	The name, address, and telephone	number of the p	erson to whom ap	oplications should	be addressed:	
b	The form in which applications sho	uld 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:

	Grants and Contributions Paid During	1	ed for Fu	iture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor			
a	Paid during the year				
	****				
	Total			<b>⊳</b> 3a	2162
b	Approved for future payment				
	School of Medicine		509(a)(1)	program support	3000
	135 Anemone Ave Raintown WA 98530				
	Big Hospital 135 Anemone Ave Raintown WA 98530		509(a)(1)	clinic for indigent patients	25000
	University of Raintown		500(a)(d)	achelershine	2250
	458 Daylily Drive Raintown WA 98530		509(a)(1)	scholarships	2230
		1			

	PF (2008)					Page 1
Part X	/I-A Analysis of Income-Producing	Activities				
Enter gro	oss amounts unless otherwise indicated.	(a)	siness income (b)	(c)	on 512, 513, or 514 (d)	(e) Related or exempt function income
-	am service revenue:	Business code	Amount	Exclusion code	Amount	(See page 26 of the instructions.)
с d						
e						
f g F€	ees and contracts from government agencies					
	bership dues and assessments			14	24285	
	ends and interest from securities			14	1464640	
5 Net re	ental income or (loss) from real estate:					
	ebt-financed property					
	ot debt-financed property					
	ental income or (loss) from personal property					
	or (loss) from sales of assets other than inventory			18	1048806	
	ncome or (loss) from special events.					
0 Gross	s profit or (loss) from sales of inventory				000040	
	revenue: a Refunded pledges hrough partnerships	531390	-48631	1	229046	
	oyalties		40001	14	820	
d _						
е						
	otal. Add columns (b), (d), and (e)		-48631		2767597	
3 Total	Add line 12, columns (b), (d), and (e)				13	2718966
(See wor	ksheet in line 13 instructions on page 26 to /I-B Relationship of Activities to the	verify calculation	ons.)			
(See wor	ksheet in line 13 instructions on page 26 to <b>I-B</b> Relationship of Activities to the Explain below how each activity for wh	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to
(See wor Part XV	ksheet in line 13 instructions on page 26 to <b>/I-B</b> Relationship of Activities to the Explain below how each activity for wh the accomplishment of the organization	verify calculation • Accomplishment • Accomplishter • Accompli	ons.) <b>nent of Exem</b> eported in colur	n <b>pt Purposes</b> nn (e) of Part X	: VI-A contributed	d importantly to

#### 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			No
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
а	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		<u> </u>
	(2) Other assets	1a(2)		~
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		~
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		<b>~</b>
	(3) Rental of facilities, equipment, or other assets	1b(3)		~
	(4) Reimbursement arrangements	1b(4)		~
		1b(5)		~
	(5) Loans or loan guarantees	1b(6)		~
	(6) Performance of services or membership or fundraising solicitations			~
С	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		•

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

2a Is the organization directly or indirectly	affiliated with, or related to, one or m	ore tax-exempt organizations			
described in section 501(c) of the Cod	e (other than section 501(c)(3)) or in s	ection 527?	Yes	🗹 No	
<b>b</b> If "Yes," complete the following schedule.					
(a) Name of organization	(b) Type of organization	(a) Departmention of relation	nohin		

	(a) Name of organization	(b) Type of organization	(c) Description of relationship
	Under penalties of perjury, I declare that I have ex belief, it is true, correct, and complete. Declaration	amined this return, including accompanying sch of preparer (other than taxpayer or fiduciary) is b	edules and statements, and to the best of my knowledge and based on all information of which preparer has any knowledge.
	<u> </u>		<b>)</b>
e	Signature of officer or trustee	Date	Title

ere	📕 Signa	ature of officer or trustee	Date		Title	
Sign He	Paid reparer's Jse Only	Preparer's signature	Date	Check if self-empl	oyed ► 🗌	Preparer's SSN or PTIN (See <b>Signature</b> on page 28 of the instructions.)
	Ϋ́	Firm's name (or yours if self-employed), address, and ZIP code			EIN ► Phone no.	. ( )

# 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				9936276		887470	1048806	1048806

Part VIII – Officers

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

Contributions Paid (Part XV, line 3a)

Name	Address	Fdn Status	Purpose	Amount
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	30200
			support	
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	42860
			development	
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	37930
			support	
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	37000
			support	
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	42070
			development	
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	53140
			support	
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	41210
			support	
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	54280
			development	
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	46350
-			support	
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	46420
			support	
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	45490
			development	

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	50260
			support	
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	47330
			development	
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	53780
			support	

# OtherIncomeSchedule2

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

# LegalFeesSchedule

Description	Exp. per	Net Invest.	Adj. Net	Char.
	Books	Inc.	Inc.	Purposes
Legal fees	525			525

# AccountingFeesSchedule

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Penn Oak & Co.	28053	14026		14027

# OtherProfessionalFeesSchedule

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Consulting fees	225677			225677

### TaxesSchedule

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
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
JZII SHAHES WAINS FUNU	400001	042999

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	7/3/2008
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
	Compensation was determined to be reasonable by
Steven Holly	an impartial panel of experts.
	Compensation was concluded to be equitable by an
William Wallflower	independent group of experts.
Mary App Marigald	Compensation was established as reasonable by an
Mary Ann Marigold	independent panel of specialists.
	Compensation was analyzed by an unbiased team of
Rebecca Rosebud	authorities.
	Compensation was determined to be reasonable by
Karen Holly	an impartial panel of experts.

### F990PF TY2008 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 – 10/1/2008 TaxPeriodEndDate – 9/30/2009

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 -- 2008 binaryAttachmentCount -- 0 Form **990-PF** 

# **Return of Private Foundation**

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

OMB No. 1545-0052

20 08

		of the Tro nue Ser		Note: The organizati			copy of this return to		porting re	quirements.	Ĺ	ZUUO
For	cale	ndar	year 200	8, or tax year be	ginning	1	0/1 , 2	2008, and e	nding	9/	30	, 20 <b>09</b>
G C	heck	all th	nat apply:	🗌 Initial retu	ırn 🗌 Fi	inal retur	n 🗌 Amende	ed return	Add	dress chang	ge [	Name change
	e the labe	Ι.		organization Oak Foundation					· ·	oyer identifica 1 <mark>9000024</mark>		mber
	herw prin or typ	t		nd street (or P.O. box nu erfume Street	mber if mail is r	not delivered	d to street address)	Room/suite		hone number ( 0)555-161		10 of the instructions)
See	Spe	cific	,	wn, state, and ZIP cod	e				C If exer	nption application	on is pen	ding, check here 🕨 🗌
		ions.	_	e MN 55322					D 1. For	reign organizat	tions, ch	eck here
			-	ization: 🗹 Section onexempt charita								ting the 85% test, mputation . ►
				all assets at end			nod: Cash		E If priv	vate foundatio	n status	was terminated
of	year		Part II, d	col. (c),	Othe	r (specify	y) st be on cash bas		F If the	foundation is	in a 60-r	heck here . ► □ nonth termination heck here . ► □
	rt I			Revenue and Exp							// // //	(d) Disbursements
		amou	nts in colun	nns (b), (c), and (d) may olumn (a) (see page 11	/ not necessari	ily equal	(a) Revenue and expenses per books	(b) Net inv inco		(c) Adjuste incom		for charitable purposes (cash basis only)
	1	Contr	ibutions, gi	fts, grants, etc., receiv	ved (attach sch	nedule)	100000	D				
	2			f the foundation is <b>not</b> re								
	3			ings and temporary			350033		500337			
	4			d interest from se	-		3065350	5 30	653505			
ē				ss) from sale of as			31915992	2				
enu				for all assets on line 6								
Revenue				net income (from I				31	915992			
Ē	8			m capital gain .								
	9			fications								
				returns and allowance goods sold.	s							
				yoous solu. or (loss) (attach sc	hedule)							
		Othe	er income	(attach schedule	)							
	12	Tota	I. Add lin	es 1 through 11			67069834	-	069834			
es	13		•	of officers, directed		-	138506		301605			1083462
enses	14			ee salaries and w	-		125112 68099		22745 62017			1228375 618974
Expe	15			s, employee bene tach schedule).			38604		11405			27199
Ê				es (attach schedi			60413		30206			30207
tive			-	ional fees (attach			217841	8 1	603365			575053
Administrative	17							_				
inis	18			chedule) (see page 14			93163 54719					21393
<u>ju</u>	19	-		(attach schedule)			33954		7920			331620
Ă	20 21						38976		33299			356467
and	22			oublications	-		2840		829			27577
jg	23			es (attach schedu			139723	3	5688			134035
Operating	24	Tota	l operati	ng and administ	rative expe	nses.			070070			4.0.000
Jera				through 23			7970873		079079			4434362
ó	25 26			, gifts, grants paid and disbursements			11175748 119728358		079079			53083397 57517759
				26 from line 12:								0.011103
	1			nue over expenses	and disburse	ments	<52658524	>				
	b	Net	investme	ent income (if neg	gative, enter	r -0-)		63	990755			
	C	: Adju	isted net	income (if negat	ive, enter -(	D-) .						

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

Cat. No. 11289X

	Attached schedules and amounts in the description column	Beginning of year	End o	f year
art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	50315	19143	1914:
2	Savings and temporary cash investments	151822854	191422590	19142259
3	Accounts receivable			
	Less: allowance for doubtful accounts	1512	239	23
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) ►			
1	Less: allowance for doubtful accounts ►			
8	Inventories for sale or use.			
9	Prepaid expenses and deferred charges	3995	327542	32754
	Investments—U.S. and state government obligations (attach schedule)	338590953	240553462	24055346
	Investments—corporate stock (attach schedule)	300906035	339528819	33952881
	: Investments—corporate bonds (attach schedule)	250744443	259258660	2592586
11	Investments—land, buildings, and equipment: basis ►			
	Less: accumulated depreciation (attach schedule)			
12				
13	Investments—mortgage loans	259574986	136394625	13639462
14	Investments—other (attach schedule)	200014000	100004020	1000040
14	Less: accumulated depreciation (attach schedule) <b>2942560</b>	10007595	9460400	94604
15	Other assets (describe )	6717	3316	33
16	<b>Total assets</b> (to be completed by all filers—see page 16 of			
10	the instructions. Also, see page 1, item I)	1311709405	1176968796	117696879
17		543621	423146	
18	Accounts payable and accrued expenses	156397809	165281545	
19	Deferred revenue.			
20	Loans from officers, directors, trustees, and other disqualified persons			
20	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ►)	253482040	132692379	
22				
23	Total liabilities (add lines 17 through 22).	410423470	298397070	
	Organizations that follow SFAS 117, check here ►			
	and complete lines 24 through 26 and lines 30 and 31.			
24				
25 26	Temporarily restricted   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .			
20	Organizations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.			
27		815550406	815550406	
28	Capital stock, trust principal, or current funds			
20 29	Retained earnings, accumulated income, endowment, or other funds	85735529	63021320	
30	<b>u</b>			
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	
art II	Analysis of Changes in Net Assets or Fund Balance	es		
Tota	I net assets or fund balances at beginning of year-Part II, colu	ımn (a), line 30 (mus	t agree with	
	of-year figure reported on prior year's return).			9012859

Part IV Capital Gains (a) List and descril	be the kind(s) of property sold (e.g., real e ehouse; or common stock, 200 shs. MLC	estate,	(b) How acquired P—Purchase	(c) Date acquired	(d) Date sold
,	enouse; or common stock, 200 sns. MLC	C0.)	D-Donation	(mo., day, yr.)	(mo., day, yr.)
1a *****					
b					
с					
d					
е		1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expense			n or (loss) f) minus (g)
а					
b					
С					
d					
е					
Complete only for assets sl	nowing gain in column (h) and owned	d by the foundation	on 12/31/69	(I) Gains (Col	. (h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o over col. (j)		col. (k), but not less than -0-) Losses (from col.(h))	
а					
b					
С					
d					
е					
2 Capital gain net income		also enter in Part I enter -0- in Part I		2	3191599
3 Net short-term capital g	ain or (loss) as defined in sectior	ns 1222(5) and (6):	: í		
If gain, also enter in Part	I, line 8, column (c) (see pages 13	and 17 of the instr	ructions).		
If (loss), enter -0- in Parl	L line 8			3	

(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?  $\Box$  Yes  $\checkmark$  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.

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		<b>(d)</b> Distribution ratio (col. (b) divided by col. (c))
2008	74,489,946	1080797356		.068921
2007	103536439	1185137388		.087362
2006	81849880	1249258033		.065519
2005	35203574	1284541687		.027406
2004	94949055	1303898180		.072819
<b>2 Total</b> of line 1, column (d)			2	.322027
<b>3</b> Average distribution ratio for t the number of years the found	he 5-year base period—divide t lation has been in existence if le		3	.064405
4 Enter the net value of nonchar	itable-use assets for 2008 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 in	come (1% of Part I, line 27b) .		6	639908
<b>7</b> Add lines 5 and 6			7	66,449,720
8 Enter qualifying distributions fr	rom Part XII, line 4		8	67,305,345
If line 8 is equal to or greater the Part VI instructions on page 18		VI, line 1b, and complete that pa	art usi	ng a 1% tax rate. See the

Form	990-PF (2008)		P	age 4		
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-see page 19 of t	he ins	structi	ions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling letter:					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	639	9908			
	here ► 🗹 and enter 1% of Part I, line 27b					
С	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-)	<u></u>	000			
3	Add lines 1 and 2	03	9908			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4	620	908			
5	Tax based of investment income. Subtract line 4 from line 3. If Zero of less, enter -0-	03:	500			
6	Credits/Payments: 575000					
C						
d 7	Backup withholding erroneously withhold   6d     Total credits and payments. Add lines 6a through 6d   7	57	5000			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	64	1908			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .					
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax   Refunded  11					
Par	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		~		
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)?	1b		~		
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		~		
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. ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on					
-	foundation managers. ► \$	0	~			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	•			
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		~		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		~		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		-		
5	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	5		~		
5	If "Yes," attach the statement required by General Instruction T.	-				
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?	6	~			
7						
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 General Instruction G? If "No," attach explanation	8b	~			
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 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on					
	page 28)? If "Yes," complete Part XIV	9		~		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10	V			

Form **990-PF** (2008)

Form	990-PF (2008)		Pa	age <b>5</b>
Par	t VII-A Statements Regarding Activities Continued			
11	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)	11a		~
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12		~
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address  Website address  Website address  Website address  Website address	13		
14	Located at ► 9753 Perfume Street Cologne MN ZIP+4 ►	-555-16 55322	010	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year <b>I 15</b>		. •	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Vaa	
1a	<ul> <li>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):</li> <li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person?</li></ul>		Yes	No
	<ul> <li>(b) Hansler any income of assets to a disqualified person (of make any of either available for the benefit or use of a disqualified person)?</li> <li>(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.)</li> </ul>			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)?	1b		~
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2008?	1c		~
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)):			
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008?			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 22 of the instructions.).	2b		
с	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. $\triangleright$ 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?			
b	If "Yes," did it have excess business holdings in 2008 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? (Use Schedule C, Form 4720, to determine if the foundation had avaged business buddings in 2008.)	3b		
42	foundation had excess business holdings in 2008.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	$\rightarrow$	~
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2008?	4b		~
		rm <b>990-</b>	-PF	(2008)

Forr	m 990-PF (2008)		Page 6
Pa	art 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 Vo		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		
	(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)		
	(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 V 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	C	
С	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?		
	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?		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	b	~
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		
	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	b	

# 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	Sr. Prog. Officer	159500	35556	0
9753 Perfume Street Cologne MN 55322 Arlene Astilbe	Sr. Prog. Officer	407740	24474	
9753 Perfume Street Cologne MN 55322	40 Sr. Prog. Officer	127713	31171	U
Rachel Rugosa           9753 Perfume Street Cologne MN 55322	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 .		

### 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	

b Average of monthly cash balances in table is consistent of the instructions) in the second of the instructions in the second of the instructions intervet value of all other assets (see page 25 of the instructions) in the second of the instructions in the second of the instructions is the second of the instruction independences applicable to line 1 assets in the second of the instructions is the second of the instructions is the second of the instructions is the second of the instructions investment income for 2008 form Part V, line 3 (for greater amount, see page 26 of the instructions) is the second of the instructions is the second of the instructions is the second of the second of the instructions is the second of the instructions is the second of the second of the instructions is the second of the instructions is the second of the instructions is the second of the second of the second of the instructions is the second of the second of the second of the second of the instructions is the second of the second of the second of the instructions is the second of the se	Form	990-PF <sup>(2008)</sup>		Page <b>8</b>
purposes:       1a       103701397         a Average monthly fair market value of securities       1a       103701397         b Average of monthly cash balances       1b       2769         c Fair market value of all other assets (see page 25 of the instructions)       1c       33100         d Total (add lines 1a, b, and c)       1c       33100         e Reduction claimed for blockage or other factors reported on lines 1a and to (attach detailed explanation)       1c       33103737276         4 Cacquisition indebtedness applicable to line 1 assets       3       103737276       4         3 Subtract line 2 from line 1d       1c       3       103737276         4 Cash deemed held for chartable activities. Enter 1½% of line 3 (for greater amount, see page 26 of the instructions)       5       102181217         6 Sti09060       5109060       5       5       102181217         7 Minimum investment returm. There 5% of line 5       1       5109060       5         2a       639908       1       5109060       6         3 toron investment income for 2008 from Part VI, line 5       2a       639908       5         b income tax for 2008. (This does not include the tax from Part VI.)       2b       6       5         6 Add lines 2 and 2 b	Par		Foreign	n foundations,
a Average monthly fair market value of securities       1a       103701397         b Average of monthly cash balances       1b       2763         c Fair market value of all other assets (see page 25 of the instructions)       1c       3310         d Total (add lines 1a, b, and c)       1d       103737276         e Reduction claimed for blockage or other factors reported on lines 1a and to (attach detailed explanation)       1d       103737276         2 Acquisition indebtedness applicable to line 1 assets       2       2       3         3 Subtract line 2 from line 1 d       2       3       103737276         6 Acquisition indebtedness applicable to line 1 assets       2       3       103737276         7 Minimum investment return from Part X, line 4       5       10218127       4       1556059         7 Minimum investment return from Part X, line 6       5       10218127       5       10218127         8 Minimum investment return from Part X, line 6       1       5109060       5       10218127         1 Minimum investment return from Part X, line 5       2       639908       1       5109060         2a tax on investment income for 2008 from Part VI, line 5       2       639908       1       5109060         2a Add lines 2a and 2b       2c       639908       3       5045079 <th>1</th> <th>Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,</th> <th></th> <th></th>	1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
b Average of monthly cash balances in table is consistent of the instructions) in the second of the instructions in the second of the instructions intervet value of all other assets (see page 25 of the instructions) in the second of the instructions in the second of the instructions is the second of the instruction independences applicable to line 1 assets in the second of the instructions is the second of the instructions is the second of the instructions is the second of the instructions investment income for 2008 form Part V, line 3 (for greater amount, see page 26 of the instructions) is the second of the instructions is the second of the instructions is the second of the second of the instructions is the second of the instructions is the second of the second of the instructions is the second of the instructions is the second of the instructions is the second of the second of the second of the instructions is the second of the second of the second of the second of the instructions is the second of the second of the second of the instructions is the second of the se		purposes:		
a) Notage of the instructions)       1c       33109         c) Fair market value of all other assets (see page 25 of the instructions)       1d       103737276         e) Reduction claimed for blockage or other factors reported on lines 1a and to (attach detailed explanation)       1d       103737276         2       Acquisition indebtedness applicable to line 1 assets       2       2         3       Subtract line 2 from line 1d       3       103737276         4       Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)       5       102181217         5       Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4       6       5109060         Part XI       Distributable Amount (see page 26 of the instructions) (Section 49420)(3) and 0)(5) private operating foundations and certain foreign organizations check here ▶       a) do not complete this part.         1       Minimum investment return from Part X, line 6.       1       5109060         2a       Tax on investment income for 2008 from Part V, line 5.       2a       639908         2       C       639908       3       50445070         3       Distributable amount before adjustments. Subtract line 2 form line 1       3       50445070         4       3861       5       50448931       6 <td>а</td> <td>Average monthly fair market value of securities</td> <td></td> <td>1037013973</td>	а	Average monthly fair market value of securities		1037013973
d Total (add lines 1a, b, and c)       1d       103737276         e Reduction claimed for blockage or other factors reported on lines 1a and tc (attach detailed explanation)       1e       2         2 Acquisition indebtedness applicable to line 1 assets       2       3       103737276         4 Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)       2       4       1556059         5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4       5       102181217         6 for 100000       Factors from ine 10       5       10218121         7 Minimum investment return. Enter 5% of line 5       1       5109060         2a       639908       1       5109060         2b       2a       639908       1       50405070         4       3       5045070       4       3861       50448037         5       Add lines 3 and 4       5       5048931       5 <td>b</td> <td></td> <td>-</td> <td>27691</td>	b		-	27691
Peduction claimed for blockage or other factors reported on lines 1a and to (attach detailed explanation).     Acquisition indebtedness applicable to line 1 assets.     Subtract line 2 from line 1d     Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)     Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4     Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)     Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4     South at the term. Enter 5% of line 5     Part XII Distributable Amount (see page 26 of the instructions) (Section 4942(0)(3) and (0)(5) private operating foundations and certain foreign organizations check here ▶ and on ont complete this part.)     Minimum investment return from Part X, line 6     Tax on investment income for 2008 from Part VI, line 5     La 639908     Income tax for 2008. (This does not include the tax from Part VI.)     Zet     Cash delines 3 and 4     South at line 2 from line 1     Acquisity and the fore adjustments. Subtract line 2 from line 1     Acquisity and the set of the instructions)     Add lines 3 and 4     South at line 6     Part XII     Qualifying Distributions (see page 26 of the instructions)     Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:     Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26     Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:     Expenses, contributions, add lines 1 atomy 3b. Enter here and on Part XIII, line 4     Suitability test (prior IRS approval required)     Cash distributions. Add lines 1 through 3b. Enter here and on Part XIII, line 4     Gr30534     Amounts paid to acquire assets subed or held for use) directly in carrying out charitable, etc., purposes:     Expenses, contributio	С	Fair market value of all other assets (see page 25 of the instructions)		
1c (attach detailed explanation)       1e         2 Acquisition indebtedness applicable to line 1 assets       2         3 Subtract line 2 from line 1d       3       103737276         4 Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)       4       1556059         5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4       5       102181217         6 Minimum investment return. Enter 5% of line 5       6       5109060         Part XI       Distributable Amount (see page 26 of the instructions) (Section 4942()(3) and ()(5) private operating foundations and certain foreign organizations check here ▶       1       5109060         2a       639908       1       5109060       1       5109060         2a tax on investment income for 2008 from Part VI, line 5       2a       639908       1       5109060         3 Distributable amount before adjustments. Subtract line 2c from line 1       3       5045070       3       5045070         3 Distributable amounts treated as qualifying distributions       4       3861       5       5048931         6 Deduction from distributable amount (see page 26 of the instructions)       6       1       5048931         7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, r       5048931       <	d		1d	103/3/2/61
3       Subtract line 2 from line 1d       3       103737276         4       Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)       4       1556059         5       Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4       6       5       102181217         6       Subtract line 2 from line 1       6       5       1002181217         7       Subtract line 2 and a certain foreign organizations check here ▶       and do not complete this part.)       1       5109060         2a       fax on investment return from Part X, line 6       .       2a       639908       2b         6       b Income tax for 2008. (This does not include the tax from Part VI.)       2b       .       1       5109060         7       Distributable amount before adjustments. Subtract line 2 from line 1       3       5045070       4       3861         5       Add lines 2 and 2 b       .       .       .       .       5       5048931         6       Deduction from distributable amount (see page 26 of the instructions)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	е	S I I I I I I I I I I I I I I I I I I I		
<ul> <li>Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)</li> <li>Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4</li> <li>102181217</li> <li>Minimum investment return. Enter 5% of line 5</li> <li>Met value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4</li> <li>102181217</li> <li>Gentration of the set of the instructions) (Section 4942()(3) and ()(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this part.)</li> <li>Minimum investment return from Part X, line 6.</li> <li>Tax on investment income for 2008 from Part VI, line 5</li> <li>Add lines 2a and 2b</li> <li>Cadd lines 2a and 2b</li> <li>Cadd lines 2a and 2b</li> <li>Cadd lines 2 and 2b</li> <li>Cadd lines 3 and 4</li> <li>Soution from distributable amount (see page 26 of the instructions)</li> <li>Add lines 3 and 4</li> <li>Distributable amount set agualifying distributions</li> <li>Add lines 3 and 4</li> <li>Distributable amount as adjusted. Subtract line 2c from line 5. Enter here and on Part XIII, return to a stalication of the instructions)</li> <li>Armounts paid (including administrative expenses) to accomplish charitable, etc., purposes:         <ul> <li>a toppram-related investment—total from Part I, column (d), line 26</li> <li>Amounts set aide for specific charitable projects that satisfy the:                  a suitability test (prior IRS approval required)</li> <li>Adjusted qualifying distributions. Add lines 1 through 3b. Enter here and on Part XIII, line 4</li> <li>Grayas and 4</li> <li>Amounts paid to acquire assets used (or held for use) directly in carr</li></ul></li></ul>	2	Acquisition indebtedness applicable to line 1 assets		
of the instructions)       4       1556059         5       Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.       5       102181217         6       5109060       5       102181217       6       5109060         Part XI       Distributable Amount (see page 26 of the instructions) (Section 4942(i)(3) and (i)(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       5109060         2a       Tax on investment income for 2008 from Part VI, line 5       2a       639908       1       5109060         2a       a 639908       1       5046070       3       5045070       3       5045070         3       Distributable amount before adjustments. Subtract line 2 c from line 1       3       5048931       5       5048931         6       Deduction from distributable amount (see page 26 of the instructions)       6       5       5048931         7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, r       5048931       5       5048931         8       Deduction from distributable amount (see page 26 of the instructions)       6       1       5       5048931         7       Distributable amount as adjusted. Subtract li	3	Subtract line 2 from line 1d	3	1037372761
6       Minimum investment return. Enter 5% of line 5       6       5109060         Part XI       Distributable Amount (see page 26 of the instructions) (Section 4942())(3) and ()(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       5109060         2a       Tax on investment income for 2008 from Part VI, line 5       2a       639908       1       5109060         2a       Tax on investment income for 2008 from Part VI, line 5       2a       639908       1       5109060         2a       the foundations and certain foreign organizations check here ▶       2a       639908       1       5109060         2b       Income tax for 2008, (This does not include the tax from Part VI.)       2b       2c       639908         2 hord tributable amount before adjustments. Subtract line 2c from line 1       3       50445070       4       3861         5       Add lines 3 and 4       5       5048931       6       5       5048931         6       Distributable amount set ad a gualifying distributions       5       Enter here and on Part XIII, line 1       7       5048931         7       Distributable amount (see page 26 of the instructions)       1       1       5048931         7       Distributable am	4	of the instructions)	4	15560591
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       5109060         2a       Tax on investment income for 2008 from Part VI, line 5       2a       639908       2b         c       Add lines 2a and 2b       2a       639908       2b       2c       639900         3       Distributable amount before adjustments. Subtract line 2c from line 1       3       50445070       4       3861         5       Add lines 3 and 4       5       50448931       6       5       50448931         6       Distributable amount set eaded as qualifying distributions       6       6       7       5048931         7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7       5048931         Part XII       Qualifying Distributions (see page 26 of the instructions)       1       1       5751775         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1       5751775         1       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       1       1       603930	5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1021812170
foundations and certain foreign organizations check here ▶ □ and do not complete this part.)       1       Minimum investment return from Part X, line 6       1       5109060         2a       Tax on investment income for 2008 from Part VI, line 5       2a       639908       1       5109060         2a       Tax on investment income for 2008 from Part VI, line 5       2a       639908       2c       639908         b       Income tax for 2008. (This does not include the tax from Part VI.)       2b       2c       639908         2       C       639908       3       5045070       4       3861         5       Add lines 2a and 2b       3       5045070       4       3861         5       Add lines 3 and 4       5       5048931       6       7         6       7       Distributable amount set add a subjusted. Subtract line 6 from line 5. Enter here and on Part XIII, respective tax for part XII       Qualifying Distributions (see page 26 of the instructions)       6       7       5048931         9       Part XII       Qualifying administrative expenses) to accomplish charitable, etc., purposes:       1       5       5048931         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1       1       5751775       1b       16       1       1			÷	51090608
2a Tax on investment income for 2008 rom Part VI, line 5       2a       639908         2b       2b       2c       639908         2b       2b       2c       639908         3 Distributable amount before adjustments. Subtract line 2c from line 1       3       5045070         4 Recoveries of amounts treated as qualifying distributions       4       3861         5 Add lines 3 and 4       5       5048931         6 Deduction from distributable amount (see page 26 of the instructions)       6       6         7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7       5048931         Part XII       Qualifying Distributions (see page 26 of the instructions)       1       4       35045070         1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1a       5751775         a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1a       5751775         b Program-related investments—total from Part IX-B       2       1603         3 Amounts set aside for specific charitable projects that satisfy the:       3a       977155         3 Amounts set aside for specific charitable projects that satisfy the:       3a       977155         3 Amounts set aside for specific charitable projects that satisfy the:       3a	Par			erating
2a       Tax on investment income for 2008 from Part VI, line 5       2a       639908         2b       2b       2c       639908         2b       2c       639908         3       Distributable amount before adjustments. Subtract line 2c from line 1       3       5045070         4       Recoveries of amounts treated as qualifying distributions       4       3861         5       Add lines 3 and 4       5       5048931         6       7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7       5048931         6       7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7       5048931         9       Part XII       Qualifying Distributions (see page 26 of the instructions)       1       4       3861         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1a       5751775       1b       2       1603         2       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       1a       5751775       1b       2       1603         3       Amounts set aside for specific charitable projects that satisfy the:       3a       977155       3b       3a       977155 <td>1</td> <td>Minimum investment return from Part X, line 6</td> <td>1</td> <td>51090608</td>	1	Minimum investment return from Part X, line 6	1	51090608
c       Add lines 2a and 2b       2c       63990         3       Distributable amount before adjustments. Subtract line 2c from line 1       3       5045070         4       Recoveries of amounts treated as qualifying distributions       4       3861         5       Add lines 3 and 4       5       5048931         6       Deduction from distributable amount (see page 26 of the instructions)       6       6         7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7       5048931         Part XII       Qualifying Distributions (see page 26 of the instructions)       6       7       5048931         7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7       5048931         9       Part XII       Qualifying Distributions (see page 26 of the instructions)       1       1       7       5048931         9       Part XIII       Qualifying distributions, gifts, etc.—total from Part I, column (d), line 26       1       1       1       1         9       Program-related investments—total from Part IX-B       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <t< td=""><td>2a</td><td></td><td></td><td></td></t<>	2a			
3       Distributable amount before adjustments. Subtract line 2c from line 1       3       50450700         4       Recoveries of amounts treated as qualifying distributions       3       50450700         4       3861       3       50450700         4       3861       5       5048931         5       Add lines 3 and 4       5       5048931         6       7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7         5       Distributions (see page 26 of the instructions)       6       7         7       Distributions (see page 26 of the instructions)       7       5048931         7       Soudamistrative expenses) to accomplish charitable, etc., purposes:       1       4       5751775         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1       1       5751775         1       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       1       3       977155         3       Amounts set aside for specific charitable projects that satisfy the:       3       3       977155         3       Amounts set aside for specific charitable projects that satisfy the:       3a       977155       3b         4 </td <td>b</td> <td></td> <td></td> <td></td>	b			
4       Recoveries of amounts before adjustments, outbriat time 2c from line 1       3861         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         9       Part XII       Qualifying Distributions (see page 26 of the instructions)       6         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1a       5751775         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1a       5751775         2       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       1a       5751775         3       Amounts set aside for specific charitable projects that satisfy the:       3a       977155         3       Amounts set (prior IRS approval required)       3a       977155         4       6730534       4       6730534         5       Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.       5       63990       6         6       66666543       66666543       66666543       66666543       66666543       66666543 <tr< td=""><td>с</td><td>Add lines 2a and 2b</td><td>2c</td><td>639908</td></tr<>	с	Add lines 2a and 2b	2c	639908
1       Add lines 3 and 4       5       5048931         6       Deduction from distributable amount (see page 26 of the instructions)       6       6         7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1       7       5048931         Part XII       Qualifying Distributions (see page 26 of the instructions)       7       5048931         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1       5         a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1       1         2       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       1       1         2       Amounts set aside for specific charitable projects that satisfy the:       3       3       977155         3       Amounts set age a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4       6730534       4         4       Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4       6730534         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       63990         6       66666543       66666543       66666543       66666543	3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50450701
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         5       Part XII       Qualifying Distributions (see page 26 of the instructions)       7         1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1         a       Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1a         5       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:       3a         a       Suitability test (prior IRS approval required)       3b         4       Gor30534       4         6       66666543       63990         6       66666543       66666543         8       Adjusted qualifying distributions. Subtract line 5 from line 4       66666543         9       Of Part I, line 27b (see page 27 of the instructions)       6       66666543         9       Adjusted qualifying distributions. Subtract line 5 from line 4       6       66666543         9       0	4	Recoveries of amounts treated as qualifying distributions	4	38617
7       Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, ine 1       7       5048931         Part XII       Qualifying Distributions (see page 26 of the instructions)       7       5048931         Part XII       Qualifying Distributions (see page 26 of the instructions)       1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1       5751775         a       Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1       1       5751775         b       Program-related investments—total from Part IX-B       1       1       6       6         2       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       1       3a       977155         3       Amounts set aside for specific charitable projects that satisfy the:       3a       977155         b       Cash distribution test (attach the required schedule)       3b       4       6730534         4       Gastifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4       5       6         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       63990       6       666666543         6	5	Add lines 3 and 4	5	50489318
line 1       7       5048931         Part XII       Qualifying Distributions (see page 26 of the instructions)       1         Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1         a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1a       5751775         b Program-related investments—total from Part IX-B       1b       2         2       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       2       1603         3       Amounts set aside for specific charitable projects that satisfy the:       3a       977155         3       Amounts test (prior IRS approval required)       3b       3a       977155         4       Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4       4       6730534         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       63390         6       Adjusted qualifying distributions. Subtract line 5 from line 4       6       66666543         8       Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	6	Deduction from distributable amount (see page 26 of the instructions)	6	
1       Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:       1         a       Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1         b       Program-related investments—total from Part IX-B       1         c       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       1         a       Mounts set aside for specific charitable projects that satisfy the:       2         a       Suitability test (prior IRS approval required)       3         b       Cash distribution test (attach the required schedule)       3         c       Adjusted 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       6         6       Adjusted qualifying distributions. Subtract line 5 from line 4       6       6       66666543         Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation       1       1       1	7	line d	7	50489318
a       Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1a       5751775         b       Program-related investments—total from Part IX-B       1b       1b         2       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       2       1603         3       Amounts set aside for specific charitable projects that satisfy the:       2       1603         3       Amounts set aside for specific charitable projects that satisfy the:       3a       977155         b       Cash distribution test (attach the required schedule)       3b       3b         4       Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4       4       6730534         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       63990         6       Adjusted qualifying distributions. Subtract line 5 from line 4       6       66666543         Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	Par	t XII Qualifying Distributions (see page 26 of the instructions)		
a       Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26       1a       5751775         b       Program-related investments—total from Part IX-B       1b       1b         2       Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       2       1603         3       Amounts set aside for specific charitable projects that satisfy the:       2       1603         3       Amounts set aside for specific charitable projects that satisfy the:       3a       977155         b       Cash distribution test (attach the required schedule)       3b       3b         4       Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4       4       6730534         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       63990         6       Adjusted qualifying distributions. Subtract line 5 from line 4       6       66666543         Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
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:       3a         a       Suitability test (prior IRS approval required)       3a         b       Cash distribution test (attach the required schedule)       3b         c       3b       3b         4       G730534       4         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       63990         6       Adjusted qualifying distributions. Subtract line 5 from line 4       6       66666543         Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation			1a	57517759
<ul> <li>Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes</li> <li>Amounts set aside for specific charitable projects that satisfy the:</li> <li>a Suitability test (prior IRS approval required)</li> <li>Cash distribution test (attach the required schedule)</li> <li>Cash distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4</li> <li>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)</li> <li>Adjusted qualifying distributions. Subtract line 5 from line 4</li> <li>Mote: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation</li> </ul>			1b	
purposes       2       1603         3 Amounts set aside for specific charitable projects that satisfy the:       3a       977155         a Suitability test (prior IRS approval required)       3a       977155         b Cash distribution test (attach the required schedule)       3b       3b         4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4       4       6730534         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       63990         6 Adjusted qualifying distributions. Subtract line 5 from line 4       6       66666543         Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		0		
<ul> <li>3 Amounts set aside for specific charitable projects that satisfy the:</li> <li>a Suitability test (prior IRS approval required)</li></ul>	-		2	16032
<ul> <li>a Suitability test (prior IRS approval required)</li></ul>	3			
<ul> <li>b Cash distribution test (attach the required schedule)</li></ul>			3a	9771554
<ul> <li>4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4</li> <li>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)</li> <li>6 Adjusted qualifying distributions. Subtract line 5 from line 4</li> <li>6 6666543</li> <li>8 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation</li> </ul>	b		3b	
<ul> <li>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)</li> <li>Adjusted qualifying distributions. Subtract line 5 from line 4</li> <li>Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation</li> </ul>	4		4	67305345
6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 6666543 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	5	639908
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	6		6	66665437
			g whethe	er the foundation

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

					T
		(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
	line 7				50489318
2	Undistributed income, if any, as of the end of 2007:				
а	Enter amount for 2007 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2007:				
a	From 2003				
b	From 2004				
C					
d					
е		123003762			
f	Total of lines 3a through e	123003702			
4	Qualifying distributions for 2008 from Part XII, line 4: ► \$				
а	Applied to 2007, but not more than line 2a				
b	Applied to undistributed income of prior years				
-	(Election required—see page 24 of the instructions)				
С	Treated as distributions out of corpus (Election required—see page 24 of the instructions)				
d	Applied to 2008 distributable amount				50489318
e	Remaining amount distributed out of corpus	16816027			
5	Excess distributions carryover applied to 2008				
•	(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				
Ŭ	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	139819789			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	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 .				
е	Undistributed income for 2007. Subtract line				
	4a from line 2a. Taxable amount—see page				
	25 of the instructions				
f	Undistributed income for 2008. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2009				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 2003 not				
-1	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:				
а	Excess from 2004				
b	Excess from 2005 20593450				
с	Excess from 2006 45357800				
d	Excess from 2007 21321432				
е	Excess from 2008 16816027				
					Form <b>990-PF</b> (2008)

	90-PF (2008)			05 (1)			Page 10
		vivate Operating Found				rt VII-A, questior	n 9)
<b>1</b> a		ndation has received a rulir n, and the ruling is effective	-				
b						section 🗌 4942(j)(3	3) or 🗌 4942(j)(5)
<b>2</b> a		lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
		om Part I or the minimum return from Part X for each	<b>(a)</b> 2008	(b) 2007	(c) 2006	(d) 2005	
b	85% of lir	ne 2a					
С		distributions from Part XII, ach year listed					
d		luded in line 2c not used directly nduct of exempt activities .					
e	for active c	distributions made directly onduct of exempt activities. he 2d from line 2c					
3		3a, b, or c for the e test relied upon:					
а		alternative test—enter:					
b	under "Endowmen	e of assets qualifying r section 4942(j)(3)(B)(i) t" alternative test—enter ⅔					
	Part X, line	i investment return shown in 6 for each year listed alternative test—enter:					
С		support other than gross					
	inves divide on s	tment income (interest, ends, rents, payments ecurities loans (section i)(5)), or royalties)					
	(2) Supp	ort from general public					
	orgar	5 or more exempt nizations as provided in on 4942(j)(3)(B)(iii)					
	from	est amount of support an exempt organization					
Dor		s investment income		this work such if			
	as	pplementary Informat sets at any time durin	g the year—se			on nad \$5,000 o	r more in
1 a	List any n	ion Regarding Foundation nanagers of the foundation e close of any tax year (b	n who have contri				
b		nanagers of the foundatic p of a partnership or othe					rge portion of the
2	Informati	ion Regarding Contribut	ion, Grant, Gift, I	Loan, Scholarship	o, etc., Programs:		
	Check here $\blacktriangleright$ 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.						
а	The name	e, address, and telephone	number of the p	erson to whom ap	plications should	be addressed:	
****							
b	The form	in which applications sho	ould be submitted	l and information a	and materials they	should include:	
****							
C	Any subr	nission deadlines:					
	Any restr factors:	ictions or limitations on a	awards, such as	by geographical a	areas, charitable fi	elds, kinds of ins	titutions, or other
*****							

	Grants and Contributions Paid During		ed for Fu	iture 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
_					
a	Paid during the year				
	****				
	Total	 		<b>&gt;</b> 3a	530833
b	Approved for future payment				
	Information Fund 6099 Hickory Blvd Buffalo MN 55322		509(a)(1)	program development	15000
	Addition Association 20 Central Street Cologne MN 55322		509(a)(1)	scholarships	5000
	Bulletin Fund		509(a)(1)	operating budget	1000
	81 Fifth Blvd Hamburg MN 55341				

3b 

	-A Analysis of Income-Producing /	Activities				
Enter aros	s amounts unless otherwise indicated.	1	isiness income	Excluded by sectio	n 512, 513, or 514	(e)
-	m service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See page 26 of the instructions.)
a						
b						
c						
d						
е						
f						
-	es and contracts from government agencies					
	ership dues and assessments			14	3500337	
	on savings and temporary cash investments			14	30653505	
	ntal income or (loss) from real estate:					
	bt-financed property					
	t debt-financed property					
	tal income or (loss) from personal property					
	investment income.					
	(loss) from sales of assets other than inventory			18	31915992	
	come or (loss) from special events.					
	profit or (loss) from sales of inventory					
11 Other r	revenue: a					
b						
c						
d						
е						
	al. Add columns (b), (d), and (e)				66069834	
					13	66069834
(See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 26 to -B Relationship of Activities to the	verify calculati	ons.)			66069834
(See works	sheet in line 13 instructions on page 26 to	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to
(See works Part XVI	<ul> <li>B Relationship of Activities to the</li> <li>Explain below how each activity for whether accomplishment of the organization</li> </ul>	verify calculati Accomplish nich income is r	ons.) <b>ment of Exen</b> eported in colu	n <b>pt Purposes</b> mn (e) of Part X	VI-A contribute	d importantly to

#### 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?						
_							
а	Transfers from the reporting organization to a noncharitable exempt organization of:	1a(1)		~			
	(1) Cash			<u> </u>			
	(2) Other assets	1a(2)					
b	Other transactions:						
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		<u> </u>			
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		<ul> <li>✓</li> </ul>			
	(3) Rental of facilities, equipment, or other assets						
	(4) Reimbursement arrangements	1b(4)		~			
	(5) Loans or loan guarantees	1b(5)		~			
	(6) Performance of services or membership or fundraising solicitations	1b(6)		~			
с	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		✓			

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.		

2a Is the organization directly or indirectly	affiliated with, or related to, one or m	nore tax-exempt organizations	
described in section 501(c) of the Cod	e (other than section 501(c)(3)) or in s	ection 527?	🗹 Yes 🗌 No
<b>b</b> If "Yes," complete the following sched	ule.		

(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 know belief, it is true, correct, and complete. Declaration of preparer (other than taxpaver or fiduciary) is based on all information of which preparer has any					

Sign Here		ature of officer or trustee		Date		Title	
	aid arer's Only	Preparer's signature		Date	Check if self-emple	oyed ► 🗌	Preparer's SSN or PTIN (See <b>Signature</b> on page 28 of the instructions.)
	Prep Use	Firm's name (or yours if self-employed), address, and ZIP code	•			EIN ► Phone no.	( )

Department of the Treasury

# **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

11:9000024

2008

Internal Revenue Service

#### **Penn Oak Foundation**

Organization type (check one):

Section:
501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
✓ 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 33<sup>1</sup>/<sub>3</sub>% 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).

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

Schedule B	(Form 99	90, 990-EZ,	or 990-PF)	(2008)
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# Name of organization

Penn Oak Foundation

Page \_\_\_\_\_ of \_\_\_\_\_ of Part I
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		
	Penn Oak, Jr. 9753 Perfume Street Cologne MN 55322	\$500000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
_2	Penn Oak, III 9753 Perfume Street Cologne MN 55322	\$500000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (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	02/15/2010
Taxpayer Daytime Phone	510-555-1616

# LegalFeesSchedule

Description	Exp. per	Net Invest.	Adj. Net	Char.
	Books	Inc.	Inc.	Purposes
Legal fees	38604	11405		27199

# AccountingFeesSchedule

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Audit & tax services	60413	30206		30207

# OtherProfessionalFeesSchedule

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

# TaxesSchedule

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Federal excise taxes	910237			
Property taxes	21393			21393

### DepreciationSchedule

Description	Date Acq	Cost/Basis	Prior Depr	Method	Rate/ Life	Depr Exp
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

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
	BOOKS	mc.	IIIC.	Fuiposes
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

	Book Value	FMV
U.S. govt obligations	238814668	238814668
State & local govt obligations	1738794	1738794

#### InvestmentsCorpStockSchedule

Description	Book Value	FMV
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	253363012	132278908
program		
Federal excise tax payable	119028	413471

## OtherIncreasesSchedule

Description	Amount
Unrealized gains on investments	30507760

OtherDecreasesSchedule

Description	Amount
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				12,098,938,176				
securities						12,067,022,184	31,915,992	31,915,992

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

Name & Address	Title	Hrs/Wk	Сотр	<b>Benefits</b>	Other
Patsy Pine	Board				
9753 Perfume St Cologne MN 55322	Chair	20	61500	0	0
Jean Oak-Holly	Vice				
9753 Perfume St Cologne MN 55322	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	<b>T</b>	-	50050	0	450
9753 Perfume St Cologne MN 55322	Trustee	5	50250	0	458
J. Lawrence Chamberlain	Truches	~	50050	0	0
9753 Perfume St Cologne MN 55322	Trustee	5	50250	0	0
George Thomas	Tructoo	F	40500	0	0
9753 Perfume St Cologne MN 55322 Belle Hood	Trustee	5	49500	0	0
	Tructoo	5	49500	0	1977
9753 Perfume St Cologne MN 55322 Thomas J. Jackson	Trustee	5	49500	0	1977
9753 Perfume St Cologne MN 55322	Exec. Dir.	45	354669	96933	19434
D. H. Hill		40	554009	90933	19404
9753 Perfume St Cologne MN 55322	Exec. VP	45	214686	37749	0
Earl Van Dorn		40	214000	51143	0
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

ExpenditureResponsibility	Statement
Grantee's name:	Program Fund
Grantee's address:	6594 Oak Avenue Annandale MN 55315
Grant date:	1/3/2009
Grant amount:	309000
Grant purpose:	To fund 2009 operating budget of grantee
Amount expended:	309000
Any diversion by grantee?:	No
Dates of reports: 08/31	/2009
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 2008, 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	Purpose	
		Status		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	Purpose	
		Status		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 – 1/1/2008 TaxPeriodEndDate - 12/31/2008

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

OMB No. 1545-0129 200**8** 

Internal Revenue Service				
For calendar year 2008 or other tax year beginning , 2008, and er	nding	, 20 .		
Check the box if this is a section 501(c) organization or a separate segregated fund descril	bed in section 527(f)(3)			
Check if: Name of organization	Employer identification n	umber		
Final return     Kolkwizia Political Action Committee	11 9000015			
Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions.)	Dak Blvd         If this is a principal campaign committee, and it is the ONLY political committee, check here.			
Address change 3504 West Oak Blvd				
Amended return City or town, state, and ZIP code				
Tampa FL 33607		tructions on page 2.) .		
<b>1</b> Dividends (attach schedule)	1			
<b>2</b> Interest	0	14227		
<b>0 3</b> Gross rents				

	Amen	ded re	Tampa FL 33607			check here and attach a tructions on page 2.) .
	1	Divi	dends (attach schedule)	• • • • • • • • • •	1	
	2				2	14227
Ð	3	-	ss rents		3	
Income	4		ss royalties		4	
ğ	5		ital gain net income (attach Schedule D (Form 1120))		5	0
=	6		gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7		er income and nonexempt function expenditures (see instructions)		7	
	8	Tot	al income. Add lines 1 through 7		8	14227
	9		aries and wages		9	
	10		airs and maintenance		10	
	11	Rer			11	
~	12				12	1185
Deductions	13		rest		13	
Ĕ	14		reciation (attach Form 4562)		14	
ň	15		er deductions (attach schedule)		15	
ĕ	16		al deductions. Add lines 9 through 15		16	1185
	17		able income before specific deduction of \$100 (see instructions). Section 501(c) org			
	a					
	b				17c	13042
	18		cific deduction of \$100 (not allowed for newsletter funds defined under sect	ion 527(g))	18	100
	19	Тах	able income. Subtract line 18 from line 17c. (If line 19 is zero or less, see th	e instructions.)	19	12942
	20		<b>ome tax.</b> (see instructions)		20	4530
	21		credits. (Attach the applicable credit forms.) (see instructions)		21	
	22		al tax. Subtract line 21 from line 20		22	4530
Тах	23		ments: <b>a</b> Tax deposited with Form 7004	4551		
Ĕ			b Credit for tax paid on undistributed capital gains (attach Form 2439)			
			c Credit for Federal tax on fuels (attach Form 4136)			
			d Total. Add lines 23a through 23c.		23d	4551
	24	Тах	due. Subtract line 23d from line 22. See instructions on page 4 for depository m		24	
	25	Ove	rpayment. Subtract line 22 from line 23d		25	21
		-	At any time during the 2008 calendar year, did the organization have an interest in or a	signature or other aut	nority o	ver a
			financial account (such as a bank account, securities account, or other financial account) in	•		
	<b>-</b>		If "Yes," enter the name of the foreign country >			
ditional	ormation		2 During the tax year, did the organization receive a distribution from, or was	it the grantor of, or	trans	feror
Ei O	nat		to, a foreign trust? If "Yes," the organization may have to file Form 3520	-		
Idi	L L L		Enter the amount of tax-exempt interest received or accrued during the t	ax year 🔥 . 🕨	\$	
Ad		4				
		ł	a The books are in care of Fest K. Insightful b Enter nam	e of candidate 🕨 .		
			c The books are located at ► 3504 West Oak Blvd Tarr d Telephone			555-1212
~			r penalties of perjury, I declare that I have examined this return, including accompanying schedules and s ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep		st of my	knowledge and belief, it is true
	gn			aror nuo any knowledge.	M	lay the IRS discuss this return
H	ere				w	ith the preparer shown below
			Signature of officer Date Title			ee page 3)? <b>Yes No</b>
Pa	id		Preparer's Date	Check if	_   Pi	reparer's SSN or PTIN
	epare	er's	signature	self-employed		
	e On		Firm's name (or vours if self-employed).	EIN	-	
	5 01	·y	address, and ZIP code	Phone no.	(	)

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 6.

#### TY2007 1120POL test2

#### TaxPeriodEndDate -- 12/31/2008

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 – 1/1/2008

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

OMB No. 1545-0129

2008

For calendar year 2008 or other tax year beginning , 2008, and ending , 20									
Ch	neck th	ne bo	x if th	nis is a section 501(c) organization or a separate segre					. 🕨 🗹
Check if:				Name of organization			dentification	number	
Final retur		eturn		National Hyrax Association		11 9	000004		
	Name	chang	е	Number, street, and room or suite no. (If a P.O. box, see page				ngress Only aign committee, and it is	ia tha
	Addres	ss cha	nge	1234 Weeping Willow Lane		ONLY politic	al committee,	check here	🗆
	Ameno	ded ret	urn	City or town, state, and ZIP code				aign committee, but is Nee, check here and atta	
				Anaheim, CA 92812				instructions on page 2.)	
	1	Divid	dends	s (attach schedule)			1		
	2	Inter	est .				2	<u>.</u>	_
e	3	Gros	ss rer	nts			3	;	_
ы	4	Gros	s roy	yalties			4	<u>ا</u>	
Income	5	Capi	ital g	ain 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			ome and nonexempt function expenditures (see instru				,	
	8	Tota	al inc	ome. Add lines 1 through 7			8	<u>;                                    </u>	
	9	Sala	ries a	and wages			9	)	_
	10	Repa	airs a	and maintenance			10	<u>)</u>	_
	11	Rent	ts .				11	1	
S	12	Тахе	es an	d licenses			12	2	
o	13	Inter	est .				13	3	
Ċ	14	Depi	reciat	tion (attach Form 4562)			14	4	
qu	15	Othe	er deo	ductions (attach schedule)			15	5	
Deductions	16			ductions. Add lines 9 through 15				8	
_	17			ncome before specific deduction of \$100 (see instructions).					
	a			of net investment income			700		
	b			e amount expended for an exempt function (attach sc			<b>620</b> 17	'c 620	0
	18	Spee	cific d	deduction of \$100 (not allowed for newsletter funds de	efined under section	i 527(g))	18	8 100	0
	19	Таха	able	income. Subtract line 18 from line 17c. (If line 19 is ze	ero or less, see the i	instructior	ns.) <b>1</b> 9	9 520	0
	20	Inco	me t	tax. (see instructions)			20	0 78	8
	21	Тах	cred	lits. (Attach the applicable credit forms.) (see instruction				1	
	22	Tota	l tax.	. Subtract line 21 from line 20			22	2 78	8
Тах	23	Payr	nents	s: a Tax deposited with Form 7004	. <u>2</u> 3a				
F				<b>b</b> Credit for tax paid on undistributed capital gains (attach Form	n 2439) <b>23b</b>				
				c Credit for Federal tax on fuels (attach Form 4136)	23c				
				d Total. Add lines 23a through 23c.			23		
	24			Subtract line 23d from line 22. See instructions on page 4				4 78	8
	25	Ove	rpayı	ment. Subtract line 22 from line 23d			25	5	
		1	At	any time during the 2008 :alendar year, did the organization hav	e an interest in or a sig	nature or of	ther authority	/ over a	
			fina	ancial account (such as a bank account, securities account, or other	financial account) in a fo	preign count	ry? (see instru	uctions) 🗌 Yes	🖌 No
_	c		lf '	"Yes," enter the name of the foreign country					
Additional	tio	2		uring the tax year, did the organization receive a distribu					_
Ξi	ma			, a foreign trust? If "Yes," the organization may have to					
pp	or	3		ter the amount of tax-exempt interest received or acc	rued during the tax	year .	. ► \$	(	0
Ā		4		ate organization formed <b>5/27/1992</b>					
		5		he books are in care of  The Organization				4 555 4040	
				ne books are located at > 1234 Weeping Willow La ties of perjury, I declare that I have examined this return, including accomp				4-555-1212	f it is true
S	ign			complete. Declaration of preparer (other than taxpayer) is based on all info					, it is true,
	ere							May the IRS discuss th	
П	ere	-	Signati	ure of officer Date	Title			with the preparer show (see page 3)? See Yes	
				, ,	Date		<b>L</b>	Preparer's SSN or PTI	
Pa				parer's ature	Build	Check if self-emp			
Pr	epare	r's 🕂	-	's name (or					
Us	e Onl	y	your	rs if self-employed),		EIN	one no. (	)	
			auur	ress, and ZIP code		1 C.U	ono no. (	/	

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 6.

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

Description	Amount
Purchase of political barbecue tickets Campaign contributions	250 <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	3-15-2009
Taxpayer Daytime Phone	714-555-1212

### TY2008 8868 test1

TaxPeriodEndDate – 12/31/2008 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** – 1/1/2008

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 -- 2008

BinaryAttachmentCount - 0

Form <b>8868</b>
(Rev. April 2008)
Department of the Treasury Internal Revenue Service

## 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

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

Type of	Name of Exempt Organization Emplo			over identification number		
print	Echinacea Endowment 11		90	00022		
File by th						
filing you	due date for filing your 1234 Weeping Willow Lane					
return. See 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):					
For			Form 4	720		
For	m 990-BL		Form 5	5227		
🗌 For	m 990-EZ		Form 6069			
🖌 For	m 990-PF 🗌 Form 1041-A		Form 8	870		
• The	books are in the care of <b>The Organization 1234 Weeping Willow Lane Anaheim CA 92813</b>					
• me						
Teler	bhone No. ▶ ( 714 ) 555-1212 FAX No. ▶ ( 714 ) 555-1313					
	e organization does not have an office or place of business in the United States, check this box					
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)					
for the	whole group, check this box $\ldots \ldots \triangleright$ $\Box$ . If it is for part of the group, check this box $\ldots \ldots$		ı ⊐ and	attach		
	vith the names and EINs of all members the extension will cover.	ŗ		attaon		
u	request an automatic 3-month (6 months for a corporation required to file Form 99 ntil					
	calendar year 20or					
				20		
				, 20		
<b>2</b> If	this tax year is for less than 12 months, check reason:	inge	n acco	unting period		
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
	ss any nonrefundable credits. See instructions.	3a	\$	23,000		
b lf	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax					
	ayments made. Include any prior year overpayment allowed as a credit.	3b	\$	20,000		
d	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment					
S	ystem). See instructions.	3c	\$	3,000		
	<b>n.</b> If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO ment instructions.	and	Form 8	879-EO		
ior pay						

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

# Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$3000
Requested Payment Date	5/15/2009
Taxpayer Daytime Phone	714-555-1212

#### TY2008 8868 test2

TaxPeriodEndDate – 12/31/2008 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 – 1/1/2008

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 -- 2008

**BinaryAttachmentCount** – 0

Form <b>8868</b>
(Rev. April 2008)
Department of the Treasury Internal Revenue Service

## 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

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

Туре	e or	Name of Exempt Organization Emplo		oyer identification number		
print		National Hyrax Association	11	9000004		
File by	y the ate for	Number, street, and room or suite no. If a P.O. box, see instructions.				
filing y	your					
return	. See ctions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
		Anaheim, CA 92812				
Chee	ck type	of return to be filed (file a separate application for each return):				
Form 990 🗌 Form 990-T (corporation)				Form 4720		
□ Form 990-BL □ Form 990-T (sec. 401(a) or 408(a) trust)			Form 5227			
	☐ Form 990-EZ			Form 6069		
F	Form 99	D-PF		Form 8870		
• Th	ie books	are in the care of  National Hyrax Association 1234 Weeping Willow Lane Anaheim, CA	92812			
<b>–</b> 1		No. ▶ ( 714 ) 555-1212 FAX No. ▶ ( 714 ) 555	-1313			
	-	nization does not have an office or place of business in the United States, check this				
		r a Group Return, enter the organization's four digit Group Exemption Number (GEN)_ group, check this box $\ldots$ $\blacktriangleright$ $\Box$ . If it is for part of the group, check this box .				
		e names and EINs of all members the extension will cover.				
1	<ul> <li>I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of until</li></ul>					
		tax year beginning, 20, and ending		, 20		
2	If this t	ax year is for less than 12 months, check reason: $\Box$ Initial return $\Box$ Final return [	Change	in accounting period		
3a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.		\$		
b	If this a	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta	x			
	paymer	ts made. Include any prior year overpayment allowed as a credit.	3b	\$		
с	deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer	l, It			
		). See instructions.	30			
		ou are going to make an electronic fund withdrawal with this Form 8868, see Form 843 instructions.	53-EO and	Form 8879-EO		

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