

***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](http://www.irs.gov)

Publication 4205 (Rev. 09-08)  
Catalog Number 36961S

***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.***

## Table of Contents

<b>1</b>	<b>NEW INFORMATION – TY2008</b>	<b>4</b>
<b>1.1</b>	<b>REDESIGNED FORM 990</b>	<b>4</b>
<b>1.2</b>	<b>NEW FUNCTIONALITY</b>	<b>4</b>
<b>2.</b>	<b>FORMS 990/990-EZ/990-N/990-PF/1120-POL/8868 ASSURANCE TESTING TY2008</b>	<b>4</b>
<b>2.1</b>	<b>WHO MUST TEST?</b>	<b>4</b>
<b>2.2</b>	<b>WHY TEST?</b>	<b>5</b>
<b>2.3</b>	<b>WHAT IS TESTED?</b>	<b>5</b>
<b>2.4</b>	<b>FORMATTING THE ENTITIES</b>	<b>6</b>
<b>2.5</b>	<b>PASSWORDS/STRONG AUTHENTICATION</b>	<b>6</b>
<b>2.5.1</b>	<b>INTERNET FILING APPLICATION (IFA)</b>	<b>6</b>
<b>2.5.2</b>	<b>APPLICATION TO APPLICATION (A2A)</b>	<b>6</b>
<b>2.6</b>	<b>WHEN TO TEST</b>	<b>7</b>
<b>2.7</b>	<b>TESTING GUIDELINES FOR SOFTWARE DEVELOPERS</b>	<b>7</b>
<b>2.8</b>	<b>ELECTRONIC SIGNATURES</b>	<b>7</b>
<b>2.9</b>	<b>REVIEWING ACKNOWLEDGEMENT (ACK) FILES AND CORRECTING TESTS</b>	<b>8</b>
<b>2.10</b>	<b>FINAL TRANSMISSION</b>	<b>8</b>
<b>2.11</b>	<b>COMMUNICATIONS TEST FOR THE E-FILE SYSTEM</b>	<b>8</b>
<b>2.12</b>	<b>USING YOUR OWN TEST DATA</b>	<b>9</b>
<b>3.</b>	<b>FED/STATE ACCEPTANCE TESTING (ATS) PROCEDURES</b>	<b>9</b>
<b>4.</b>	<b>EXHIBITS</b>	<b>10</b>
	<b>EXHIBIT 1 - STANDARD POSTAL SERVICE STATE ABBREVIATIONS AND ZIP CODES</b>	<b>10</b>
	<b>EXHIBIT 2 - FOREIGN COUNTRY CODES</b>	<b>10</b>
	<b>EXHIBIT 3 - ACCEPTED FORMS AND SCHEDULES FOR EXEMPT ORGANIZATIONS</b>	<b>10</b>
	<b>EXHIBIT 4 – VALID ENTITY INFORMATION</b>	<b>11</b>
<b>5.</b>	<b>TEST SCENARIOS</b>	<b>12</b>

## **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 \$500,000 and total assets 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 [Section 2.5.2](#), 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 [e-services – Online Tools for Tax Professionals](#) 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: <http://www.w3.org/XML/>
- W3C XML Schema Home Page: <http://www.w3.org/XML/Schema>
- XML Spy: <http://www.xmlspy.com/>
- Apache Xerces parser toolkit: <http://xml.apache.org/>

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

## **2.4 FORMATTING THE ENTITIES**

The entities presented in the test scenarios are shown in common usage with commas and periods. Refer to XML e-file Types 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.
2. Practitioner PIN – The ERO selects an eleven-position PIN to sign the return. The first 6 positions of the Practitioner PIN will be the EFIN of the ERO and the next 5 positions will be 5 numeric characters self-selected 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:

<http://www.irs.gov/efile/article/0,,id=171946,00.html>

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

Foreign Country Codes can be found on the irs.gov web at the following link:

<http://www.irs.gov/efile/article/0,,id=175595,00.html>

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

The forms and schedules accepted for the 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:

<http://www.irs.gov/efile/article/0,,id=176123,00.html>

## EXHIBIT 4 – VALID ENTITY INFORMATION

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

Scenario	EIN	Name Control	Group Exemption Number (GEN)	Org Type	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 Inspection**

Department of the Treasury  
Internal Revenue Service(77)

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

**A** For the 2008 calendar year, or tax year beginning **2008**, and ending **20**

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

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

**D** Employer identification number  
**11 9000001**

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

**F** Name and address of Principal Officer: **Dr. Jane Maple**  
**655 Bradford Street Nixon NV 89424**

**G** Enter gross receipts \$ **34,378,823**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (See instructions)  
**H(c)** Group Exemption Number ▶

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.walnuthospital.org**

**K** Type of organization:  Corporation  trust  association  Other ▶

**L** Year of Formation: **1936** **M** State of legal domicile: **NV**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To provide medical care to residents of Nixon, Nevada and the surrounding area</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Enter the number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Enter the number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Enter the total number of employees (Part V, line 2a)	<b>5</b>	<b>233</b>
	<b>6</b> Enter the total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b> Enter total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>93,593</b>
<b>b</b> Enter net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>22,481</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>36,597</b>	Current Year <b>81,254</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>22,883,358</b>	<b>24,833,306</b>
	<b>10</b> Investment income (Part VIII, lines 3, 4, and 7d, column (A))	<b>2,205,877</b>	<b>6,365,046</b>
	<b>11</b> Other revenue (Part VIII, lines 5, 6d, 8c, 9c, and 10c of column (A), and 11e)	<b>136,592</b>	<b>162,412</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, line 12, column (A))	<b>25,262,424</b>	<b>31,442,018</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, lines 1–3, column (A))	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, line 4, column (A))	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, lines 5–10, column (A))	<b>10,690,607</b>	<b>11,342,954</b>
	<b>16a</b> Professional fundraising fees (Part IX, line 11e, column (A))	<b>0</b>	<b>0</b>
	<b>b</b> (Enter total fundraising expenses, Part IX, line 25, column (D) <b>0</b> )		
<b>17</b> Other expenses (Part IX, lines 11a–11d, 11f–24f, column (A))	<b>13,551,776</b>	<b>14,346,948</b>	
<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	<b>24,242,383</b>	<b>25,689,902</b>	
<b>19</b> Revenue less expenses—line 12 minus line 18	<b>1,020,041</b>	<b>5,752,116</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year <b>64,267,313</b>	End of Year <b>67,363,916</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>20,162,856</b>	<b>19,790,092</b>
	<b>22</b> Net assets or fund balances, line 20 minus line 21	<b>44,104,457</b>	<b>47,573,824</b>

**Part II Signature Block**

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

**Please Sign Here**

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

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

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's PTIN (See Gen. Inst.) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

**Part 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?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
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

**4d** 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).

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <i>501(c)(3) organizations.</i> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <i>501(c)(4), 501(c)(5), and 501(c)(6) organizations.</i> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to questions 3, 4, or 5, Part VII, Section A? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>25a</b> <i>501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (Continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	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, Part IV</i>	✓	
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b>	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>	✓	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b>	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>		✓
<b>33</b>	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>	✓	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	✓	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>36</b>	<i>501(c)(3) organizations.</i> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b>	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>		✓

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 12		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 233		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
<b>b</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, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		✓
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any contribution of \$75 or more? . . . . .		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		✓
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<i>501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>501(c)(7) organizations.</i> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<i>501(c)(12) organizations.</i> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<i>4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**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.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>16</b>
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>14</b>
<b>2</b>	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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	the governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>9b</b>	
<b>10</b>	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 . . . . .	<b>10</b>	<input checked="" type="checkbox"/>
<b>11</b>	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 . . . . .	<b>11</b>	<input checked="" type="checkbox"/>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "Yes": . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O.	<b>15b</b>	<input checked="" type="checkbox"/>
<b>16a</b>	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>16a</b>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>16b</b>	

**Section 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





<b>Part VIII Statement of Revenue</b>		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b> <u>81,254</u>					
	<b>g</b> Noncash \$ _____					
	<b>h Total (lines 1a-1f).</b> . . . . . ▶	<b>81,254</b>				
<b>Program Service Revenue</b>	<b>2a Patient revenue</b> . . . . .	<b>24,507,971</b>	<b>24,507,971</b>			
	<b>b Parking</b> . . . . .	<b>139,397</b>			<b>139,397</b>	
	<b>c Cafeteria</b> . . . . .	<b>94,145</b>			<b>94,145</b>	
	<b>d Fitness center</b> . . . . .	<b>69,517</b>		<b>69,517</b>		
	<b>e Billing service</b> . . . . .	<b>22,276</b>		<b>22,276</b>		
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total</b> . . . . . ▶ \$ <b>24,833,306</b>					
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶	<b>1,704,538</b>			<b>1,704,538</b>
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
<b>5</b> Royalties . . . . . ▶						
<b>6a</b> Gross Rents . . . . .		(i) Real <b>218,806</b>				
		(ii) Personal <b>56,394</b>				
		<b>c</b> Rental income or (loss) <b>162,412</b>				
<b>d</b> Net rental income or (loss) . . . . . ▶		<b>162,412</b>		<b>1,800</b>	<b>160,612</b>	
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities <b>7,540,919</b>				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>2,880,411</b>				
		<b>c</b> Gain or (loss) <b>4,660,508</b>				
<b>d</b> Net gain or (loss) . . . . . ▶		<b>4,660,508</b>			<b>4,660,508</b>	
<b>8a</b> Gross income from fundraising events (not including \$_____ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>						
<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>						
<b>b</b> Less: direct expenses. . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue	Business Code					
<b>11a</b> . . . . .						
<b>b</b> . . . . .						
<b>c</b> . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e Total</b> . . . . . \$						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶	<b>31,442,018</b>	<b>24,507,971</b>	<b>93,593</b>	<b>6,759,200</b>		

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
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 Fees for services (non-employees):				
a Management				
b Legal	93,885	982	92,903	
c Accounting	20,912		20,912	
d Lobbying				
e Professional fundraising. See Part IV, line 17				
f Investment management fees	119,094		119,094	
g 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 Interest	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.)				
a <b>Bad debts</b>	1,237,605	1,237,605		
b <b>Contract labor</b>	625,308	621,659	3,649	
c <b>Taxes</b>	33,631		33,631	
d <b>Other</b>	244,326	220,665	23,661	
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>25,689,902</b>	<b>23,405,740</b>	<b>2,284,162</b>	<b>0</b>
26 <b>Joint Costs.</b> Check <input type="checkbox"/> 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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	995,677	<b>1</b>	1,154,567
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,837,239	<b>4</b>	2,641,702
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	329,091	<b>8</b>	353,671
	<b>9</b> Prepaid expenses and deferred charges . . . . .	226,319	<b>9</b>	236,091
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	41,032,288		
	<b>b</b> Less: accumulated depreciation. <i>Complete Part VI of Schedule D</i> . . . . .	18,257,427		
		22,788,679	<b>10c</b>	22,774,861
	<b>11</b> Investments—publicly traded securities . . . . .	36,290,319	<b>11</b>	39,170,730
	<b>12</b> Investments—other securities. <i>Complete Part VII of Schedule D</i> . . . . .	263,144	<b>12</b>	343,161
	<b>13</b> Investments—program-related. <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. <i>Complete Part IX of Schedule D</i> . . . . .	536,845	<b>15</b>	689,133	
<b>16</b> <b>Total assets.</b> <i>Add Columns A and B, lines 1 through 15 (must equal line 34)</i> . . . . .	64,267,313	<b>16</b>	67,363,916	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,776,267	<b>17</b>	2,966,750
	<b>18</b> Grants payable . . . . .	24,282	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	16,377,000	<b>20</b>	15,854,500
	<b>21</b> Escrow account liability. <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. <i>Complete Part X of Schedule D</i> . . . . .	985,307	<b>25</b>	968,842
	<b>26</b> <b>Total liabilities.</b> <i>Add lines 17 through 25</i> . . . . .	20,162,856	<b>26</b>	19,790,092
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	42,880,738	<b>27</b>	46,430,916
	<b>28</b> Temporarily restricted net assets . . . . .	864,062	<b>28</b>	739,261
	<b>29</b> Permanently restricted net assets . . . . .	359,657	<b>29</b>	403,647
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	44,104,457	<b>33</b>	47,573,824	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	64,267,313	<b>34</b>	67,363,916	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b>	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? . . . . .	✓	
<b>3a</b>	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? . . . . .		✓
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>	<b>Employer identification number</b>
---------------------------------	---------------------------------------

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule—**

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

**Special Rules—**

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

<b>Name of organization</b>	<b>Employer identification number</b>
-----------------------------	---------------------------------------

**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  Nixon NV 89424	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts (Complete if the organization answered "Yes" to Form 990, Part IV, line 6)

Table with 2 columns: (a) Donor Advised Funds, (b) Funds and Other Accounts. Rows include: 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor?.

Part II Conservation Easements (Complete if the organization answered "Yes" to Form 990, Part IV, line 7)

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, or terminated by the 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, inspection, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring or enforcing easements during the year:
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 of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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:
a 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** (Continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 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?  Yes  No

**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.)

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain why in Part XIV and complete the following table:
- |  | \$ Amount |
|--|-----------|
| <b>c</b> Beginning balance             |           |
| <b>d</b> Additions during the year     |           |
| <b>e</b> Distributions during the year |           |
| <b>f</b> Ending balance                |           |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**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 Years Back
<b>1a</b> Beginning of year balance	1,223,719				
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses	44,101				
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	143,912				
<b>f</b> Administrative expenses					
<b>g</b> 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: 0 %
  - b** Permanent endowment: 36 %
  - c** Term endowment: 64 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> unrelated organizations  |     | ✓  |
| <b>(ii)</b> related organizations   |     | ✓  |
| <b>b</b> If "Yes" to 3a (ii), are the related organizations listed as required on Schedule R? |     |    |
| <b>3b</b>   |     |    |
- 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 value
<b>1a</b> Land		285,721		285,721
<b>b</b> Buildings		22,200,196	10,845,328	11,354,868
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		18,364,492	7,230,220	11,134,272
<b>e</b> Other				
<b>Column (d) TOTAL</b> (should equal Form 990, Part X, line 10(c))				22,774,861



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
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)	5,752,116
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 or minus line 9)	-546,275

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	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	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	103,935
e	Add lines 2a through 2d	2e	103,935
3	Subtract line 2e from line 1	3	24,995,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	6,446,299
c	Add lines 4a and 4b	4c	6,446,299
5	Total Revenue (Form 990, Part I, line 12). Add lines 3 and 4c	5	31,442,017

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	25,645,925
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
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	149,719
e	Add lines 2a through 2d	2e	149,719
3	Subtract line 2e from line 1	3	25,496,206
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	119,094
b	Other (Describe in Part XIV)	4b	74,598
c	Add lines 4a and 4b	4c	193,692
5	Total Expenses (Form 990, Part I, line 18). Add lines 3 and 4c	5	25,689,898

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, line 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

-----  
**Part V, line 4 - intended use of endowment funds - purchase of equipment & medical education programs**  
 -----

-----  
**Part X - The impact of adopting FIN 48 had no material effect on the consolidated financial statements.**  
 -----

-----  
**Part XI, line 8 - See explanations for Part XII, lines 2d and 4b and Part XIII, lines 2d and 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 subsidiaries**  
 -----

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

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization	Employer identification number
--------------------------	--------------------------------

**Part I Charity Care and Certain Other Community Benefits at Cost** (Optional for 2008)

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," is it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> applied uniformly to all hospitals <input type="checkbox"/> applied uniformly to most hospitals <input checked="" type="checkbox"/> generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
<b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		<input checked="" type="checkbox"/>
<b>6a</b> Does the organization prepare an annual community benefit report? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," does the organization make it available to the public? . . . . .	<input checked="" type="checkbox"/>	

**7 Charity Care and Certain Other Community Benefits at Cost**

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Charity care at cost (from worksheets 1 and 2) . . . . .	<b>6</b>	<b>9000</b>	<b>2,500,000</b>	<b>500,000</b>	<b>2,000,000</b>	<b>7.8%</b>
<b>b</b> Unreimbursed Medicaid (from worksheet 3, column a)			<b>300,000</b>	<b>100,000</b>	<b>200,000</b>	<b>.8%</b>
<b>c</b> Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)						
<b>d Total</b> Charity Care and Means-Tested Programs . . . . .	<b>6</b>	<b>9000</b>	<b>2,800,000</b>	<b>600,000</b>	<b>2,200,000</b>	<b>8.6%</b>
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from worksheet 4)			<b>1,000,000</b>	<b>100,000</b>	<b>900,000</b>	<b>3.5%</b>
<b>f</b> Health professions education (from worksheet 5)			<b>2,000,000</b>	<b>200,000</b>	<b>1,800,000</b>	<b>7%</b>
<b>g</b> Subsidized health services (from worksheet 6)			<b>1,000,000</b>	<b>500,000</b>	<b>500,000</b>	<b>1.9%</b>
<b>h</b> Research (from worksheet 7)			<b>1,500,000</b>	<b>750,000</b>	<b>750,000</b>	<b>2.9%</b>
<b>i</b> Cash and in-kind contributions to community groups (from worksheet 8)			<b>1,000,000</b>		<b>1,000,000</b>	<b>3.9%</b>
<b>j Total</b> Other Benefits . . . . .			<b>6,500,000</b>	<b>1,550,000</b>	<b>4,950,000</b>	<b>19.3%</b>
<b>k Total</b> (line 7d and 7j) . . . . .			<b>9,300,000</b>	<b>2,150,000</b>	<b>7,150,000</b>	<b>27.8%</b>



**SCHEDULE J  
(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 answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization	Employer identification number
--------------------------	--------------------------------

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> first-class or charter travel <input type="checkbox"/> housing allowance or residence for personal use <input type="checkbox"/> travel for companions <input type="checkbox"/> payments for business use of personal residence <input type="checkbox"/> tax indemnification and gross-up payments <input type="checkbox"/> health or social club dues or initiation fees <input type="checkbox"/> discretionary spending account <input type="checkbox"/> personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? <i>If "No," complete Part III to explain</i>		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	✓	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> compensation committee <input checked="" type="checkbox"/> written employment contract <input type="checkbox"/> independent compensation consultant <input type="checkbox"/> compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> receive a severance payment or change of control payment?		✓
<b>b</b> participate in, or receive payment from, a supplemental nonqualified retirement plan?		✓
<b>c</b> participate in, or receive payment from, an equity-based compensation arrangement?		✓
<i>If "Yes" to any of 4a–c, list the persons and provide the applicable amounts for each item in Part III.</i>		
<i>501(c)(3) and 501(c)(4) organizations only must complete lines 5–8.</i>		
<b>5</b> 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:		
<b>a</b> the organization?		✓
<b>b</b> any related organization?		✓
<i>If "Yes," describe in Part III.</i>		
<b>6</b> 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:		
<b>a</b> the organization?		✓
<b>b</b> any related organization?		✓
<i>If "Yes," describe in Part III.</i>		
<b>7</b> 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? <i>If "Yes," describe in Part III</i>		✓
<b>8</b> 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)? <i>If "Yes," describe in Part III</i>		✓

**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.

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

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Employer identification number

**Part I Bond Issues (Required for 2008)**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
<b>A</b>	Crook County Industrial Development Authority	99-0000001	AB1234567	7/1/02	17,000,000	Facility renovation		x		x
<b>B</b>	Nevada Urban Renewal Agency	99-0000002	CD7654321	3/1/04	12,500,000	Purchase of facility		X		X
<b>C</b>										
<b>D</b>										
<b>E</b>										

**Part II Proceeds (Optional for 2008)**

	A		B		C		D		E	
<b>1</b> Total Proceeds of Issue . . . . .										
<b>2</b> Gross Proceeds in Reserve Funds . . . . .										
<b>3</b> Proceeds in Refunding or Defeasance Escrows . . . . .										
<b>4</b> Other Unspent Proceeds . . . . .										
<b>5</b> Issuance Costs from Proceeds . . . . .										
<b>6</b> Working Capital Expenditures from Proceeds . . . . .										
<b>7</b> Capital Expenditures from Proceeds . . . . .										
<b>8</b> Year of Substantial Completion . . . . .										
	Yes	No								
<b>9</b> Were the bonds issued as part of a current refunding issue?										
<b>10</b> Were the bonds issued as part of an advance refunding issue? . . . . .										
<b>11</b> Has the final allocation of proceeds been made? . . . . .										
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .										

**Part III Private Business Use (Optional for 2008)**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .										
<b>2</b> 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

**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.

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

Name of the organization	Employer identification number
--------------------------	--------------------------------

**Part I Excess Benefit Transactions (501(c)(3) and (c)(4) organizations only)**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 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	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶				\$						

**Part III 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

**Part IV Business Transactions Involving Interested Persons**  
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	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
<b>Dr. Bradford Pear</b>	<b>Officer of organization</b>	<b>5,805</b>	<b>Lease of office space</b>		✓
<b>Dr. Jane Maple</b>	<b>Officer of organization</b>	<b>6,651</b>	<b>Officer of entity with bus rel</b>		✓
<b>Penn Oak</b>	<b>Officer of organization</b>	<b>8,500</b>	<b>Officer of entity with bus rel</b>		✓







**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

<b>Name of the organization</b>	<b>Employer identification number</b>
---------------------------------	---------------------------------------

**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) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income (\$)	(E) 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 Properties 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) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) 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) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of K-1 (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

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

**Part V Transactions With Related Organizations**

Complete line 1 if any entity is listed in Parts II, III, or IV.

**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:

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to other organization . . . . .
- c** Gift, grant, or capital contribution from other organization . . . . .
- d** Loans or loan guarantees to or for other organization . . . . .
- e** Loans or loan guarantees by other organization . . . . .
  
- f** Sale of assets to other organization . . . . .
- g** Purchase of assets from other organization . . . . .
- h** Exchange of assets . . . . .
- i** Lease of facilities, equipment, or other assets to other organization . . . . .
  
- j** Lease of facilities, equipment, or other assets from other organization . . . . .
- k** Performance of services or membership or fundraising solicitations for other organization . . . . .
- l** Performance of services or membership or fundraising solicitations by other organization . . . . .
- m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n** Sharing of paid employees . . . . .
  
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
  
- q** Other transfer of cash or property to other organization . . . . .
- r** Other transfer of cash or property from other organization . . . . .

	Yes	No
<b>1a</b>	✓	
<b>1b</b>		✓
<b>1c</b>	✓	
<b>1d</b>		✓
<b>1e</b>		✓
<b>1f</b>		✓
<b>1g</b>		✓
<b>1h</b>		✓
<b>1i</b>	✓	
<b>1j</b>	✓	
<b>1k</b>		✓
<b>1l</b>	✓	
<b>1m</b>	✓	
<b>1n</b>	✓	
<b>1o</b>	✓	
<b>1p</b>	✓	
<b>1q</b>		✓
<b>1r</b>		✓

**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 transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved (\$)
(1)			
(2)			
(3)			
(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

**Return of Organization Exempt From Income Tax**

**2008**

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

**Open to Public Inspection**

Department of the Treasury Internal Revenue Service(77)

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

**A** For the 2008 calendar year, or tax year beginning **2008**, and ending **20**

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

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

**C** Name of organization **National Hyrax Association**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1234 Weeping Willow Lane**  
 City or town, state or country, and ZIP + 4  
**Anaheim CA 92812**

**D** Employer identification number  
**11 9000004**

**E** Telephone number  
 ( **714** ) **555-1212**

**F** Name and address of Principal Officer: **Test K Insightful**  
**1234 Weeping Willow Lane Anaheim CA 92812**

**G** Enter gross receipts \$ **9,822,398**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (See instructions)  
**H(c)** Group Exemption Number ▶

**I** Tax-exempt status:  501(c) ( **4** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.hyraxassn.org**

**K** Type of organization:  Corporation  trust  association  Other ▶

**L** Year of Formation: **1987** **M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To educate the public on the merits of the hyrax</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Enter the number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Enter the number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	<b>5</b> Enter the total number of employees (Part V, line 2a)	<b>5</b>	<b>61</b>
	<b>6</b> Enter the total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Enter total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0</b>
<b>b</b> Enter net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>6,844,118</b>	Current Year <b>5,238,916</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>
	<b>10</b> Investment income (Part VIII, lines 3, 4, and 7d, column (A))	<b>160,599</b>	<b>111,461</b>
	<b>11</b> Other revenue (Part VIII, lines 5, 6d, 8c, 9c, and 10c of column (A), and 11e)	<b>7,687,423</b>	<b>4,311,693</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, line 12, column (A))	<b>14,692,140</b>	<b>9,662,070</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, lines 1–3, column (A))	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, line 4, column (A))	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, lines 5–10, column (A))	<b>7,559,087</b>	<b>4,343,609</b>
	<b>16a</b> Professional fundraising fees (Part IX, line 11e, column (A))	<b>0</b>	<b>0</b>
	<b>b</b> (Enter total fundraising expenses, Part IX, line 25, column (D) <b>0</b> )		
<b>17</b> Other expenses (Part IX, lines 11a–11d, 11f–24f, column (A))	<b>8,081,176</b>	<b>5,745,816</b>	
<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	<b>15,640,263</b>	<b>10,089,425</b>	
<b>19</b> Revenue less expenses—line 12 minus line 18	<b>-947,840</b>	<b>-427,355</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year <b>3,035,923</b>	End of Year <b>2,452,377</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>906,224</b>	<b>750,033</b>
	<b>22</b> Net assets or fund balances, line 20 minus line 21	<b>2,129,699</b>	<b>1,702,344</b>

**Part II Signature Block**

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

**Please Sign Here**

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

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

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's PTIN (See Gen. Inst.) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

**Part 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 on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
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 \$ **3,911,842** including grants of \$ **0** ) (Revenue \$ **0** )  
**Research and public education, including lobbying activities**

**2**

**3**

**4b** (Code: ) (Expenses \$ **2,103,255** including grants of \$ **0** ) (Revenue \$ **0** )  
**Publications - bimonthly magazine, monthly newsletter, brochures**

**4c** (Code: ) (Expenses \$ **1,855,487** including grants of \$ ) (Revenue \$ **0** )  
**Broadcast and other media, including Internet**

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses \$ 7,870,584** Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>		✓
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
<b>3</b> 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>		✓
<b>4</b> <i>501(c)(3) organizations.</i> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
<b>5</b> <i>501(c)(4), 501(c)(5), and 501(c)(6) organizations.</i> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		✓
<b>6</b> 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>		✓
<b>7</b> 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>		✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
<b>9</b> 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>		✓
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
<b>11</b> 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, VIII, IX, or X as applicable</i>		✓
<b>12</b> 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	✓	
<b>13</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		✓
<b>b</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>		✓
<b>15</b> 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>		✓
<b>16</b> 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>		✓
<b>17</b> Did the organization report more than \$15,000 on Part IX, line 11e? <i>If "Yes," complete Schedule G, Part I</i>		✓
<b>18</b> 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>		✓
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓
<b>21</b> Did the organization report more than \$5,000 on Part IX, line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
<b>22</b> Did the organization report more than \$5,000 on Part IX, line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> Did the organization answer "Yes" to questions 3, 4, or 5, Part VII, Section A? <i>If "Yes," complete Schedule J</i>		✓
<b>24a</b> 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>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <i>501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>b</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>		✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		✓

**Part IV Checklist of Required Schedules (Continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	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, Part IV</i>		✓
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b>	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>		✓
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b>	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>		✓
<b>33</b>	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>		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	✓	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>36</b>	<i>501(c)(3) organizations.</i> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b>	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>		✓

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 61		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
<b>b</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, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		✓
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	✓	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any contribution of \$75 or more? . . . . .		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<i>501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>501(c)(7) organizations.</i> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<i>501(c)(12) organizations.</i> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<i>4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**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.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	each committee with authority to act on behalf of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>9b</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? . . . . .		
<b>10</b>	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 . . . . .	<input checked="" type="checkbox"/>	
<b>11</b>	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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "Yes": . . . . .		<input checked="" type="checkbox"/>
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .		
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O.		<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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? . . . . .		

**Section 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





<b>Part VIII Statement of Revenue</b>		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> <u>73,435</u>					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b> <u>5,165,481</u>					
	<b>g</b> Noncash \$ <u>160,328</u>					
	<b>h Total (lines 1a-1f).</b> . . . . . ▶ <u>5,238,916</u>					
<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total</b> . . . . . ▶ \$ _____					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶ <u>111,106</u>				<u>111,106</u>	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<u>160,683</u>			
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		<u>160,328</u>			
	<b>c</b> Gain or (loss) . . . . .		<u>355</u>			
	<b>d</b> Net gain or (loss) . . . . . ▶		<u>355</u>		<u>355</u>	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>					
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>						
<b>b</b> Less: direct expenses. . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue		Business Code				
<b>11a</b> <u>Reimbursement from NHF</u> . . . . .		<u>4,311,693</u>	<u>4,311,693</u>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total</b> . . . . . \$ <u>4,311,693</u>						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		<u>9,662,070</u>	<u>4,311,693</u>	<u>0</u>	<u>111,461</u>	

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
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	311,140	85,019	214,839	11,282
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	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):				
a Management				
b Legal	49,510	41,601	7,909	
c Accounting	42,956	5,903	37,053	
d Lobbying	730,253	730,253		
e Professional fundraising. See Part IV, line 17				
f Investment management fees				
g Other	781,309	776,674		4,635
12 Advertising and promotion	1,452,419	1,362,180	49,872	40,367
13 Office expenses	1,095,379	976,625	110,266	8,488
14 Information technology				
15 Royalties				
16 Occupancy	240,710	33,223	207,487	
17 Travel	298,932	211,738	61,428	25,766
18 Payments of travel or entertainment expenses for any Federal, state, or local public officials				
19 Conferences, conventions, and meetings	188,923	188,923		
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.)				
a <b>Miscellaneous</b>	865,425	835,468	29,119	838
b				
c				
d				
e				
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	10,089,425	7,870,584	1,801,624	417,217
26 <b>Joint Costs.</b> Check <input checked="" type="checkbox"/> 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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,134,669	<b>1</b>	476,144
	<b>2</b> Savings and temporary cash investments . . . . .	1,085,263	<b>2</b>	1,649,845
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	377,613	<b>4</b>	236,385
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	438,378	<b>9</b>	90,003
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation. <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. <i>Complete Part IX of Schedule D</i> . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> <i>Add Columns A and B, lines 1 through 15 (must equal line 34)</i> . . . . .	3,035,923	<b>16</b>	2,452,377	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	906,224	<b>17</b>	750,033
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. <i>Complete Part X of Schedule D</i> . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> <i>Add lines 17 through 25</i> . . . . .	906,224	<b>26</b>	750,033
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,129,699	<b>27</b>	1,702,344
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,129,699	<b>33</b>	1,702,344	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,035,923	<b>34</b>	2,452,377	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b>	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? . . . . .	✓	
<b>3a</b>	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? . . . . .		✓
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>	<b>Employer identification number</b>
---------------------------------	---------------------------------------

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule—**

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

**Special Rules—**

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

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

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	E. P. Alexander 1515 Foxglove Drive Washington DC 20224	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	George W. Kirk 6 Caladium Ct Washington DC 20224	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	George Thomas 1 Hayfield Rd Fairfax VA 22031	\$ 120,246	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Belle Hood 980 Tiarella Trail Chestnut Hill, MA 02467	\$ 40,082	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Mr & Mrs John Burford 730 Daylily Drive Nixon, NV 89424	\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Mrs. Eva Law 5604 Walnut Way Cologne MN 55322	\$ 8,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part 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 _____ _____ _____	\$ 120,246	7 / 14 / 2008
4	275 shares ABC Corporation _____ _____ _____	\$ 40,082	2 / 22 / 2008
_____	_____ _____ _____	\$ _____	_ / _ / _
_____	_____ _____ _____	\$ _____	_ / _ / _
_____	_____ _____ _____	\$ _____	_ / _ / _
_____	_____ _____ _____	\$ _____	_ / _ / _

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor Advised Funds, (b) Funds and Other Accounts. Rows include Total number at end of year, Contributions to, Grants from, Aggregate value at end of year, and two Yes/No questions.

Part II Conservation Easements

Form for Conservation Easements including questions about purpose, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows for total number of easements, acreage, and modified/easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (Continued)

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 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?  Yes  No

**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.)

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table:

	\$ Amount
<b>c</b> Beginning balance	
<b>d</b> Additions during the year	
<b>e</b> Distributions during the year	
<b>f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

**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 Years Back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment: \_\_\_\_\_ %
- b** Permanent endowment: \_\_\_\_\_ %
- c** Term endowment: \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a (ii), are the related organizations listed as required on Schedule R?

**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 value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				
<b>Column (d) TOTAL (should equal Form 990, Part X, line 10(c))</b>				



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, line 12, column (A)) . . . . .		<b>9,662,070</b>
<b>2</b>	Total expenses (Form 990, Part IX, line 25, column (A)) . . . . .		<b>10,089,425</b>
<b>3</b>	Excess or (deficit) for the year (line 1 minus line 2) . . . . .		<b>-427,355</b>
<b>4</b>	Net unrealized gains (losses) on investments . . . . .		
<b>5</b>	Donated services and use of facilities . . . . .		
<b>6</b>	Investment expenses . . . . .		
<b>7</b>	Prior period adjustments . . . . .		
<b>8</b>	Other (Describe in Part XIV) . . . . .		
<b>9</b>	Total adjustments (net) (add lines 4–8) . . . . .		<b>0</b>
<b>10</b>	Excess or (deficit) for the year per financial statements (line 3 plus or minus line 9) . . . . .		<b>-427,355</b>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	<b>9,662,070</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	<b>0</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>9,662,070</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	<b>0</b>
<b>5</b>	Total Revenue (Form 990, Part I, line 12). Add lines <b>3</b> and <b>4c</b> . . . . .		<b>5</b>	<b>9,662,070</b>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	<b>10,089,425</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Losses reported on Form 990, Part IX, line 25 . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	<b>0</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>10,089,425</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	<b>0</b>
<b>5</b>	Total Expenses (Form 990, Part I, line 18). Add lines <b>3</b> and <b>4c</b> . . . . .		<b>5</b>	<b>10,089,425</b>

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, line 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**SCHEDULE M  
(Form 990)**

**Non-Cash Contributions**

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization	Employer identification number
--------------------------	--------------------------------

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	2	160,328	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation 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 by the organization during the tax year for contributions for which the organization completed <i>Part IV, Donee Acknowledgement</i> . . . . .	29	2	
---	----	---	--

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II.		

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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.

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 website. We do not have a formal conflict of interest policy, but other documents are available upon request.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

Name of the organization

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) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income (\$)	(E) End-of-year assets (\$)	(F) Direct Controlling Entity
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

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

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

**Part V Transactions With Related Organizations**

Complete line 1 if any entity is listed in Parts II, III, or IV.

**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:

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to other organization . . . . .
- c** Gift, grant, or capital contribution from other organization . . . . .
- d** Loans or loan guarantees to or for other organization . . . . .
- e** Loans or loan guarantees by other organization . . . . .
  
- f** Sale of assets to other organization . . . . .
- g** Purchase of assets from other organization . . . . .
- h** Exchange of assets . . . . .
- i** Lease of facilities, equipment, or other assets to other organization . . . . .
  
- j** Lease of facilities, equipment, or other assets from other organization . . . . .
- k** Performance of services or membership or fundraising solicitations for other organization . . . . .
- l** Performance of services or membership or fundraising solicitations by other organization . . . . .
- m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n** Sharing of paid employees . . . . .
  
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
  
- q** Other transfer of cash or property to other organization . . . . .
- r** Other transfer of cash or property from other organization . . . . .

	Yes	No
<b>1a</b>		✓
<b>1b</b>		✓
<b>1c</b>		✓
<b>1d</b>		✓
<b>1e</b>		✓
<b>1f</b>		✓
<b>1g</b>		✓
<b>1h</b>		✓
<b>1i</b>		✓
<b>1j</b>		✓
<b>1k</b>		✓
<b>1l</b>		✓
<b>1m</b>	✓	
<b>1n</b>	✓	
<b>1o</b>	✓	
<b>1p</b>	✓	
<b>1q</b>		✓
<b>1r</b>		✓

**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 transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved (\$)
(1)			
(2)			
(3)			
(4)			
(5)			
(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

**Return of Organization Exempt From Income Tax**

**2008**

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

**Open to Public Inspection**

Department of the Treasury Internal Revenue Service(77)

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

**A** For the 2008 calendar year, or tax year beginning **June 1**, 2008, and ending **May 31**, 20**09**

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

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

**D** Employer identification number  
**11 9000005**

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

**F** Name and address of Principal Officer: **Bank Trustee**  
**1234 Hickory Lane Fairfax VA 22031**

**G** Enter gross receipts \$ **1,129,480**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list. (See instructions)  
**H(c)** Group Exemption Number ▶

**I** Tax-exempt status:  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Type of organization:  Corporation  trust  association  Other ▶

**L** Year of Formation: **1986** **M** State of legal domicile: **VA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **grants to tax-exempt charitable organizations**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its assets.

**3** Enter the number of voting members of the governing body (Part VI, line 1a) **3**

**4** Enter the number of independent voting members of the governing body (Part VI, line 1b) **0**

**5** Enter the total number of employees (Part V, line 2a) **0**

**6** Enter the total number of volunteers (estimate if necessary) **0**

**7a** Enter total gross unrelated business revenue from Part VIII, line 12, column (C) **0**

**7b** Enter net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>0</b>	<b>0</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>
<b>10</b> Investment income (Part VIII, lines 3, 4, and 7d, column (A))	<b>894,498</b>	<b>957,056</b>
<b>11</b> Other revenue (Part VIII, lines 5, 6d, 8c, 9c, and 10c of column (A), and 11e)	<b>0</b>	<b>0</b>
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, line 12, column (A))	<b>894,498</b>	<b>957,056</b>
<b>13</b> Grants and similar amounts paid (Part IX, lines 1–3, column (A))	<b>627,542</b>	<b>650,483</b>
<b>14</b> Benefits paid to or for members (Part IX, line 4, column (A))	<b>0</b>	<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, lines 5–10, column (A))	<b>36,933</b>	<b>39,516</b>
<b>16a</b> Professional fundraising fees (Part IX, line 11e, column (A))	<b>0</b>	<b>0</b>
<b>b</b> (Enter total fundraising expenses, Part IX, line 25, column (D) <b>0</b> )		
<b>17</b> Other expenses (Part IX, lines 11a–11d, 11f–24f, column (A))	<b>500</b>	<b>578</b>
<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	<b>664,975</b>	<b>690,577</b>
<b>19</b> Revenue less expenses—line 12 minus line 18	<b>229,523</b>	<b>266,479</b>

	Beginning of Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>16,736,359</b>	<b>16,889,814</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>0</b>	<b>0</b>
<b>22</b> Net assets or fund balances, line 20 minus line 21	<b>16,736,359</b>	<b>16,889,814</b>

**Part II Signature Block**

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

**Please Sign Here**

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

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

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's PTIN (See Gen. Inst.) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

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

**1** Briefly describe the organization's mission:  
**grants to tax-exempt charitable organizations**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
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 \$ **654,435** including grants of \$ **650,483** ) (Revenue \$ )  
**The Trust makes grants to various charities as required by the will of A. B. Hickory and related documents.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses \$ 654,435** Must equal Part IX, Line 25, column (B).

**Part 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<i>501(c)(3) organizations.</i> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	<i>501(c)(4), 501(c)(5), and 501(c)(6) organizations.</i> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, VIII, IX, or X as applicable</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Did the organization report more than \$15,000 on Part IX, line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Did the organization report more than \$5,000 on Part IX, line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Did the organization report more than \$5,000 on Part IX, line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Did the organization answer "Yes" to questions 3, 4, or 5, Part VII, Section A? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a	<i>501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (Continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	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, Part IV</i> . . . . .		✓
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b>	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> . . . . .		✓
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b>	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> . . . . .		✓
<b>33</b>	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> . . . . .		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		✓
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>36</b>	<i>501(c)(3) organizations.</i> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b>	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> . . . . .		✓

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**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.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>1</b>
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>0</b>
<b>2</b>	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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	the governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>9b</b>	
<b>10</b>	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 . . . . .	<b>10</b>	<input checked="" type="checkbox"/>
<b>11</b>	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 . . . . .	<b>11</b>	<input checked="" type="checkbox"/>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "Yes": . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O.	<b>15b</b>	<input checked="" type="checkbox"/>
<b>16a</b>	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>16a</b>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<b>16b</b>	

**Section 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: Bank Trustee 1234 Hickory Lane Fairfax VA 22031 703-555-1212





<b>Part VIII Statement of Revenue</b>		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . <b>1f</b> _____					
	<b>g</b> Noncash \$ _____					
	<b>h Total (lines 1a-1f).</b> . . . . . <b>▶</b>					
<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total</b> . . . . . <b>▶</b> \$ _____					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>	793,949			793,949	
	<b>4</b> Income from investment of tax-exempt bond proceeds <b>▶</b>					
	<b>5</b> Royalties . . . . . <b>▶</b>					
	<b>6a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . . <b>▶</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	335,531			
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		172,424			
	<b>c</b> Gain or (loss) . . . . .		163,107			
	<b>d</b> Net gain or (loss) . . . . . <b>▶</b>		163,107		163,107	
	<b>8a</b> Gross income from fundraising events (not including \$_____ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>					
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>						
<b>b</b> Less: direct expenses. . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>						
Miscellaneous Revenue	Business Code					
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total</b> . . . . . <b>▶</b> \$ _____						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>▶</b>		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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	542,070	542,070		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	108,413	108,413		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	39,516	3,952	35,564	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	563		563	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any Federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <b>miscellaneous</b>	15		15	
<b>b</b> .....				
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> .....				
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	690,577	654,435	36,142	0
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> 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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. <i>Complete Part II of Schedule L . . . . .</i>		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete Part II of Schedule L . . . . .</i>		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation. <i>Complete Part VI of Schedule D . . . . .</i>	<b>10b</b>		
			<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	<b>16,736,359</b>	<b>11</b>	<b>16,889,814</b>
	<b>12</b> Investments—other securities. <i>Complete Part VII of Schedule D . . . . .</i>		<b>12</b>	
	<b>13</b> Investments—program-related. <i>Complete Part VIII of Schedule D . . . . .</i>		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. <i>Complete Part IX of Schedule D . . . . .</i>		<b>15</b>		
<b>16</b> <b>Total assets.</b> <i>Add Columns A and B, lines 1 through 15 (must equal line 34) . . . . .</i>	<b>16,736,359</b>	<b>16</b>	<b>16,889,814</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. <i>Complete Part IV of Schedule D . . . . .</i>		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. <i>Complete Part II of Schedule L . . . . .</i>		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. <i>Complete Part X of Schedule D . . . . .</i>		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> <i>Add lines 17 through 25 . . . . .</i>	<b>0</b>	<b>26</b>	<b>0</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	<b>16,716,294</b>	<b>30</b>	<b>16,869,682</b>
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>20,065</b>	<b>32</b>	<b>20,132</b>
<b>33</b> Total net assets or fund balances . . . . .	<b>16,736,359</b>	<b>33</b>	<b>16,889,814</b>	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>16,736,359</b>	<b>34</b>	<b>16,889,814</b>	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		<input checked="" type="checkbox"/>

**Public Charity Status and Public Support**

**2008**

Department of the Treasury  
Internal Revenue Service

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

See instructions.

**Open to Public Inspection**

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.)

- 1  A church, convention of churches, or association of churches. **Section 170(b)(1)(A)(i).**
- 2  A school. **Section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization. **Section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit. **Section 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.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. **Section 509(a)(2).** (Complete the *Support Schedule* in Part III.)

10  An organization organized and operated exclusively to test for public safety. **Section 509(a)(4).** (See instructions.)

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) a family member of a person described in (i) above? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) a 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section.)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Child Care Society	11-9000051	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	108,414
Common Association	11-9000052	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	108,414
Church Home	11-9000053	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	108,414
Small College	11-9000054	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	216,828
Old Folks Home	11-9000055	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	108,413
<b>Total</b>									<b>650,483</b>











**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2008**

**Open to Public  
Inspection**

Employer identification number

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 Form Return of Organization Exempt From Income Tax

# 2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**A** For the 2008 calendar year, or tax year beginning **July 1**, 2008, and ending **June 30**, 20 **09**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Magnolia Civic Foundation</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>3522 W Paseo Secundo</b> City or town, state or country, and ZIP + 4 <b>Tucson AZ 85701</b>	<b>D</b> Employer identification number <b>11 : 9000007</b> <b>E</b> Telephone number ( <b>520</b> ) <b>555-1212</b> <b>F</b> Group Exemption Number . . . ▶
--	---	---	--

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach**

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

**I Website:** ▶ \_\_\_\_\_

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **66,569**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>18,424</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>29</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule). . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <b>4,600</b> of contributions reported on line 1) . . . . .	<b>6a</b>	<b>48116</b>
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	<b>44329</b>
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	<b>6c</b>	<b>3787</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____ )	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8). . . . .	<b>9</b>	<b>22,240</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	<b>32,671</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ _____ )	<b>16</b>	<b>499</b>
<b>17 Total expenses</b> (add lines 10 through 16) . . . . .	<b>17</b>	<b>33,170</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (line 9 less line 17) . . . . .	<b>18</b>	<b>-10,930</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>18,125</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20) . . . . .	<b>21</b>	<b>7,195</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>17,212</b>	<b>12,900</b>
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ▶ _____ )	<b>913</b>	<b>1325</b>
<b>25 Total assets</b> . . . . .	<b>18,125</b>	<b>14,225</b>
<b>26 Total liabilities</b> (describe ▶ _____ )	<b>0</b>	<b>7030</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>18125</b>	<b>7,195</b>



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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
<b>34</b>	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		<input checked="" type="checkbox"/>
<b>35</b>	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.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<input checked="" type="checkbox"/>
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> _____		
<b>39</b>	501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____		
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
<b>b</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		<input checked="" type="checkbox"/>
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
<b>e</b>	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.		<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. <u>AZ</u>		
<b>42a</b>	The books are in care of ▶ <u>Jean Boxwood</u> Telephone no. ▶ ( <u>520</u> ) <u>555-1212</u> Located at ▶ <u>3522 W Paseo Secundo Tucson AZ</u> <u>85701</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	<input checked="" type="checkbox"/>
<b>45</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>45</b>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only.** All 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- |  |            | Yes                      | No                                  |
|--|------------|--------------------------|-------------------------------------|
| <b>46</b> 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 . . . . . | <b>46</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .   | <b>49b</b> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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
<b>None</b>				
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) Type of service	(c) Compensation
<b>none</b>		
Total number of other independent contractors receiving over \$100,000 . . . . ▶		

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

**Sign Here**

▶ \_\_\_\_\_ Date \_\_\_\_\_

Signature of officer

▶ \_\_\_\_\_

Type or print name and title.

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

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No





**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.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total</b> . . . . .						
<b>5</b> 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)						
<b>6 Public Support</b> (line 4 minus line 5) . . . . .						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets . . . . .						
<b>11 Total Support</b> (Add lines 7 through 11)						

- 12** Gross receipts from related activities, etc. (See instructions.) . . . . . **12**
- 13 First Five Years:** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

- 14** Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) . . . . . **14** %
- 15** Public Support Percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . **15** %
- 16a 33 1/3 % Test - 2008:** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3 % Test - 2007:** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008:** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Describe in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007:** If the organization did not check a box on line 13, 16a, 16b or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Describe in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private Foundation:** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> 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
<b>2</b> 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 . . . . .						
<b>3</b> 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
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total</b> . . . . .	21,469	22,402	22,910	34,556	66,540	167,877
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>7b</b> 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
<b>7c</b> Total of lines 7a and 7b . . . . .						0
<b>8 Public Support</b> (line 6 minus line 7c)						167,877

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	21,469	22,402	22,910	34,556	66,540	167,877
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	25	21	16	27	29	118
<b>10b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 6/30/75 . . . . .						
<b>10c</b> Total of lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets . . . . .	4,149	8,419				12,568
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12) . . . . .						180,563

**14 First Five Years:** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . .

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) . . . . .	<b>15</b>	<b>93.0</b> %
<b>16</b> Public Support Percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	<b>89.4</b> %

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f)) . . . . .	<b>17</b>	<b>.07</b> %
<b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	<b>.07</b> %

**19a 33 1/3 % Tests - 2008:** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 % and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3 % Tests - 2007:** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 % and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private Foundation:** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions . . . . .



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>  <b>Magnolia Civic Foundation</b>	<b>Employer identification number</b>  <b>11 : 9000007</b>
---	--

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

**General Rule—**

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

**Special Rules—**

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

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

**Part I Contributors** (See Specific Instructions.)

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



**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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (sum of (a)-(c))
		<u>Disaster T-Shirts</u> (event name)	<u>Golf tournament</u> (event name)	<u>1</u> (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	32,766	10,010	9,940	52,716
	<b>2</b> Less: (Charitable contributions) . . . . .	0	4,600	0	4,600
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	32,766	5,410	9,940	48,116
Direct Expenses	<b>4</b> Cash prizes . . . . .		500		500
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	31,949	3,987	7,893	43,829
	<b>8</b> Direct expense summary (Sum lines 4-7, column (d)) . . . . . ▶				44,329
<b>9</b> Net Income Summary. (Enter the difference between lines 3(d) and 8(d)) . . . . . ▶				3,787	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (sum of (a)-(c))
Revenue	<b>1</b> Gross Revenue . . . . .				
Direct Expenses	<b>2</b> Cash Prizes . . . . .				
	<b>3</b> Non-Cash Prizes . . . . .				
	<b>4</b> Rent/Facility Costs . . . . .				
	<b>5</b> Other Direct Expenses . . . . .				
	<b>6</b> Volunteer Labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary (Sum lines 2-5, column (d)) . . . . . ▶					
<b>8</b> Net gaming income summary (Enter the difference between lines 1(d) and 7(d)) . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: ..... .....		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain: ..... .....		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%	
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name: .....			
	Address: .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ .			
<b>c</b>	If "Yes," enter name and address:			
	Name: .....			
	Address: .....			
<b>16</b>	Gaming Manager Information			
	Name: .....			
	Gaming Manager Compensation \$ _____			
	Description of Services Provided: .....			
	<input type="checkbox"/> Director/Officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor			
<b>17</b>	Mandatory Distributions			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$			

GrantsAndSimilarAmountsPaidSchedule

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

OtherExpensesSchedule2

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

OtherAssetsSchedule3

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Member receivables	913	1325

OtherLiabilitiesSchedule3

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
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





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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<input checked="" type="checkbox"/>
<b>34</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>35</b>	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.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>   _____		
<b>39</b>	501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>   _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>   _____		
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</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 . . . . . <b>40b</b>		
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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. . . . . <b>40e</b>		
<b>42a</b>	The books are in care of ▶ <u>Benjamin Butler</u> Telephone no. ▶ (. <u>617</u> ) <u>555-1212</u> Located at ▶ <u>980 Tiarella Trail Belmont MA</u> ZIP + 4 <u>02478</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>42b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . <b>42c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>   _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44</b>		<input checked="" type="checkbox"/>
<b>45</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>45</b>		<input checked="" type="checkbox"/>

GrantsAndSimilarAmountsPaidSchedule

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

**Part VI Section 501(c)(3) organizations only.** All 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- |  |            | Yes | No |
|--|------------|-----|----|
| <b>46</b> 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 . . . . . | <b>46</b>  |     |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |     |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |     |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |     |    |
| <b>b</b> If "Yes," was the related organization(s) a section 527 organization? . . . . .   | <b>49b</b> |     |    |
- 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) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 . . . . ▶		

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

**Sign Here**

▶ \_\_\_\_\_ Date \_\_\_\_\_

Signature of officer

▶ \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's PTIN. See Gen. Inst. X \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_

Phone no. ▶ ( \_\_\_\_\_ ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No



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

**HEADER INFO:**

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

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

**Return Type:**        990N

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

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

**990-N INFO**

**Gross Receipts Less Than \$25,000:**

**DBA Name:**

**Website Address:**        www.supportingorganization.org

**Name of Officer:**        Penn Oak

**Address of Officer:**     655 Bradford Street Nixon NV 89424



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

**HEADER INFO:**

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

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

**Return Type:**       990N

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

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

**990-N INFO**

**Gross Receipts Less Than \$25,000:**

**DBA Name:**

**Website Address:**

**Name of Officer:**       Oldest Soldier

**Address of Officer:**    9876 Oak Hill Fairfax VA 22031



**F990PF 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

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

**2008**

Department of the Treasury  
Internal Revenue Service

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

For calendar year **2008**, or tax year beginning \_\_\_\_\_, **2008**, and ending \_\_\_\_\_, **20**

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

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

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .				
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a _____				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .				
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
<b>b</b> Less: Cost of goods sold. . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule). . . . .					
<b>12 Total.</b> Add lines 1 through 11 . . . . .					
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.				
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule) . . . . .				
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest. . . . .				
	<b>18</b> Taxes (attach schedule) (see page 14 of the instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .				
	<b>22</b> Printing and publications. . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .				
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .				
	<b>25</b> Contributions, gifts, grants paid . . . . .				
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25					
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>					
<b>b Net investment income</b> (if negative, enter -0-)					
<b>c Adjusted net income</b> (if negative, enter -0-)					

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

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

**Part III Analysis of Changes in Net Assets or Fund Balances**

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

**Part IV Capital Gains and Losses for Tax on Investment Income**

	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			
<b>1a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: 2em; vertical-align: middle;">}</span> <span style="font-size: 0.8em; vertical-align: middle;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	<b>3</b>	

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007			
2006			
2005			
2004			
2003			

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	
<b>7</b> Add lines 5 and 6	<b>7</b>	
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	

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

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

Table with 11 rows and 3 columns. Rows include: 1a Exempt operating foundations, b Domestic foundations, c All other domestic foundations, 2 Tax under section 511, 3 Add lines 1 and 2, 4 Subtitle A (income) tax, 5 Tax based on investment income, 6 Credits/Payments (6a-6d), 7 Total credits and payments, 8 Enter any penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 to be: Credited to 2009 estimated tax, Refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows and 3 columns (Yes, No, and an unlabeled column). Rows include: 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation... 1b Did it spend more than \$100 during the year... 1c Did the foundation file Form 1120-POL... 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?... 3 Has the foundation made any changes, not previously reported to the IRS... 4a Did the foundation have unrelated business gross income of \$1,000 or more... 4b If "Yes," has it filed a tax return on Form 990-T... 5 Was there a liquidation, termination, dissolution, or substantial contraction... 6 Are the requirements of section 508(e)... 7 Did the foundation have at least \$5,000 in assets... 8a Enter the states to which the foundation reports... 8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF... 9 Is the foundation claiming status as a private operating foundation... 10 Did any persons become substantial contributors during the tax year?

Part 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)
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of Telephone no. Located at Telephone no. ZIP+4
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year

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

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

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(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.
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 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 not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
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?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?

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

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

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

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

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

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

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

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

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

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

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

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

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

**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
.....				
.....				
.....				
.....				
.....				

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
.....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total</b> 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
<b>1</b> .....	
<b>2</b> .....	
<b>3</b> .....	
<b>4</b> .....	

**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	
<b>1</b> .....		
<b>2</b> .....		
All other program-related investments. See page 25 of the instructions. <b>3</b> .....		
<b>Total.</b> Add lines 1 through 3 . . . . .		▶

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

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

**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.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2008 from Part VI, line 5 . . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2008 (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see page 26 of the instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	
<b>5</b>	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) . . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	

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

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

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
<b>1</b> Distributable amount for 2008 from Part XI, line 7 . . . . .				
<b>2</b> Undistributed income, if any, as of the end of 2007:				
<b>a</b> Enter amount for 2007 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2008:				
<b>a</b> From 2003 . . . . .				
<b>b</b> From 2004 . . . . .				
<b>c</b> From 2005 . . . . .				
<b>d</b> From 2006 . . . . .				
<b>e</b> From 2007 . . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2008 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2007, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 24 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 24 of the instructions)				
<b>d</b> Applied to 2008 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see page 25 of the instructions . . . . .				
<b>e</b> Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount—see page 25 of the instructions . . . . .				
<b>f</b> Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009 . . . . .				
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 25 of the instructions) . . . . .				
<b>9 Excess distributions carryover to 2009.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2004. . . . .				
<b>b</b> Excess from 2005. . . . .				
<b>c</b> Excess from 2006. . . . .				
<b>d</b> Excess from 2007. . . . .				
<b>e</b> Excess from 2008. . . . .				

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

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling. . . . .
- b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

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

**Part XV** **Supplementary Information** (continued)

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

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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of organization

Employer identification number

**Shiloh Gardens Foundation**

**11 9000021**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule—**

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

**Special Rules—**

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

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

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

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

Name of organization  
**Shiloh Gardens Foundation**

Employer identification number  
**11 : 9000021**

**Part I** Contributors (See Specific Instructions.)

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

Name of organization

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
____	..... ..... ..... .....	\$ .....	...../...../.....
____	..... ..... ..... .....	\$ .....	...../...../.....
____	..... ..... ..... .....	\$ .....	...../...../.....
____	..... ..... ..... .....	\$ .....	...../...../.....
____	..... ..... ..... .....	\$ .....	...../...../.....
____	..... ..... ..... .....	\$ .....	...../...../.....
____	..... ..... ..... .....	\$ .....	...../...../.....

Part IV (Capital Gains & Losses)

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

Part VIII (Officers, Directors, Trustees)

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

## GainLossFromSaleOtherAssetsSchedule

Description Land  
Date acquired 4/12/1993  
How acquired Purchase  
Date sold 9/30/2008  
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

<b>Description</b>	<b>Gross Sales</b>	<b>COGS</b>	<b>Gross Profit</b>
Garden café & gift shop	691957	277277	414680

## OtherIncomeSchedule2

<b>Description</b>	<b>Rev &amp; Exp per Books</b>	<b>Investment Income</b>	<b>Adj Net Income</b>
Miscellaneous	300,000	154,908	154,908
Admission fees	2,335,394	0	0
Visitor service fees	438,961	0	0

## LegalFeesSchedule

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
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

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

## OtherProfessionalFeesSchedule

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
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

<b><i>Description</i></b>	<b><i>Exp. per Books</i></b>	<b><i>Net Invest. Inc.</i></b>	<b><i>Adj. Net Inc.</i></b>	<b><i>Char. Purposes</i></b>
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

<b>Description</b>	<b>Date Acq</b>	<b>Cost/Basis</b>	<b>Prior Depr</b>	<b>Method</b>	<b>Rate/Life</b>	<b>Depr Exp</b>	<b>Net Invest</b>	<b>Adj Net Income</b>
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

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

OtherNotesLoansReceivableLongSchedule

Borrower Name	Walnut Ins. Co.
Relationship	none
Original amount	50000
Balance due	15267
Date of note	1/2003
Maturity date	12/2009
Repayment terms	on demand
Interest rate	.0625
Security	none
Purpose of loan	business relocation
Lender consideration	none
FMV consideration	0

InvestmentsGovtObligationsSchedule

	<b>Book Value</b>	<b>FMV</b>
U.S. govt obligations	218552466	219061164
State & local govt obligations	109276233	109530581

InvestmentsCorpStockSchedule

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
2662 shares Maine Fund	6372062	12251447
7406 shares Requirement Fund	7526558	8037921
3060 shares Certification Group	8171635	5265751

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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

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

InvestmentsOtherSchedule2

<b>Description</b>	<b>Basis of Valuation</b>	<b>Book Value</b>	<b>FMV</b>
1.5% holding in Bizarre Investments LLC	cost	102508607	105320792

LandEtcSchedule2

<b>Description</b>	<b>Cost/Basis</b>	<b>Accum. Depr.</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>BOY Book Value</b>	<b>EOY Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
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

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

ExpenditureResponsibilityStatement

Grantee's name: Nature Association  
 Grantee's address: 7696 Oak Street Annandale MN 55313  
 Grant date: 8/31/2008  
 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 thse 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

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

**2008**

Department of the Treasury  
Internal Revenue Service

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

For calendar year **2008**, or tax year beginning , 2008, and ending , 20

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

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

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

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

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

**Part III Analysis of Changes in Net Assets or Fund Balances**

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

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

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

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

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

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

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

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

**Part VII-A Statements Regarding Activities**

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

**Part VII-A Statements Regarding Activities *Continued***

<b>11</b> 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) . . . . .	<b>11a</b>		✓
<b>12</b> Did the foundation acquire a direct or indirect interest in any applicable insurance contract? . . . . .	<b>12</b>		✓
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <a href="http://www.hollytrust.org">www.hollytrust.org</a>	<b>13</b>	✓	
<b>14</b> The books are in care of ▶ <a href="#">Anne Astilbe CPA</a> Telephone no. ▶ <a href="tel:617-555-9876">617-555-9876</a> Located at ▶ <a href="#">454 Willow Way Chestnut Hill MA</a> ZIP+4 ▶ <a href="#">02467</a>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>   <b>0</b>			0

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

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

		Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly):			
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</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)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ <input type="checkbox"/>	<b>1b</b>		✓
<b>c</b> 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? . . . . .	<b>1c</b>		✓
<b>2</b> 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)):			
<b>a</b> 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 . . . . . , 20 . . . . . , 20 . . . . . , 20 . . . . .			
<b>b</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.) . . . . .	<b>2b</b>		
<b>c</b> 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 . . . . .			
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If "Yes," did it have excess business holdings in 2008 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.</i> ) . . . . .	<b>3b</b>		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		✓
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? . . . . .	<b>4b</b>		✓

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

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

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

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

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

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

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

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

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

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

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

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

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

	<b>5b</b>	
		<input checked="" type="checkbox"/>
	<b>6b</b>	
		<input checked="" type="checkbox"/>
	<b>7b</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
NONE ----- ----- ----- ----- -----				
----- ----- ----- ----- -----				

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

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

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

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

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

**Part IX-A Summary of Direct Charitable Activities**

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

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

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

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

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

**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.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	<b>3377958</b>
<b>2a</b>	Tax on investment income for 2008 from Part VI, line 5 . . . . .	<b>2a</b>	<b>19666</b>
<b>b</b>	Income tax for 2008 . (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	<b>19666</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	<b>3358292</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	<b>229046</b>
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	<b>3587338</b>
<b>6</b>	Deduction from distributable amount (see page 26 of the instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	<b>3587338</b>

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	<b>3150216</b>
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	<b>3150216</b>
<b>5</b>	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) . . . . .	<b>5</b>	<b>19666</b>
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	<b>3130550</b>

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

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

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
<b>1</b> Distributable amount for 2008 from Part XI, line 7 . . . . .				<b>3587338</b>
<b>2</b> Undistributed income, if any, as of the end of 2007:				
<b>a</b> Enter amount for 2007 only . . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2005:				
<b>a</b> From 2003 . . . . .				
<b>b</b> From 2004 . . . . .				
<b>c</b> From 2005 . . . . .				
<b>d</b> From 2006 . . . . .		<b>1543766</b>		
<b>e</b> From 2007 . . . . .				
<b>f Total</b> of lines 3a through e. . . . .		<b>1543766</b>		
<b>4</b> Qualifying distributions for 2008 from Part XII, line 4: ▶ \$ <b>3150216</b>				
<b>a</b> Applied to 2007, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see page 24 of the instructions)		0		
<b>c</b> Treated as distributions out of corpus (Election required—see page 24 of the instructions)	0			
<b>d</b> Applied to 2008 distributable amount . . . . .				<b>3150216</b>
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)	<b>437122</b>			<b>437122</b>
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>1106644</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see page 25 of the instructions . . . . .		0		
<b>e</b> Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount—see page 25 of the instructions . . . . .			0	
<b>f</b> Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 25 of the instructions) . . . . .	0			
<b>9 Excess distributions carryover to 2009.</b> Subtract lines 7 and 8 from line 6a . . . . .	<b>1106644</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2004. . . . .				
<b>b</b> Excess from 2005. . . . .				
<b>c</b> Excess from 2006. . . . .		<b>1106644</b>		
<b>d</b> Excess from 2007. . . . .				
<b>e</b> Excess from 2008. . . . .				

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

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling. . . . .
- b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

- 1 Information Regarding Foundation Managers:**
  - a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

---

  - b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

---

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

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

  - a** The name, address, and telephone number of the person to whom applications should be addressed:

---

  - b** The form in which applications should be submitted and information and materials they should include:

---

  - c** Any submission deadlines:

---

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

**Part XV Supplementary Information** (continued)

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

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





Part IV – Capital Gains & Losses

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

Part VIII – Officers

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

Contributions Paid (Part XV, line 3a)

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

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

<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
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

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

OtherIncomeSchedule2

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

LegalFeesSchedule

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

AccountingFeesSchedule

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

OtherProfessionalFeesSchedule

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

TaxesSchedule

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
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

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

OtherExpensesSchedule

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
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

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

OtherNotesLoansReceivableShortSchedule2

<b>Name of Organization</b>	<b>Balance Due</b>
Day Care Center	15000

InvestmentsGovtObligationsSchedule

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
US govt obligations	9308	9925
State & local govt obligations	300000	344550

InvestmentsCorpStockSchedule

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
1242 shares Charter Fund	304194	807515

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
4254 shares Which Company	677655	589756
1716 shares With Ltd.	484821	743607
4785 shares Years Inc.	475463	572737

InvestmentsOtherSchedule2

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Cost/Basis</b>	<b>Accum. Depr.</b>	<b>Book Value</b>	<b>FMV</b>
Office furniture & equipment	208515	141098	67417	0

OtherAssetsSchedule

<b>Description</b>	<b>BOY Book Value</b>	<b>EOY Book Value</b>	<b>FMV</b>
Accrued interest receivable	110455	110983	110983
Misc receivable	45382	114348	114348

MortgagesAndNotesPayableSchedule

<b>Lender's name</b>	First Bank & Trust
<b>Lender's title</b>	N/A
<b>Relationship to insider</b>	none
<b>Original amount of loan</b>	\$ 500,000
<b>Balance due</b>	\$ 427,800
<b>Date of note</b>	7/3/2008
<b>Maturity date</b>	6/30/2012
<b>Repayment terms</b>	on demand
<b>Interest rate</b>	5.3%
<b>Security provided by borrower</b>	securities
<b>Purpose of loan</b>	purchase of computers
<b>Description of lender consideration</b>	none
<b>Consideration FMV</b>	

CompensationExplanation

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

**F990PF 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

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

**2008**

Department of the Treasury  
Internal Revenue Service

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

For calendar year **2008**, or tax year beginning **10/1**, 2008, and ending **9/30**, 20 **09**

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

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

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

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

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

**Part III Analysis of Changes in Net Assets or Fund Balances**

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

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	<b>74,489,946</b>	<b>1080797356</b>	<b>.068921</b>
2007	<b>103536439</b>	<b>1185137388</b>	<b>.087362</b>
2006	<b>81849880</b>	<b>1249258033</b>	<b>.065519</b>
2005	<b>35203574</b>	<b>1284541687</b>	<b>.027406</b>
2004	<b>94949055</b>	<b>1303898180</b>	<b>.072819</b>

<b>2</b> Total of line 1, column (d)	<b>2</b>	<b>.322027</b>
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	<b>.064405</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	<b>4</b>	<b>1,021,812,170</b>
<b>5</b> Multiply line 4 by line 3	<b>5</b>	<b>65,809,813</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	<b>639908</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>66,449,720</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	<b>8</b>	<b>67,305,345</b>

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

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: ..... (attach copy of ruling letter if necessary—see instructions)			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	<b>639908</b>	
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>		
<b>3</b> Add lines 1 and 2	<b>3</b>	<b>639908</b>	
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>		
<b>5</b> <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>639908</b>	
<b>6</b> Credits/Payments:			
<b>a</b> 2008 estimated tax payments and 2007 overpayment credited to 2008	<b>6a</b>	<b>575000</b>	
<b>b</b> Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b> Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b> Total credits and payments. Add lines 6a through 6d	<b>7</b>	<b>575000</b>	
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b> <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	<b>64908</b>	
<b>10</b> <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>		
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2009 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part VII-A Statements Regarding Activities**

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

**Part VII-A Statements Regarding Activities Continued**

<p><b>11</b> 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) . . . . .</p>	<b>11a</b>		✓
<p><b>12</b> Did the foundation acquire a direct or indirect interest in any applicable insurance contract? . . . . .</p>	<b>12</b>		✓
<p><b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <a href="http://www.pennoakfoundation.org">www.pennoakfoundation.org</a></p>	<b>13</b>	✓	
<p><b>14</b> The books are in care of ▶ <a href="#">Walter Oak</a> Telephone no. ▶ <a href="#">510-555-1616</a>                  Located at ▶ <a href="#">9753 Perfume Street Cologne MN</a> ZIP+4 ▶ <a href="#">55322</a></p>			
<p><b>15</b> 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>15</b></p>			▶ <input type="checkbox"/>

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

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

		Yes	No
<p><b>1a</b> During the year did the foundation (either directly or indirectly):</p> <p><b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(6)</b> Agree to pay money or property to a government official? (<b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p><b>b</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 . . . . . ▶ <input type="checkbox"/></p>	<b>1b</b>		✓
<p><b>c</b> 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? . . . . .</p>	<b>1c</b>		✓
<p><b>2</b> 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)):</p> <p><b>a</b> 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," list the years ▶ 20 . . . . , 20 . . . . , 20 . . . . , 20 . . . .</p> <p><b>b</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.) . . . . .</p> <p><b>c</b> 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 . . . .</p>			
<p><b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If "Yes," did it have excess business holdings in 2008 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.</i>) . . . . .</p>	<b>3b</b>		
<p><b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?</p>	<b>4a</b>		✓
<p><b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? . . . . .</p>	<b>4b</b>		✓

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>Evan Euonymus</b> 9753 Perfume Street Cologne MN 55322	<b>Sr. Prog. Officer</b> 40	<b>159500</b>	<b>35556</b>	<b>0</b>
<b>Arlene Astilbe</b> 9753 Perfume Street Cologne MN 55322	<b>Sr. Prog. Officer</b> 40	<b>127713</b>	<b>31171</b>	<b>0</b>
<b>Rachel Rugosa</b> 9753 Perfume Street Cologne MN 55322	<b>Sr. Prog. Officer</b> 40	<b>127713</b>	<b>27567</b>	<b>0</b>
<b>Harriette Hollyhock</b> 9753 Perfume Street Cologne MN 55322	<b>Sr. Prog. Officer</b> 40	<b>97038</b>	<b>27705</b>	<b>0</b>
<b>Dwayne Lilly</b> 9753 Perfume Street Cologne MN 55322	<b>Internal Auditor</b> 40	<b>83353</b>	<b>27647</b>	<b>0</b>

**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
<b>Big Broker</b> 5 Smellgood Street Cologne MN 55322	investment mgmt	401141
<b>Bigger Broker</b> 7842 Willow Way Audubon NJ 08106	investment mgmt	389059
<b>Even Bigger Broker</b> 6 Daylily Drive Chantilly VA 22021	investment mgmt	225343
<b>Extremely Huge Broker</b> 16 Calla Court Fairfax VA 22031	investment mgmt	218725
<b>Very Biggest Broker</b> 555 Madison Avenue New York NY 10028	investment mgmt	119951
<b>Total</b> number of others receiving over \$50,000 for professional services . . . . . ▶		<b>3</b>

**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 .....		
<b>Total.</b> Add lines 1 through 3 . . . . . ▶		

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

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

**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.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	<b>51090608</b>
<b>2a</b>	Tax on investment income for 2008 from Part VI, line 5 . . . . .	<b>2a</b>	<b>639908</b>
<b>b</b>	Income tax for 2008. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	<b>639908</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	<b>50450701</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	<b>38617</b>
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	<b>50489318</b>
<b>6</b>	Deduction from distributable amount (see page 26 of the instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	<b>50489318</b>

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

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

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

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

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
<b>1</b> Distributable amount for 2008 from Part XI, line 7 . . . . .				<b>50489318</b>
<b>2</b> Undistributed income, if any, as of the end of 2007:				
<b>a</b> Enter amount for 2007 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2007:				
<b>a</b> From 2003 . . . . .	<b>32035537</b>			
<b>b</b> From 2004 . . . . .	<b>3695543</b>			
<b>c</b> From 2005 . . . . .	<b>20593450</b>			
<b>d</b> From 2006 . . . . .	<b>45357800</b>			
<b>e</b> From 2007 . . . . .	<b>21321432</b>			
<b>f Total</b> of lines 3a through e. . . . .	<b>123003762</b>			
<b>4</b> Qualifying distributions for 2008 from Part XII, line 4: ▶ \$ <b>67305345</b>				
<b>a</b> Applied to 2007, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 24 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 24 of the instructions)				
<b>d</b> Applied to 2008 distributable amount . . . . .				<b>50489318</b>
<b>e</b> Remaining amount distributed out of corpus	<b>16816027</b>			
<b>5</b> Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>139819789</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see page 25 of the instructions . . . . .				
<b>e</b> Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount—see page 25 of the instructions . . . . .				
<b>f</b> Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009 . . . . .				<b>0</b>
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 25 of the instructions) . . . . .	<b>32035537</b>			
<b>9 Excess distributions carryover to 2008.</b> Subtract lines 7 and 8 from line 6a . . . . .	<b>107784252</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2004. . . . .	<b>3695543</b>			
<b>b</b> Excess from 2005. . . . .	<b>20593450</b>			
<b>c</b> Excess from 2006. . . . .	<b>45357800</b>			
<b>d</b> Excess from 2007. . . . .	<b>21321432</b>			
<b>e</b> Excess from 2008. . . . .	<b>16816027</b>			

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

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling. . . . ▶
- b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

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

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

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

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

**Part XV Supplementary Information** (continued)

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

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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of organization

Employer identification number

**Penn Oak Foundation**

**11 9000024**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule—**

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

**Special Rules—**

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

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

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

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

Name of organization  
**Penn Oak Foundation**

Employer identification number  
**11 : 9000024**

**Part I** Contributors (See Specific Instructions.)

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

## Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$ 64908
Requested Payment Date	02/15/2010
Taxpayer Daytime Phone	510-555-1616

LegalFeesSchedule

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

AccountingFeesSchedule

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

OtherProfessionalFeesSchedule

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

TaxesSchedule

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

DepreciationSchedule

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

OtherExpensesSchedule

<b>Description</b>	<b>Exp. per Books</b>	<b>Net Invest. Inc.</b>	<b>Adj. Net Inc.</b>	<b>Char. Purposes</b>
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

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

InvestmentsCorpStockSchedule

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>Cost/FMV</b>	<b>Book Value</b>	<b>FMV</b>
Securities collateral received	F	132278908	132278908
Accrued interest	F	4115717	4115717

LandEtcSchedule2

<b>Description</b>	<b>Cost/Basis</b>	<b>Accum. Depr.</b>	<b>Book Value</b>	<b>FMV</b>
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

<b>Description</b>	<b>BOY Book Value</b>	<b>EOY Book Value</b>	<b>FMV</b>
Deposits	6717	3316	3316

OtherLiabilitiesSchedule

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Payable under securities lending program	253363012	132278908
Federal excise tax payable	119028	413471

OtherIncreasesSchedule

<b>Description</b>	<b>Amount</b>
Unrealized gains on investments	30507760

OtherDecreasesSchedule

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

Part IV – Capital Gains & Losses

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

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

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

ActivitiesNotPreviouslyReportedExplanation

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

### Substantial Contributors Schedule

<b>Name</b>	<b>Address</b>
Penn Oak, III	9753 Perfume St Cologne MN 55322

### Expenditure Responsibility 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

### Contractor Compensation Explanation

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

### General Explanation Attachment

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)

<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
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

<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
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

<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
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

<b>Name</b>	<b>Address</b>	<b>Fdn Status</b>	<b>Purpose</b>	<b>Amount</b>
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**

For calendar year 2008 or other tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_.

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

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

<b>Income</b>	<b>1</b>	Dividends (attach schedule)	<b>1</b>	
	<b>2</b>	Interest	<b>2</b>	<b>14227</b>
	<b>3</b>	Gross rents	<b>3</b>	
	<b>4</b>	Gross royalties	<b>4</b>	
	<b>5</b>	Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	<b>0</b>
	<b>6</b>	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>	
	<b>7</b>	Other income and nonexempt function expenditures (see instructions)	<b>7</b>	
	<b>8</b>	<b>Total income.</b> Add lines 1 through 7.	<b>8</b>	<b>14227</b>
<b>Deductions</b>	<b>9</b>	Salaries and wages	<b>9</b>	
	<b>10</b>	Repairs and maintenance	<b>10</b>	
	<b>11</b>	Rents	<b>11</b>	
	<b>12</b>	Taxes and licenses	<b>12</b>	<b>1185</b>
	<b>13</b>	Interest	<b>13</b>	
	<b>14</b>	Depreciation (attach Form 4562)	<b>14</b>	
	<b>15</b>	Other deductions (attach schedule)	<b>15</b>	
	<b>16</b>	<b>Total deductions.</b> Add lines 9 through 15.	<b>16</b>	<b>1185</b>
	<b>17</b>	Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show:		
	<b>17c</b>	a Amount of net investment income	<b>17c</b>	<b>13042</b>
<b>18</b>	b Aggregate amount expended for an exempt function (attach schedule)	<b>18</b>	<b>100</b>	
<b>Tax</b>	<b>19</b>	<b>Taxable income.</b> Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.)	<b>19</b>	<b>12942</b>
	<b>20</b>	<b>Income tax.</b> (see instructions)	<b>20</b>	<b>4530</b>
	<b>21</b>	<b>Tax credits.</b> (Attach the applicable credit forms.) (see instructions)	<b>21</b>	
	<b>22</b>	<b>Total tax.</b> Subtract line 21 from line 20	<b>22</b>	<b>4530</b>
	<b>23</b>	Payments: a Tax deposited with Form 7004	<b>23a</b>	<b>4551</b>
		b Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23b</b>	
		c Credit for Federal tax on fuels (attach Form 4136)	<b>23c</b>	
	<b>23d</b>	d Total. Add lines 23a through 23c.	<b>23d</b>	<b>4551</b>
<b>24</b>	<b>Tax due.</b> Subtract line 23d from line 22. See instructions on page 4 for depository method of payment	<b>24</b>		
<b>25</b>	<b>Overpayment.</b> Subtract line 22 from line 23d	<b>25</b>	<b>21</b>	

<b>Additional Information</b>	<b>1</b>	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name of the foreign country _____
	<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____
	<b>4</b>	Date organization formed <b>07-21-92</b>
	<b>5a</b>	The books are in care of <b>Test K. Insightful</b> b Enter name of candidate _____
	<b>c</b>	The books are located at <b>3504 West Oak Blvd Tar</b> d Telephone No. <b>813-555-1212</b>

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

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

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

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

**TY2007 1120POL test2**

**TaxPeriodEndDate -- 12/31/2008**

**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**

For calendar year 2008 or other tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_.

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

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

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

<b>Additional Information</b>	<b>1</b>	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name of the foreign country _____
	<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$ <b>0</b>
	<b>4</b>	Date organization formed <b>5/27/1992</b>
	<b>5a</b>	The books are in care of <b>The Organization</b> <b>b</b> Enter name of candidate _____
	<b>c</b>	The books are located at <b>1234 Weeping Willow Lar</b> <b>d</b> Telephone No. <b>714-555-1212</b>

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

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

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

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

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

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

## Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$78
Requested payment date	3-15-2009
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

## 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

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

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_\_or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>23,000</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>20,000</b>
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>3,000</b>

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

## Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$3000
Requested Payment Date	5/15/2009
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

## 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

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

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_\_or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

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

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