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Form	9.9,0	,
Departm Internal	ent of the Ti Revenue Se	reasury rvice
. <u>.</u>		

LESITTE BULL DEL 1 0 2018

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)

The organization may have to use a copy of this return to satisfy state reporting requirements or tax year beginning 4/01/06, and ending 3/31/07

OMB No	1545-0047
20	06
	lic inspection

Α		2006 calendar year, or tax year beginning 4/U1/Ub, and	ending 3	3/31/0/	, -	<del></del>
В		applicable Please use IRS C Name of organization			P	Employer identification number 55-0769348
님	Address	label or Craik-Patton House For	undatio	on, Inc.	E	Telephone number
믬	Name ch	type. Number and street (or P O box if mail is not deliver			1 -	reseptions manager
닖	Initial ret	urn See PO Box 175		·	F	Accounting method: X Cash
$\sqcup$	Final retu	[Instruc-] City or town, state or country, and ZIP + 4				Accrual Other (specify)
$\sqcup$	Amende	d return tions. Charleston W	<u>v 2530</u>	1	<b>•</b>	
	Applicati	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexel trusts must attach a completed Schedule A (Form 990</li> </ul>				
_	Mohoit	e: ► N/A	0. 000 122/.	H(a) Is this a group return for		
<u>G</u>		<del></del>		H(b) If "Yes," enter number		Yes No
J	_	zation type only one) ▶ 🕱 501(c) ( 3 ) ◀(insert no ) ☐ 4947(a)(1)_	or	H(c) Are all affiliates include (If "No," attach a list. See in		<u> </u>
		, n		H(d) Is this a separate retur		·
n.	Check he		_	organization covered t		
		are normally not more than \$25,000. A return is not required, but if the organization, he are to find a complete return.	lion chooses	I Group Exemption		
	to me a r	eturn, be sure to file a complete return				anization is not required
L	Gross r	eceipts Add lines 6b, 8b, 9b, and 10b to line 12	34,135	to attach Sch B (F	orm 99	90, 990-EZ, or 990-PF)
F	art I	Revenue, Expenses, and Changes in Net Assets	or Fund B	Balances (See the instr	uctio	ns.)
	1	Contributions, gifts, grants, and similar amounts received		•		*****
	a	Contributions to donor advised funds	į	1a		
	b	Direct public support (not included on line 1a)		1b 8,42	25	
	C	Indirect public support (not included on line 1a)		1c		
	d	Government contributions (grants) (not included on line 1a)	Į	1d	_	
	e	Total (add lines 1a through 1d) (cash \$8,425	noncash \$	)	1_1	le 8,425
	2	Program service revenue including government fees and contracts (	from Part VII,	line 93)		2
	3	Membership dues and assessments				3
	4	Interest on savings and temporary cash investments				4 19,235
9	ቜ 5	Dividends and interest from securities	ı	i	<u>.</u>	5
Č	√ 6a	Gross rents		6a	_	
•	<b>b</b>	Less rental expenses	l	6b		
•	P c	Net rental income or (loss) Subtract line 6b from line 6a				Sc
<u>o</u>	孝 7	Other investment income (describe	<del></del>	<del></del>		7
Revenue	} 8a	Gross amount from sales of assets other (A) Se	cunties	(B) Other		
à	<b>.</b> .	than inventory	6,475 5,774	8a		
_ī	∯ b	Less cost or other basis and sales expenses	701	8b	$\dashv$	
-	<b>∄</b> °.	Gain or (loss) (attach schedule)	Stmt	<u>8c                                       </u>	$\dashv$ .	3d 701
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 🗂	<u>                                   </u>	701
ò	) 9 // ()	Special events and activities (attach schedule) If any amount is from	n gaming, ch	eck ner		
	a	Gross revenue (not including \$ of	I	02		
	_	contributions reported on line 1b)  Less direct expenses other than fundraising expenses		9a   9b		
	b	Net income or (loss) from special events. Subtract line 9b from line 9	l 9a		$\dashv$ ,	9c
	10a	Gross sales of inventory, less returns and allowances	ا ا	10a	۳	
	b	Less cost of goods sold	ŀ	10b	$\neg$	
	°	Gross profit or (loss) from sales of inventory (attach schedule) Subt	ı ract line 10b t		<b>-</b> 10	0c
	11	Other revenue (from Part VII, line 103)				11
	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			_	28,361
_	13	Program services (from line 44, column (B))			1	13 10,885
es	14	Management and general (from line 44, column (C))				14 5,262
Expenses	15	Fundraising (from line 44, column (D))				15
ξxp	16	Payments to affiliates (attach schedule)			1	16
	17	= 4 4 4 4 5 5 4 C = m4 44 5 5 10 mm (A)		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	. 1	17 16,147
ts:	18	Excess or (deficit) for the year Subtract line 17 from line 12	<u> </u>		<u> </u>	18 12,214
SSE	19	Net assets or fund balances at beginning of year (from line 73, colur	mn (A))		1	19 241,596
Net Assets	20	Other changes in net assets or fund balances (attach explanation)			12	20
	21	Net assets or fund balances at end of year Combine lines 18, 19, at	nd 20			253,810
Fo	r Privacy	y Act and Paperwork Reduction Act Notice, see the separate is.				Form <b>990</b> (2006)
DA	A	···		Δ.	2	·

Functional Expenses organizations a	and section	n 4947(a)(1) nonexem	ipt charitable trusts bu	it optional for others (	See the instructions)
Do not include amounts reported on line	T		(B) Program	(C) Management	
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)	1		-		
(cash\$ non)		İ			
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule) Stmt 2					
(cash\$ 10,885 non-cash\$					
If this amount includes foreign grants, check here	22b	10,885	10,885		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors,	1	***			
key employees, etc. listed in Part V-A (attach					
schedule)	25a				
<b>b</b> Compensation of former officers, directors,		1	-		
key employees, etc. listed in Part V-B (attach					
schedule)	25b				
c Compensation and other distributions, not included above, to					
disqualified persons (as defined under section 4958(f)(1)) and					
persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included	1200				
on lines 25a, b, and c	26				
27 Pension plan contributions not included on	<del>-</del> -				
lines 25a, b, and c	27				
28 Employee benefits not included on lines	<del> </del>		****		
25a – 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30	··· <del>-</del>			
31 Accounting fees	31	4,100		4,100	
32 Legal fees	32	-,			<del></del>
33 Supplies	33	267		267	
34 Telephone	34				
35 Postage and shipping	35		·	-	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	870	-	870	_
41 Interest	41		*		
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)	- <del></del>				
a See Statement 3	43a	25		25	
b	43b				
c	43c	-			•
d	43d			<del></del>	
е	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a		<del></del>			
through 43g (Organizations completing		ļ			
columns (B)-(D), carry these totals to lines		İ		:	
13-15)	44	16,147	10,885	5,262	C
Joint Costs. Check ▶ ☐ If you are following SOP 98-2		<del></del>			
Are any joint costs from a combined educational campaign a	nd fundra	ising solicitation repor	ted in (B) Program se	rvices?	▶ ☐ Yes 🗓 No
If "Yes," enter (i) the aggregate amount of these joint costs\$			nt allocated to Program s		
(iii) the amount allocated to Management and genera\$			int allocated to Fundraisir		
DAA					Form <b>990</b> (2006

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

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

orog	grams and accomp	lishme	nts.											
► Allo of c	lients served, publi anizations and 494	descrit cations 7(a)(1)	ort to be their exe sissued, etc nonexempt	Crain mpt purpo Discuss charitable	k-Pa se achiev achieven trusts m	rements in nents that ust also er	n a clea t are no enter the	r and concise manne t measurable (Sectio e amount of grants an	n 501(c)(3) ar	nd (4)		(Red	Expens Expens jured for 501 orgs , and 49 rusts, but opti others)	es (c)(3) and 947(a)(1)
а	Provide	sup	port t	co Cra	aik-P	atton	n Ho	use.						
	(Grants and alloca	tions	\$	10	,885	)		If this amount include	es foreign grai	nts, check her	e ▶ [		10	,885
b														
	(Grants and alloca	tions_	\$			)		If this amount include	es foreign grai	nts, check her	e ▶ [			
С	(Grants and alloca	itions	\$			)		If this amount include	es foreign grai	nts, check her	re 🕨 🗀			
d	(Constant and allower		œ.					If this amount include	oo foroign gra	nte cheek ho	. <b>.</b> .			
_	(Grants and alloca Other program ser			edule)		,		ii una amount include	sa ioleigii giai	ina, uneuk nei		+		
-	(Grants and alloca			/		)		If this amount include	es foreign gra	nts, check hei	e ▶ 「	) [		
f	Total of Program			s (should e	equal line	44, colum	mn (B),	<del></del>			<b></b>			,885
					_				•				- 0	20000

	<u>art IV</u>	Balance Sneets (See the Instructions.)				
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	nin the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing		1,553	45	1,641
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	<del></del>
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors	s, trustees, and		500	
		key employees (attach schedule)	4059(6(4)) and		50a	
	b	Receivables from other disqualified persons (as define			50b	
	E4.0	persons described in section 4958(c)(3)(B) (att_sched Other notes and loans receivable (attach	uie)		300	
	31a	schedule) See Worksheet	<sub>51a</sub>   9,823			
ets	ь	Less allowance for doubtful accounts	51b	12,000	51c	_ 9,823
Assets	52	Inventories for sale or use	310	22,000	52	
•	53	Prepaid expenses and deferred charges			53	
	54a	Investments—publicly-traded See Statement	4 ▶ Cost FMV	228,043	54a	242,346
	b	Investments—other securities	Cost FMV		54b	
	55a	(attach schedule) Investments-land, buildings, and			*******	
	35a	equipment basis	55a			
	ь	Less accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a			
	b	Less accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets, including program-related investments				
		(describe ▶		58	050 010	
_	59	Total assets (must equal line 74) Add lines 45 through	h 58	241,596	59	253,810
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	<del> </del>
	62	Deferred revenue			62	<del></del>
es	63	Loans from officers, directors, trustees, and key emplo	oyees (attach			
ij	١	schedule)			63	
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)			64a 64b	
	, c	Mortgages and other notes payable (attach schedule)	,		65	
	65	Other liabilities (describe	,		"	<del></del>
	66	Total liabilities. Add lines 60 through 65		0	66	0
			ind complete lines			
	0.9	67 through 69 and lines 73 and 74				
Ş	67	Unrestricted		241,596	67	253,810
n ce	68	Temporarily restricted			68	
3ala	69	Permanently restricted			69	
ğ	Orga	anizations that do not follow SFAS 117, check here	▶ 🔲 and			
Ψ̈		complete lines 70 through 74				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	
ets	71	Paid-in or capital surplus, or land, building, and equip	ment fund		71	
ASS	72	Retained earnings, endowment, accumulated income	, or other funds		72	<del></del>
et?	73	Total net assets or fund balances (add lines 67 thro	ugh 69 <b>or</b> lines			
Z		70 through 72 (Column (A) must equal line 19 and co	olumn (B) <b>must</b>	044 504		050 040
		equal line 21)		241,596		<u>253,810</u>
	74	Total liabilities and net assets/fund balances. Add I	ines 66 and 73	241,596	74	253,810

	1990 (2006) Craik-Patton House Foundati Int IV-A Reconciliation of Revenue per Audited Fire					Retu	rn (See th	Page 5 ne
	instructions.)						N/A	
а	Total revenue, gains, and other support per audited financial statemer	nts				а		
b	Amounts included on line a but not on Part I, line 12							
1	Net unrealized gains on investments		b1		<u>-</u>			
2	Donated services and use of facilities		b2					
3	Recoveries of prior year grants		b3					
4	Other (specify)							
		Į	b4					
	Add lines b1 through b4					b		
C	Subtract line b from line a					<u>_</u>		<del>-</del>
d	Amounts included on Part I, line 12, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1			ļ	1	
2	Other (specify)							
		l	d2		<del></del> .			
	Add lines d1 and d2				_	d		
<u>e</u>	Total revenue (Part I, line 12) Add lines c and d			. 15774	<b>•</b>	е	4 37 / 3	
	art IV-B Reconciliation of Expenses per Audited F	inancial State	ment	S WIT	n Expenses p	1	turnn/A	<del> </del>
a	Total expenses and losses per audited financial statements					a		
b .	Amounts included on line a but not Part I, line 17	ı	اما					
1	Donated services and use of facilities		b1		<del>4</del>	1	1	
2	Prior year adjustments reported on Part I, line 20		b2			ł		
3	Losses reported on Part I, line 20	•	b3			1		
4	Other (specify)							
			b4			┨		
	Add lines b1 through b4					b		
С.	Subtract line b from line a					<u> </u>		
ď	Amounts included on Part I, line 17, but not on line a:	ł	امدا			1		
1	Investment expenses not included on Part I, line 6b		d1			┨		
2	Other (specify)		امدا					
	A 111 14 1 19		d2			۰.	1	
_	Add lines d1 and d2					d e		
e 5,	Total expenses (Part I, line 17) Add lines c and d  art V-A Current Officers, Directors, Trustees, and	Key Employe	98 (1)	st each	nerson who was		cer director	trustee
	or key employee at any time during the year even if the	y were not compe	nsated	) (See	the instructions)			
	(A) Name and address	**************************************	2010100 10	poortion	(C) Compensation (If not paid, enter -0)	employ deferre	ee benefit plans & ed compensation plans	account and other allowances
C	саід Каў		eside	ent				
		0			<u>c</u>	1	0	
Da	avid Higgins	0	.ce Pr	es			0	(
		——————————————————————————————————————	creta			+		
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	990 (2006) Craik-Patton House Foundation,					Р	age <b>6</b>
	t V-A Current Officers, Directors, Trustees, and Key Er					Yes	No
	Enter the total number of officers, directors, and trustees permitted to vote or	-					
	meetings	▶ 4					
	Are any officers, directors, trustees, or key employees listed in Form 990, Pa						
	employees listed in Schedule A, Part I, or highest compensated professional		Ì			. 1	
	contractors listed in Schedule A, Part II-A or II-B, related to each other through	•	- (-)		766		x
	relationships? If "Yes," attach a statement that identifies the individuals and e	explains the relationship	p(s)		75b		<u> </u>
_	Do any officers directors tructors or key ampleyees listed in Form 900 Pa	t V A or highest					
С	Do any officers, directors, trustees, or key employees listed in Form 990, Par compensated employees listed in Schedule A, Part I, or highest compensate		er.				
	independent contractors listed in Schedule A, Part II-A or II-B, receive compe	•					
	organizations, whether tax exempt or taxable, that are related to the organiza	•					
	the definition of "related organization"	non- occ me mondom	5110 101		75c		X
	If "Yes," attach a statement that includes the information described in the ins	tructions					
А	Does the organization have a written conflict of interest policy?				75d		x
	t V-B Former Officers, Directors, Trustees, and Key En	plovees That Re	ceived Cor	npensation or C	Othe	r Ben	efits
. **	(If any former officer, director, trustee, or key employee received						
	person below and enter the amount of compensation or other be						
	(A) Nama and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employ benefit plans & deferred		E) Expe	
	(A) Name and address	(B) Loans and Advances	enter -0-)	compensation plans		allowan	
N/A							
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	atth Other Later (Coothe instructions)		<u> </u>	<u> </u>			No
	other Information (See the instructions.)	tuutaa? If "Vaa " at	took o			Yes	NO
76	Did the organization make a change in its activities or methods of conducting	activities in tes, at	lacii a		76	1	x
	detailed statement of each change  Were any changes made in the organizing or governing documents but not r	anatad to the IPS?			77	<del> </del>	X
77	· · · · · · · · · · · · · · · · · · ·	eported to the ins			<del>  '''</del>		<del></del>
70-	If "Yes," attach a conformed copy of the changes  Did the organization have unrelated business gross income of \$1,000 or more	o during the year cove	red by				
78a		e during the year cove	ied by		78a	1	x
	this return?				78b		<u></u> -
	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction d	iring the year? If "Yes	" attach		100		
79		uning the year in Tes,	attacii		79	1	x
00-	a statement Is the organization related (other than by association with a statewide or nati	onwide organization) t	arough		''		
80a							
	common membership, governing bodies, trustees, officers, etc., to any other	exempt of nonexempt	•		80a	1	x
1-	organization?				1	<b>†</b>	†- <u></u> -
b	If "Yes," enter the name of the organization ▶	eck whether it is e	xempt or	nonexempt			
04 -	Enter direct and indirect political expenditures (See line 81 instructions)	SOV MILECULES [ ] 6	81a	пополотира			
81a	Did the organization file Form 1120-POL for this year?		[ V 1 4 ]		81ь		x
<u> </u>	Did the diganization like Form 1120-FOL for this year?		<del></del>	<del> </del>	_	900	(2006

Form	990 (2006) Craik-Patton House Foundation, Inc. 55-076934	8		Р	age 7
Pa	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	•			
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II	i			
	(See instructions in Part III )				
83a	Did the organization comply with the public inspection requirements for returns and exemption application	s?	83a	X	—
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		<b></b> -
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	n/A	045		
	gifts were not tax deductible?	N/A	84b 85a		├──
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85b		<del> </del>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	นธอ		<del> </del>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organizat	ion			
	received a waiver for proxy tax owed for the prior year  Dues, assessments, and similar amounts from members  85	اءا			
c d	Section 162(e) lobbying and political expenditures  85				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85	<del>-</del>			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85	<del></del>			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		İ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85	•			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	a		*************	
b	Gross receipts, included on line 12, for public use of club facilities	b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	а			
b	Gross income from other sources (Do not net amounts due or paid to other				
	sources against amounts due or received from them )	ъ			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the				l
	meaning of section 512(b)(13)? If "Yes," complete Part XI	•	88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	•			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶	0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				,,
	a statement explaining each transaction		89b	ļ	X
С	Enter Amount of tax imposed on the organization managers or disqualified				
_	persons during the year under sections 4912, 4955, and 4958	0			
	Enter Amount of tax on line 89c, above, reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e	1	x
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance con	tract?	89f		X
7	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	wat:	331		†
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business holding	as			
	at any time during the year?	5-	89g	Ì	x
90a	List the states with which a copy of this return is filed None				
b	Number of employees employed in the pay period that includes March 12, 2006 (See				
_	instructions)	90ь			0
91a	The books are in care of ▶ Lyle Smith	Telephone no			
<del>-</del>	PO Box 175	•			
	Located at ▶ Charleston, WV	ZIP+4 ▶ 25321			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authors.	ority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	
	account)?		91b		X
	If " Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	k	1		
	and Financial Accounts	·	1	<u></u>	
D4.4			For	m 99(	0 (2006

Form 990 (20)	06) Craik-Patton H	ouse Found	lation,	Inc. 55-076	59348			Р	age 8
	Other Information (conf							Yes	No
c Àt any t	ime during the calendar year, did th		aın an office o	utside of the United	States?	<del></del>	910		X
If "Yes,	enter the name of the foreign cour	ntry 🕨						•	
92 Section	4947(a)(1) nonexempt charitable tr	usts filing Form 990	ın lıeu of <b>Form</b>	1041- Check here					
and ent	er the amount of tax-exempt interes					▶ 92		<u> </u>	
Part VII	Analysis of Income-Pro	ducing Activitie	s (See the	instructions.)					
Note: Enter g	ross amounts unless otherwise	ļ	Unrelated	d business income	Excluded	by section 512, 513, or 514		(E)	
ındıcated			(A) Business code	<b>(B)</b> Amount	(C) Exclusion	(D) Amount		elated or pt functi	on
93 Progran	n service revenue	1	Business code	Amount	code	Amount		ncome	
a				····					
b									
c									
d	·			···					
е									
	re/Medicaid payments							_	
	nd contracts from government agen	cies			<u> </u>				
	rship dues and assessments	-			1 4	10.025			
	on savings and temporary cash inv	restments			14	19,235	<del></del>		
	ds and interest from securities	}		n-in				······	
	tal income or (loss) from real estate	•		····	-				
	anced property	-	<del></del>						
	t-financed property	<i>.</i>							
	tal income or (loss) from personal p	roperty			+				
	nvestment income				25	701		·	
	(loss) from sales of assets other th	an inventory			125	701			
	ome or (loss) from special events			<del></del>	+				
-	profit or (loss) from sales of inventor	· .							
	evenue a				<del>                                     </del>			_	
					<del> </del>			-	
				4.4	<del>                                     </del>				
e .									
	al (add columns (B), (D), and (E))				0	19,936			0
	add line 104, columns (B), (D), and	(E))			_ h	<b>&gt;</b>		19,	936
	5 plus line 1e, Part I, should equal		2. Part I			<del></del>			
Part VIII	Relationship of Activiti	es to the Accon	plishment	of Exempt Pur	poses (S	See the instruction	ns.)		
Line No.	· · · · · · · · · · · · · · · · · · ·								
▼	of the organization's exempt p	urposes (other than b	y providing fu	nds for such purpose	es)				
N/A								<u>.</u> .	
	<u> </u>								
Part IX	Information Regarding		<u>liaries and</u>		itities (S		<u>ıs.)</u>	(E)	
Name, ad	ddress, and EIN of corporation, ership, or disregarded entity	(B) Percentage of ownership interes		(C) lature of activities		Total income	End-	of-year ssets	
N/2			%						
			%						
			%						
			%						
Part X	Information Regarding	Transfers Asso	ciated with	n Personal Bene	fit Con	tracts (See the in	struction	ons.)	
	he organization, during the year, re-							Yes 🔀	No
	he organization, during the year, pa							Yes 🔀	No
Note: If "	Yes" to (b), file Form 8870 and For	m 4720 (see instructi	ons)			<u> </u>			

Form **990** (2006)

Form 990 (				1 (6.4)		9 age
Part XI	Information Regarding Transfi is a controlling organization as			ly if the organiza	tion	
•					Yes	No
	the reporting organization make any transfers		in section 512(b)(13) of			<b>.</b>
tne	Code? If "Yes," complete the schedule below to (A)	(B)	(C)	<del></del>	٠	X
	Name, address, of each	Employer ID	Description of	Amou	(D) nt of tra	nefor
	controlled entity	Number	transfer	Allioui		1115161
а						
ь					<del></del>	
c						
	Totals					
					Yes	No
	If the reporting organization receive any transfe					x
T	2(b)(13) of the Code? If "Yes," complete the sch (A)	(B)	(C)		.L	1 22
	Name, address, of each	Employer ID	Description of	Amou	(D) nt of tra	ansfer
<del></del>	controlled entity	Number	transfer			
a						
b						
С						
	Totals					
					Yes	No
	the organization have a binding written contra	<del>-</del>	covering the interest,			
ren	nts, royalties, and annuities described in question		parving achadulas and statements, an	d to the best of my know	adas.	<u> </u>
	Under penalties of penjury, I declare that I have eand belief, it is true, correct and complete Declare	aration of preparer (ether than officer)	serving scriedules and statements, and seased on all information of which pro-	aparer has any knowledg	euge	
Please Sign	b m/h					
Here	Signature of officer	5 4 T	nacorer	Date / 2 - / > 0	9	
	Type or print name and title	Smilk III	ma super	120100	7	
	Preparer's	16-	Date Check if	Preparer's (See Gen		
Paid Preparei	signature MICHAEL C. E.	LLIS	11/24/09 self- employed	d ▶   233-	<u>68-3</u>	<u> 525</u>
Use Only	Firm's name (or yours A ELLIS &	Ellis, PLLC	t Cto 000	EIN ▶ 55-	0771	.644
	if self-employed),	ginia Street Eas	c, Suite 900	Phone > 304-3	42-4	1169

Form **990** (2006)

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

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2006

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Craik-Patton House Foundation, Inc. 55-0769348 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contrib to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Comp empl ben plans account & other than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2006

	edule A (Form 990 or 990-EZ) 2006 Craik-Patton House Foundation, Inc. 55-0769348  Statements About Activities (See page 2 of the instructions.)			Page 2
	,		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
е	Transfer of any part of its income or assets?	2e		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	<u> </u>	
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		. <u>.</u>	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

	ait t	Reason for Non-Private Found	ation Status (See	payes 4 through i		iructions.)			
l cei	rtify th	nat the organization is not a private foundation b A church, convention of churches, or associated		•	e box )				
6	A school Section 170(b)(1)(A)(ii). (Also complete Part V)								
7		A hospital or a cooperative hospital service org	anization Section 170(b	o)(1)(A)(III)					
8		A federal, state, or local government or govern	mental unit Section 170	0(b)(1)(A)(v)					
9		A medical research organization operated in co	onjunction with a hospita	I Section 170(b)(1)(A)	(III) Enter the	hospital's name	e, city,		
		and state ▶							
10		An organization operated for the benefit of a co (Also complete the <b>Support Schedule</b> in Part I	-	d or operated by a gov	ernmental un	it Section 170(b)	(1)(A)(IV)		
11a		An organization that normally receives a substation (a)(1)(A)(vi) (Also complete the <b>Support S</b>		from a governmental u	nit or from the	e general public	Section		
11b		A community trust. Section 170(b)(1)(A)(vi) (A	Iso complete the Suppo	ort Schedule in Part IV	-A )				
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	X	An organization that is not controlled by any dis requirements of section 509(a)(3) Check the b				nerwise meets the	•		
		Type I Type II	Type III-Functionally Int	tergrated Typ	e III-Other				
		Provide the following inform	ation about the suppor	rted organizations. (Se	ee page 7 of t	he instructions)			
		(a)	(b)	(c)	(	(d)	(e)		
		Name(s) of supported organization(s)	Employer	Type of	is the s	upported	Amount of		
			identification	organization		ion listed in	support		
			number (EIN)	(described in lines		pporting			
				5 through 12		ization's			
				above or IRC section)	governing	documents?			
					Yes	No			
C	ra	ik-Patton, Inc.	55-0655331	12	х		10,885		
			-						
Tota	al				<u> </u>	<b></b>	10,885		
14	П	An organization organized and operated to tes	t for public safety Section	on 509(a)(4) (See pag	e 7 of the inst				
						Schodulo A (Ec	rm 990 or 990-E7) 200		

•	THE IV-A Support Schedule (Co					ınting.	
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received (Do	(4) 2000	(2/2001	197=000			(0) (0.0)
	not include unusual grants. See line 28.)			-			
16	Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of					l	
	facilities in any activity that is related to the					1	
	organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit without charge. Do not include the value of			<u> </u>			
	services or facilities generally furnished to the						
	public without charge		ļ				
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17	·········					
<u>25</u>	Enter 1% of line 23						
26	Organizations described on lines 10 or	r 11: a Enter 2% o	f amount in column (e)	, line 24	<b>&gt;</b>	26a	
þ	Prepare a list for your records to show the	ie name of and amoui	nt contributed by each	person (other than a			
	governmental unit or publicly supported	•		•			
	amount shown in line 26a Do not file th			these excess amounts	s P	26b	
	Total support for section 509(a)(1) test I	•	` '		•	26c	<del></del>
đ	Add Amounts from column (e) for lines	18		<del></del>		004	
_	Dublic consent (line 200 months and 2001)	22	26b			26d	<del></del>
e	Public support (line 26c minus line 26d to Public support percentage (line 26e (n	•	lina 26a (danaminata			26e	%
27	Organizations described on line 12:			nd 17 that were receive	od from a "disquis		
21	person," prepare a list for your records to				· ·		ın "
	Do not file this list with your return. Er			ved in edon year nom,	Caon aloqualine	ла ро.оо	n/A
	•	(004)	(2003	3)	(2002	)	
b	For any amount included in line 17 that v	•	•	•	•	•	cords to
	show the name of, and amount received						
	(Include in the list organizations describe						
	the difference between the amount recei	ved and the larger am	ount described in (1) o	or (2), enter the sum of	these difference	s (the e	xcess
	amounts) for each year						N/A
	(2005) (2	(004)	(2003	3)	(2002	)	
С	Add. Amounts from column (e) for lines	15	16				
	17		21			27c	
d	Add: Line 27a total	and line 27	b total	<del></del>	•	27d	
е	Public support (line 27c total minus line		- 001 ( )	امسا	•	27e	
f	Total support for section 509(a)(2) test			▶ 27f		37	0/
g	Public support percentage (line 27e (n					27g 27h	<u>%</u>
	Investment income percentage (line 18				a 2002 through 1		
28	Unusual Grants: For an organization de prepare a list for your records to show, for						
	description of the nature of the grant Do						
	accomption of the nature of the grant De	mo uno not with	, Jul. 10101111 DO 1101 III	granto in i		\ /Eorm	990 or 990-F7) 2000

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
 29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A_	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	31		ŀ
	that makes the policy known to all parts of the general community it serves?  If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
	ii res, please describe, ii No, please explairi (ii you need more space, attacir a separate statement )			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ऻ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	<del> </del>	<del> </del>
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		ļ
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		ļ
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	-	├
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
25	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
35	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	1

Schedule A Part VI-	(Form 990 or 990-EZ) 2006 Cx A Lobbying Expendi							
	(To be completed						I/A	<u></u>
Check >	a If the organization belon	gs to an affiliated gro	up Check	b if	you che	ecked "a" and	"limited con	trol" provisions apply
	Limits on	Lobbying Expe	nditures			(a) Affiliated ( totals	group	(b) To be completed for all electing
	(The term "expenditu	ires" means amounts	s paid or incurred)					organizations
36 Total lo	bbying expenditures to influence	public opinion (grass	roots lobbying)		36			
37 Total lo	bbying expenditures to influence	a legislative body (di	rect lobbying)		37			<del></del>
38 Total lo	bbying expenditures (add lines 3	37) and 37)			38			·
	xempt purpose expenditures				39			
	xempt purpose expenditures (add	•			40			
-	ng nontaxable amount Enter the		•					
	mount on line 40 is-		ontaxable amount is-	7				
	\$500,000	20% of the amount			1 1			
	00,000 but not over \$1,000,000	•	of the excess over \$500,0	l.			ŀ	
	000,000 but not over \$1,500,000	·	of the excess over \$1,000		41	<del></del>		
	500,000 but not over \$17,000,000 7.000.000	• •	of the excess over \$1,500,	000				
•	oots nontaxable amount (enter 25	\$1,000,000 \$4, of line 41)		لــ	42		ľ	
	ct line 42 from line 36 Enter -0- if	•	line 36		43			
	ot line 41 from line 38 Enter -0- if				44			
Caution	n: If there is an amount on either	line 43 or line 44, voi	u must file Form 4720					
			aging Period Und	er Section	on 501	l(h)		***************************************
	(Some organization		on 501(h) election do no			• •	columns be	elow
	·		or lines 45 through 50 c					
			Lobbying Expe		,		ng Period	
Calend	ar year (or	(a)	(b)	(0	:)	1 (	d)	(e)
	ear beginning in)	2006	2005	20	•		03	Total
	ng nontaxable amount							
line 45	ng ceiling amount (150% of (e))							
47 Total lo	bbying expenditures			· · · · · · · · · · · · · · · · · · ·				
48 Greeer	oots nontaxable amount							
	oots ceiling amount (150% of							
line 48(	-							
11110 40(								
50 Grassro	oots lobbying expenditures							
Part VI-		by Nonelecting	<b>Public Charities</b>			•		
	(For reporting only			plete Pa	rt VI-A	(See pag	e 13 of th	e instructions.) N/
During the y	year, did the organization attemp	to influence nationa	I, state or local legislati	on, includii	ng any		V N-	A A
attempt to	nfluence public opinion on a legis	lative matter or refer	endum, through the us	e of	•	Į	Yes No	Amount
a Volum	nteers							
b Paid	staff or management (Include co	mpensation in expen	ses reported on lines c	through h.	)			
c Media	a advertisements							
d Mailir	ngs to members, legislators, or th	e public				1		
e Public	cations, or published or broadcas					].		····
	ts to other organizations for lobby							

Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

Total lobbying expenditures (Add lines c through h.)

chedule A (Form	n 990 or 990-EZ) 2006	Craik-	Patton House Four	ndation, Inc.55-076934	.8	P	age 7
Part VII	Information Rega	arding Tra	ansfers To and Transactio	ns and Relationships With Nonch			-3-
1 Did the repo			ee page 13 of the instruction	NS.) with any other organization described in sect	100		
•	• •	•	B) organizations) or in section 527,	<del>-</del>	10(1		
			noncharitable exempt organization			Yes	No
(i) Cash							
(ii) Other	r assets				a(ii)		X
<b>b</b> Other trans	actions						x
(i) Sales or exchanges of assets with a noncharitable exempt organization							
	hases of assets from a				b(ii)	_	X
` '	al of facilities, equipmen	-	ssets		b(iii)	<del>                                     </del>	X
• •	ibursement arrangemer s or loan guarantees	its			b(iv) b(v)	<del> </del> -	X
	•	memhershin	or fundraising solicitations		b(vi)	_	X
• •		•	ther assets, or paid employees		C		X
-		-		nn (b) should always show the fair market va		<u> </u>	
	•		•	zation received less than fair market value in			
-			olumn (d) the value of the goods, o				
(a)	(b)		(c)	(d)			
Line no	Amount involved	Name of	f noncharitable exempt organization	Description of transfers, transactions, and	sharing arrange	ments	
N/A				<del></del>			
	<del>                                     </del>						
	<u> </u>						
	<del> </del>		- <del> </del>				
<del></del>							
						-	
	<del>                                     </del>						
described i	= = = = = = = = = = = = = = = = = = =	Code (other	d with, or related to, one or more t than section 501(c)(3)) or in section		► [] Y	es 2	₹ 1
	(a) Name of organization		(b) Type of organization	(c) Description of relations	ship	·	
N/A	····						
	······································						
						·	
			· · · · · · · · · · · · · · · · · · ·				
						-	
							_
					<u> </u>		
	·						

Forms.	. •	
990	/ 990-PF	

### Other Notes and Loans Receivable

4/01/06 , and ending

3/31/07

2006

Name

**Employer Identification Number** 

Craik-Patton	House	Foundation,	Inc
--------------	-------	-------------	-----

For calendar year 2006, or tax year beginning

55-0769348

	rm 990, Part I			ional	l Informat		
	Name	of borrower				Relationship to disqualified	person
(1)	Loan Receivabl	е					
(2)							
(3)							·
(4)							<del> </del>
(5)	· · · · · · · · · · · · · · · · · · ·				_		
(6)		<del></del> -					. <u> </u>
(7)	·						
(8)				.			<del></del>
(9)						<del></del>	
(10)						<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	······································
	Oneinal amount		Maturity	<del></del>		·····	Interest
	Original amount borrowed	Date of loan	Maturity date		Re	payment terms	rate
(1) (2)							
(2)	·			<del></del>		<u></u>	
(3) (4)			······································	<del>-  </del> -			
(4) (5)							
(6)							
(7)	***************************************						
(8)							
(9)							
(10)						<del></del>	
····		•					
	Security pro	ovided by borrower	-			Purpose of loan	
(1)						44.2°—.	
(2)						· · · · · · · · · · · · · · · · · · ·	
(3)							
(4)							
<u>(5)</u>		<del></del>		<u> </u>			
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(9)	<del></del>			-			· · · · · · · · · · · · · · · · · · ·
(10)				<u></u>		-1	
	Consideration fu	rnished by lender			lance due at	Balance due at end of year	Fair market value (990-PF only)
(1)					12,000	9,823	
(2)					,		
(3)		<del>_</del>		-			
(4)							
(5)							
(6)	<del></del>	<del></del>					
(7)							
(8)							
(9)							
(10)							
Tota	als				12,000	9,823	

									_
	· ,		Gain/ -Loss	701					
			Deprec	ν' ν''   0   					
	curities		!	5,774 \$					
	entory - Se		Cost & Expense	w w					
	er Than Inv		Sale Price	\$ 6,475 \$ 6,475					
ements	Assets Oth		Date Sold						
Federal Statements	Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities		Date Acquired						
Fed	Part I, Line		1						
	Form 990,		Whom Sold						
	tement 1 -	Desc		ties					
i	Sta	Ď	How Rec'd	d Securi					
9348				Publicly Traded Securities Total					
55-0769348				Public T				s	

55-0769348

# **Federal Statements**

## Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expense				Fund- Raising
_	\$	\$	\$	\$	
Expenses Taxes & Licenses		25		25	
Total	\$	25 \$	0 \$	25 \$	0

55-0769348

## **Federal Statements**

### Statement 4 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government Corporate Stock	\$	\$	
	228,043	242,346	
Corporate Bonds		<u></u>	
Total	\$ 228,043	\$ 242,346	