

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

	Internal F	Revenue Se	rvice	Note: The founda	tion may	be able to use a copy of	this return to satisfy sta	ite repo	orting requirements	2001
•	For ca	lendar		or tax year beg					d ending	
			hat apply	Initial retu		Final return	Amended return	x	Address change	e Name change
•			Name of fou	indation				1 1		yer identification number
1	lise f	he IRS								,
		bel.	TUE DAVI	אא חוא א	v m c	KINNER FOUNDAT	TON THE		1.2	3-7154951
		rwise.				er if mail is not delivered		Poor		ne number (see page 10 of the instructions
		rint	Number and	i street (or i o bi	JX HUITIDE	si ii iiiali is iiot delivered i	o street address)	T COOL	II/Suite Breiepnon	te number (see page 10 of the instructions
5	or t	ype.								
ļ	See S	pecific		79TH STREE				AP	T 7 (
ļ	Instru	ctions.	City or town	, state, and ZIP co	oe .				C If exemption appl pending, check he	ere · · · · · · ·
									D 1 Foreign organi	izations check here . >
			NEW YORK	K, NY 10075						izations meeting the
	H Che	eck type	e of organiza	ation X Secti	on 501(c)(3) exempt private	foundation			k here and attach
	s	Section 4	1947(a)(1) no	nexempt charitable	e trust	Other taxable p	rivate foundation		- If provide ferrede	tion status was to manded
,	l Fair	r marke	t value of all	assets at end	J Acco	unting method X C	ash Accrual		_ •	tion status was terminated 7(b)(1)(A) check here .
	of y	ear (fro	m Part II, coi	l (c), line		Other (specify)				is in a 60-month termination
	_	> \$		58,847.	(Part I,	column (d) must be of	n cash basis)			7(b)(1)(B), check here
	Part	Analy	sis of Reve	nue and Expens	es (The	4.5				(d) Disbursements
•	-			olumns (b), (c), an		(a) Revenue and expenses per	(b) Net investment		(c) Adjusted net	for charitable
				requal the amount ie 11 of the instruct		books	income		income	purposes (cash basis only)
-	1					33,232.				(Cash Dasis Only)
	2	Check	if the f	etc , received (attach sol foundation is not req		33,232.	<u> </u>			
	3	-	allacii	Sch B temporary cash inves		163.	16:	_		STMT 1
	4		-	est from securities		855.	 			
2	'					000	65:	'		STMT 2
2012								\vdash		
64	"			ss)		1 450		-		
લ્લ	В Ба		ales price for all	sale of assets not on		-1,450.		+	SIATUR	
4	5 _		n line 6a		<u>,781</u> .		15 24	_	<u>2 (\$157</u>	ELLNIT
MAR 22	5 7 2		_	ome (from Part IV, I			15,341	-	- 一一一一	MMP
	"			algaın			~ ;	\dashv	1045	
Ш	9 10 a		e modification: des less retums	s · · · · · · · ·			, ,		- MAR () 1	
		and allo	wances · · ·	l l		· · · · · · · · · · · · · · · · · · ·			AFU V (((()))	- SMIE
SCANNED	1		est of goods sold					- -	A CO	ASSMENT.
Š	- 1			(attach schedule)					OODE	
٠٠	11			h schedule)			16.35			· · · · · · · · · · · · · · · · · · ·
-	12			rough 11		32,800.		"- 		
	13			rs, directors, trustees,	1	NONE		+		
9	0 14			nres and wages .				+		
Š	15			oyee benefits						
	16a	-	ees (attach sc			1 100			<u>-</u>	
ú	i b			ach schedule)STM		1,182.	593	<u> </u>	 -	591
Occupant Administration	Š C	•		ees (attach schedul	· .			-		
Ì	g 17									
	18			(see page 14 of the ins	i i	37.	-			
ï	19	•	•	schedule) and de	_					
7	20	Occupa	ancy .	RECEIVE	ا با:	1				
7	2 21	Travel,	conferences,	and meetings	\	<u>)</u> (၁)		-		
į,	22	Printing	g and publicat	tions	012 · ·		<u> </u>			
	23	Other e	expenses (atta	nch schedule) STM	T'.5 .	207.				207
	24			administrative ex		-	1			
2	<u> </u>	Add lin	es 13 through	230 GDEN	U.I.	1,426.	593			798
(25		outions, gi <u>fts,</u>			13,300.			<u> </u>	13,300
	26	Total exp	enses and disbur	sements Add lines 2	4 and 25	14,726.	593	١.		14,098
	27	Subtrac	ct line 26 fron	n line 12			1			
	а	Excess of	f revenue over ex	penses and disburseme	ents	18,074.				
	Ь	Net inv	estment inco	ome (if negative, er	iter -0-)		15,768	3.		
	c	Adjust	ed <u>net inco</u> mo	e (if negative, enter	· -0-) [-0-	7, 1

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. **STMT-4

_	51, 021. 39, 021.	895.	*
I	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	39,821
2	Enter amount from Part I, line 27a	2	18,074
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	57,895
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	57,895

JSA 7E1420 2 000

(a) List an	d describe the kind(s) of property sold (e orick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P-Purchase	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE		sits wee co)	D-Donation	(, ,, , , , ,	
b	DOBE				
C					
d			<u> </u>		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
С				_	
<u>d</u>					
e					
Complete only for assets s	howing gain in column (h) and own	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less Losses (from co	than -0-) or
а			<u> </u>		
b					
C					
d					
е					
2 Capital gain net income or	· (not cantal loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		15,341.
3 Net short-term capital gair	n or (loss) as defined in sections 12	22(5) and (6)		<u> </u>	
If gain, also enter in Part I,	, line 8, column (c) (see pages 13 a	and 17 of the instructions)			
If (loss), enter -0- in Part I,	line 8	<u> </u>	3 _		
	nder Section 4940(e) for Redu		come		
	leave this part blank the section 4942 tax on the distrib not qualify under section 4940(e)		ase perio	d? [Yes X No
1 Enter the appropriate am	ount in each column for each year	; see page 18 of the instructions be	efore mak	ing any entries	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
2006	782.	39,338.	_		0.019879
2005	731.	37,536.			0.019475
2004	17,236.	49,755.			0.346417
2003	NONE	46,552.			NONE
2002	NONE	NONE			NONE
2 Total of line 1, column (d))		2		0.385771
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by			
the number of years the f	oundation has been in existence if	less than 5 years	3		0.077154
•					
4 Enter the net value of nor	ncharitable-use assets for 2007 fro	m Part X, line 5	4		48,494.
5 Multiply line 4 by line 3			5		3,742.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		158.
7 Add lines 5 and 6			7		3,900.
8 Enter qualifying distribution	ons from Part XII, line 4	· · · · · · · · · · · · · · · · · · ·	8		14,098.
If line 8 is equal to or greater that	an line 7, check the box in Part VI, line 1b, and	d complete that part using a 1% tax rate. See	the Part VI	nstructions on page	18

Form	990-PF (2007) 13-7154951 >		F	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	he ins	struction	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling letter (attach copy of ruling letter if necessary - see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			158.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			<u> 158.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			<u>NONE</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			<u> 158.</u>
6	Credits/Payments			
_	2007 estimated tax payments and 2006 overpayment credited to 2007 6a			
b	· · · · · · · · · · · · · · · · · · ·			
С.	Tax paid with application for extension of time to file (Form 8868)			
d _	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d TAX .PAID.W/. O.R			<u>43</u> .
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7.			<u> 133.</u>
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2008 estimated tax NONE Refunded 11			
	t VII-A Statements Regarding Activities NONE Refunded ► 11			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Т	Van	No
ı a	participate or intervene in any political campaign?	1a	Yes	No X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	l a		^_
	of the instructions for definition)?	16		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1.0		^
	published or distributed by the foundation in connection with the activities	1		
С	Did the foundation file Form 1120-POL for this year?	1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	, · · ·		
	(1) On the foundation >\$ NONE (2) On foundation managers >\$ NONE	1.50	,	
е	Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on	^% ·	,	
	foundation managers ▶\$ NONE	. 3		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities	4, 1	,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> X</u>
	If "Yes," attach the statement required by General Instruction T	V 17	52.	**
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		V ** 55	
	By language in the governing instrument, or		* /	- **
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1 3	^	*
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	e 3		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	Egent ~		****
	or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If			
	"Yes," complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	

	13-7154951,			age 3
Par	t VII-A Statements Regarding Activities (continued)			
1 1a	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 page 20 of the instructions)	11a		Х
b	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest,	- 1		
	rents, royalties, and annuities described in the attachment for line 11a?	11b	N	A
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?			X
		13	x	
	Website address ►N_A			
14	The books are in care of ▶ HERTZ HERSON & CO., LLC Telephone no ▶			
• •	Located at ►477 MADISON AVENUE NEW YORK, NY ZIP+4 ► 10022			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-F in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year			Ш
Par	t 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	Nο
12	During the year did the foundation (either directly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(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? Yes X No			
	(c) I shake goods, ost traditions to (or descript them noting a disquarities person.			
	(4) Pay compensation to, or pay or reimburse the expenses 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)			
		Ì		
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.		70.
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b	N/	<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			v
_	were not corrected before the first day of the tax year beginning in 2007?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	,		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2007, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2007?	24		
		ļ.		
_	If "Yes," list the years			*
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	۵.		_
	to all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b	N/	<u>A</u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	200	,	*
_		# 1	~	1
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 2007 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	· .		
	foundation had excess business holdings in 2007)	3 b	N/	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4 a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	\	.	,
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007?	4b		X

(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			J	NONE

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig and Contractors (continued)	hly Paid Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instr	uctions). If none, enter "NONE."
	pe of service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
Summary of Direct Chamable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as of organizations and other beneficianes served, conferences convened, research papers produced, etc.	the number Expenses
1_N/A	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
~	
Total. Add lines 1 through 3	<u>.</u>

	13-7134931		
Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	44,491.
b	Average of monthly cash balances	1b	4,741.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	NONE
d		1d	49,232.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	NONE
3	Subtract line 2 from line 1d	3	49,232.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		13/232.
-	of the instructions)	4	738.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	48,494.
6	Minimum investment return. Enter 5% of line 5	6	2,425.
حت	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ate operating	2,425.
1 4	foundations and certain foreign organizations check here and do not complete this		
1	Minimum investment return from Part X, line 6	1	2,425.
2 a	Tax on investment income for 2007 from Part VI, line 5 2a 158.		
b	Income tax for 2007 (This does not include the tax from Part VI) 2b		
Ç	Add lines 2a and 2b	2c	158.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,267.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,267.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2,267.
Рa	art XII Qualifying Distributions (see page 26 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	14,098.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		NONE
-	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		NONE
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cook distribution toot (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE 14,098.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		14,030.
J	Enter 10/ of Bort Livro 27h (and page 26 of the instructions)	5	150
c	Adjusted qualifying distributions. Subtract line 5 from line 4	6	158.
6		<u> </u>	13,940.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	aner me roundation	

_	n 990-PF (2007) I rt XIII Undistributed Income (see page 26	of the instruction		4951	Page 9
1	Distributable amount for 2007 from Part XI,	(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
•	line 7		The state of the s	2000	2,267.
2	Undistributed income, if any, as of the end of 2006				2,201.
	Enter amount for 2006 only			NONE	
	Total for pnor years 2005		NONE		
3	Excess distributions carryover, if any, to 2007			***	
а	From 2002 NONE				
b	From 2003 NONE	į			
С	From 2004 8,635.			}	
d	From 2005				
е	From 2006				
	Total of lines 3a through e	10,148.			
4	Qualifying distributions for 2007 from Part XII,				
	line 4 ▶ \$14,098.				
а	Applied to 2006, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election required - see page 27 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 27 of the instructions)	2,267.			
d	Applied to 2007 distributable amount				2,267.
	Remaining amount distributed out of corpus	9,564.			
5	Excess distributions carryover applied to 2007				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
		21 070			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,979.			
b	Prior years' undistributed income Subtract line 4b from line 2b		NONE		
c	Enter the amount of prior years' undistributed		HONE		
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions		NONE		<u></u>
е	Undistributed income for 2006. Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions	<u> </u>		NONE	
f	Undistributed income for 2007 Subtract lines 4d and 5 from line 1 This amount must be	}			
7	Amounts treated as distributions out of corpus				NONE
7	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2002 not applied on line 5 or line 7 (see page 27 of the instructions)	NONE			
9	Excess distributions carryover to 2008.				
-	Subtract lines 7 and 8 from line 6a	21,979.			
10	Analysis of line 9				
	Excess from 2003 NONE				
b	Excess from 2004 6, 368.		ļ		
c	Excess from 2005		İ		
d	Excess from 2006	j			
e	Excess from 2007 14,098.				

Pa	rt XIV Private Opei	rating Foundations	(see page 27 of the	instructions and P	art VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or o	determination letter tha	t it is a private ope	erating	
	foundation, and the rulin	g is effective for 2007, e	enter the date of the ruling			
b	Check box to indicate wh	nether the foundation is a	a private operating found	ation described in section Prior 3 years	on 4942	(j)(3) or 4942(j)(5)
2 a		(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
	justed net income from Part I or the minimum investment		(0) 2000	(6) 2005	(4) 2004	
	return from Part X for each year listed				ļ	
b	85% of line 2a					
c	Qualifying distributions from Part XII line 4 for each year listed					
d	Amounts included in line 2c not	ļ	 			
	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a b, or c for the alternative test relied upon "Assets" alternative test - enter					j L
_	(1) Value of all assets					
	(2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					-
	port from an exempt organization					
	(4) Gross investment income					
Pa					ion had \$5,000 or m	ore in assets at any
_		_ 	e 28 of the instruction	ons.)		
1	Information Regardin List any managers of	-		a than 20/ of the to	tal aantributiana raasi	and by the foundation
а	before the close of any					
	MRS. MAY	r. skinner				
ь	List any managers of	the foundation who	own 10% or more of	the stock of a cor	poration (or an equall	y large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greate	er interest	
	/-					
2	N/A Information Regardin	a Contribution, Gran	t. Gift. Loan. Scholarsh	nip. etc Programs:		
	Check here ▶ X If t			-	ritable organizations	and does not accept
	unsolicited requests forganizations under ot	for funds If the foun	idation makes gifts, g	rants, etc (see pag	ge 28 of the instruction	ons) to individuals or
a	The name, address, a				be addressed	
	The form in which app	olications should be su	ibmitted and information	on and materials the	ey should include	
С	Any submission deadle	ines				
	Any restrictions or li	mitations on awards	such as by deodra	aphical areas chari	table fields kinds of	institutions or other
•	factors.		,		terior incide, kinds of	

3 Grants and Contributions Paid Durin	g the Year or Appro	oved for Fi	uture Payment	
Recipient	If recipient is an individual,	Foundation status of		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE STATEMENT 10				
			•	
		1		
		:		
	<u> </u>			
	1			
Total	<u></u>	· · · · · ·	▶ 3a	13,300.
b Approved for future payment				
		}		
		ļ		
	1			
		<u></u>		
Total	<u> </u>	<u></u>	▶ 3b	<u></u>

	amounts unless otherwise indicated		ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
⊃rogram	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a -						
,						
;						······································
ı						
-						
Fees	and contracts from government agencies					
Member	ship dues and assessments					
	on savings and temporary cash investments			14	163.	
	ds and interest from securities			14	855.	
	al income or (loss) from real estate					
	t-financed property					
	debt-financed property					······································
	vestment income					
	loss) from sales of assets other than inventory			18	-1,450.	
	ome or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	10	17.30.	
	rofit or (loss) from sales of inventory					
•	venue a					<u> </u>
:						
<u> </u>			· · · · · · · · · · · · · · · · · · ·			
e						<u> </u>
	Add columns (b), (d), and (e)				-432.	
Subtotal Fotal. A	dd line 12, columns (b), (d), and (e) . heet in line 13 instructions on page 29 Refationship of Activities	to verify calcu	lations) complishment of E	xempt Purp	oses	
Subtotal Fotal. Ac worksl	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E	ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Fotal. And worksl rt XVI- ne No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29. Relationship of Activities Explain below how each activities accomplishment of the form	to verify calculate to the Accusty for which	lations) complishment of E th income is reporte exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed importantl

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2007)
Part XVII

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									Yes	No	
а	Trans	fers from the reporting fo	oundation to a no	oncharitable exempt or	ganization of						ĺ
	(1) Ca	ash							1a(1)		X
		ther assets							1		_X_
b	Other	transactions									
	(1) Sa	ales of assets to a nonch	arıtable exempt o	rganization					15(1)		Х
		urchases of assets from									Х
		ental of facilities, equipmi							1		Х
		eimbursement arrangeme									Х
		oans or loan guarantees									X
		erformance of services of							1		X
		ng of facilities, equipmen							1c		X
۰											
a		answer to any of the ab					_				
		assets, or services given	•	-			than fair ma	irket value in any tra	nsactio	n or s	naring
	arrang	gement, show in column (d) the value of th	e goods, other assets,	or services r	eceived					
		г 									
(a) L	ine no	(b) Amount involved	(c) Name of r	oncharitable exempt org	anization		ription of transf	ers, transactions, and sha	nng arra	ngeme	nts
		N/A				N/A		· - · · · · · · · · · · · · · · · · · ·			
	-										
						·					
			· · · <u> </u>				•				
									·	-	
											
											
					_ .						
)- Ab		and another office	lad with as solated							
2 a		foundation directly or							$\Box_{\mathcal{A}}$	[J.,.
_		n 501(c) of the Code (oth		or in section	152//			• • • • • • • • • •	46	.s. <u>X</u>	Л ио
b	_It "Yes	s," complete the following		(h) Tuno of				(a) December of relation	- h		
	·	(a) Name of organization	<u> </u>	(b) Type of o	Diganization		<u>'</u>	(c) Description of relation	Snip		
											
					· 						
				 							
				 				_ 			
- }		penalties of perjury, I declar it is true, correct, and comp									
	bellel,	ν	, /	r proparor (other than t	uxpuyer or nac		1	mation of which prepare	, ilas ai	ily Kilo	meage
	<u> </u>	May 1. 8	kersen	-		12/16	112				
<u>و</u>	Şı	gnature of officer or trustee				Date		Title			
위			1	1.01	Date	•	0	Preparer's			
اڃ	,en >	Prepared A	_ ` 9	W lb	1./	. / .	Check if self-employe	ed (See Signat		page 30	of the
Sign Here	arer. Only	Preparer's signature	Ing!	Sopre	10/1	1/12	S.I.Ipioy	Pan	106	84	4
	Pald Preparer's Use Only	Firm's name (or yours if	HERTZ,	HERSON & CON	MPANY, L	T.P	•	EN ► 13-5676	ر کی ہ 113	<u>~ </u>	
	Ęž	self-employed), address,		DISON AVENUE	<u></u> <u></u>		 -		<u> </u>		
		and ZIP code	NEW YO			100	22	Phone no			
1		<u> </u>	NEW IO	INI, INI		100.	44		om 99	n_DF	/20071

Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

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

OMB No 1545-0047

2007

Employer identification number

THE DAVID B AND MA	AY T SKINNER FOUNDAT:	ION INC	13-7154951
Organization type (check of	one)		113-7134931
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter	number) organization	
	4947(a)(1) nonex	cempt charitable trust not treated as a	private foundation
	527 political orga	anization	
Form 990-PF	X 501(c)(3) exempt	t private foundation	
	4947(a)(1) nonex	empt charitable trust treated as a priv	vate foundation
	501(c)(3) taxable	private foundation	
General Rule - X For organizations		nd a Special Rule - see instructions) 990-PF that received, during the year, Parts I and II)	\$5,000 or more (in money or
Special Rules -	y che contributer (complete)	, and , and , ,	
under sections 50	9(a)(1)/170(b)(1)(A)(vi), and r	n 990, or Form 990-EZ, that met the 33 received from any one contributor, du 1 of these forms (Complete Parts I and	ring the year, a contribution of the
during the year, a	ggregate contributions or beq	on filing Form 990, or Form 990-EZ, th quests of more than \$1,000 for use <i>exc</i> the prevention of cruelty to children or	clusively for religious, charitable,
during the year, s not aggregate to the year for an ex applies to this org	ome contributions for use exclimore than \$1,000 (If this box clusively religious, charitable, or anization because it received	on filing Form 990, or Form 990-EZ, th lusively for religious, charitable, etc, p c is checked, enter here the total contr etc, purpose Do not complete any of I nonexclusively religious, charitable, e	ourposes, but these contributions did abutions that were received during the Parts unless the General Rule
-		ral Rule and/or the Special Rules do no heading of their Form 990, Form 990-E.	· · · · · · · · · · · · · · · · · · ·
•		ments of Schedule B (Form 990, 990-E.	•
For Paperwork Reduction Act No	otice, see the Instructions		Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

for Form 990, Form 990-EZ, and Form 990-PF.

of Part I

Name of organization THE DAVID B AND MAY T SKINNER FOUNDATION INC

Employer identification number 13-7154951

Part I	Contributors (See S	pecific I	nstructions)
			P		,

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	MAY T SKINNER 79 EAST 79TH STREET NEW YORK, NY 10075	\$ 33,232.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll
			Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(Complete Part II if there is
		(c)	(Complete Part II if there is a noncash contribution) (d)
		(c) Aggregate contributions	(Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

of Part II

Name of organization THE DAVID B AND MAY T SKINNER FOUNDATION INC

Employer identification number

13-7154951

art 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
1	800 SHS QUALCOMM INC		
		\$\$	10/30/2007
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\\$	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	APITAL GA	INS AND LO	DSSES FOR	RIAXON	INVESI	M	ENT INCOM	<u>n</u> ∟
Kınd of Property			Desci	ription		OL L		Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	뀓	Gain	
price less	allowed/	other	as of	as of	FMV over	1	or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	\perp	(loss)	
		TOTAL CAPIT	AL GAIN DIS	TRIBUTIONS			1,857.	
		400 SHS QUA	LCOMM INC			D	09/15/2001	11/09/2007
		PROPERTY TY		TES		1	03/13/2001	11/03/2007
14,962.		8,976.	LL. OBCORT	115			5,986.	
14, 502.		0,970.					3,900.	
		400 SHS QUA	LCOMM INC			D	01/24/2003	11/09/2007
		PROPERTY TY		IES			1-, 21, -11	,,
14,962.		7,464.		-			7,498.	
•							,	
OTAL GAIN(LO	oss)		<i></i>				15,341.	1
							========	
						1		
	•							
							•	
								ļ
		1						
SA .		<u> </u>		<u></u>		\perp	l	<u></u>

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	163.
REVENUE AND EXPENSES PER BOOKS	163.
	TOTAL
DESCRIPTION	RMA GOVERNMENT PORTFOLIO

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	855. 855. 855.
REVENUE AND EXPENSES PER BOOKS	855.
	TOTAL
DESCRIPTION	UBS GLOBAL ALLOCATION FUND

~

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	 	591.
ADJUSTED NET INCOME		NONE
NET INVESTMENT INCOME	591.	591.
REVENUE AND EXPENSES PER BOOKS	1,182.	1,182.
		TOTALS
DESCRIPTION	ACCOUNTANT FEE	

ന

FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION

FEDERAL EXCISE TAX

37.

TOTALS

37.

- OTHER EXPENSES FORM 990PF, PART I

EL V	25. 32. 150. 207.	
REVENUE AND EXPENSES PER BOOKS	25. 32. 150. TOTALS	
DESCRIPTION	NY STATE FILING FEE STATUTORY ADVERTISEMENT ANNUAL ACCOUNT FEE	

Ŋ

STATEMENT

- CORPORATE STOCK FORM 990PF, PART II

ENDING BOOK VALUE	40,775.	40,775.
DESCRIPTION	UBS GLOBAL ALLOCATION FUND	TOTALS

ENDING	FMV	!	41,727.	41,727	
ENDING	BOOK VALUE	 	40,775.	40,775.	

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

DIRECT PUBLIC SUPPORT	33,232.
DATE	10/30/2007
NAME AND ADDRESS	MAY T SKINNER 79 EAST 79TH STREET NEW YORK, NY 10075

33,232.

TOTAL CONTRIBUTION AMOUNTS

ω

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MAY T SKINNER 79 EAST 79TH STREET NEW YORK, NY 10075	PRESIDENT	NONE	NONE	NONE
CARISE B SKINNER 1647 DAVES AVE MOSCOW, ID 83843	SECRETARY-TREASURER	NONE	NONE	NONE
LINDA S CALLANS, MD 349 CALVERT ROAD MERION, PA 19066	DIRECTOR	NONE	NONE	NONE
KRISTIN A SKINNER, MD 22 W. 26TH STREET NEW YORK, NY 10010	DIRECTOR	NONE	NONE	NONE
MARGARET L SKINNER, MD 1505 CLARK SOUND CHARLESTON, SC 29412	DIRECTOR	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

z
Æ

FOUNDATION STATUS OF RECIPIENT

•	AMOUNT	1 1 1
	PURPOSE OF GRANT OR CONTRIBUTION	

1,000.

500.

5,000.

NEW YORK ACADEMY OF MEDICINE NEW YORK, NY 10016 NEW YORK, NY 10029 1216 5TH AVENUE 2 PARK AVENUE

UNITED WAY OF NEW YORK CITY

RECIPIENT NAME AND ADDRESS

FIFTH AVENUE PRESBYTARIAN CHURCH 7 WEST 55TH STREET

METROPOLITAN MUSEUM OF ART NEW YORK, NY 10019

THE METROPOLITAN OPERA NEW YORK, NY 10028 NEW YORK, NY 10023 1000 5TH AVE LINCOLN PLZ

EAST SETAUKET, NY 11733 201 OLD TOWN ROAD LAUREL SCHOOL

350 FIFTH AVENUE SUITE 430 BSA GREATER NY COUNCIL NEW YORK, NY 10118

1,800.

4,000.

500.

500.

350 FIFTH AVENUE, SUITE 430, NEW YORK, NY 10118

STATEMENT 10

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

13,300.

30

STATEMENT 11

29Y1R4 1579 11/07/2011 10:54:47 V07-8.7 8873

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2007

	<pre>:HE DAVID B AND MAY T SKINNER : Form 5227 filers need to complete only Page 1</pre>		N INC		13-71549	51	
Par			Held One Yea	r or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 40 or instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a	protected at 2 day	(, 44), 1. /			With dealons,		00011001 (0) 11011 (0)
							
							·
····							
b	Enter the short-term gain or (loss), if any, f	rom Schedule D	1-1, line 1b			1b	
2	Short-term capital gain or (loss) from Form	ıs 4684, 6252,	6781, and 8824			2	
3	Net short-term gain or (loss) from partners					_	
4	Short-term capital loss carryover Enter the					3	· · · · · · · · · · · · · · · · · · ·
	Carryover Worksheet					4	(
5	Net short-term gain or (loss). Combine line column (3) on the back	es 1a through 4	· ın column (f) E	nter here and on lir	ne 13,	5	
Par					• • • • • •		*-
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 40 or instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
	in the second se			10.7-1			
		1					
b	Enter the long-term gain or (loss), if any, from	om Schedule D-	1, line 6b	• • • • • • • • • • •		6b	13,484.
7	Long-term capital gain or (loss) from Form	s 2439, 4684,	6252, 6781, and	8824		7	
8	Net long-term gain or (loss) from partnersh	nips, S corporat	ions, and other es	states or trusts		8	
9	Capital gain distributions			• • • • • • • • •		9	1,857.
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter the	amount, if any	, from line 14 of	the 2006 Capital Lo	ss		·
12	Carryover Worksheet			nter here and on li		11	(
	column (3) on the back		· · · · · · · · · · · · · · · · · · ·			12	15,341.
Enr C	Panerwork Reduction Act Notice see the Instru	ctions for Form 1	041			hadul	D (Form 1041) 200

Schedule D (I	form 1	0411	2007

_		_	•
μ	ഷ	е	7

Par	Summary of Parts I and II Caution: Read the instructions before completing this pa	rt	(1) Beneficiaries' (see page 41)	(2) Estate or trust		(3) Total
13	Net short-term gain or (loss)	13				
14	Net long-term gain or (loss):					
а	Total for year	14a			-	15,341.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b				
	28% rate gain	14c				
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15				15,341.
Note to Pa	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fort V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	rm 990 Part IV a	-T, Part I, line 4a) If line and the Capital Loss Ca l	es 14a and 15, Tyover Worksh	column (2) eet, as ned), are net gains, go æssary
Par	t IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, III	ne 4c, if a trust), the sr	naller of		
a Note <i>Cany</i> i	The loss on line 15, column (3) or b \$3,000. If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag over Worksheet on page 42 of the instructions to figure your capital loss carryov	 le 1, lin ler	e 22 (or Form 990-T, I	ne 34), is a los	6 (s, comple	te the Capital Loss
Par	Tax Computation Using Maximum Capital Gains Rates					
there Caut En Bo Form of Fo	1041 filers. Complete this part only if both lines 14a and 15 in columns an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more iton: Skip this part and complete the worksheet on page 43 of the instruction of the file 14b, col (2) or line 14c, col (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero in 990-T trusts. Complete this part only if both lines 14a and 15 are firm 990-T, and Form 990-T, line 34, is more than zero. Skip this part r line 14b, col (2) or line 14c, col (2) is more than zero.	re thar ructions re gain	azero s if s, or qualified divide	ends are incl	luded in i	income in Part I
17	Enter tayable income from Form 1041, line 22 for Form 000 T line 2		17			
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	54)				
	Enter the smaller of line 14a or 15 in column (2) but not less than zero					
	but not less than zero					
	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part Lot Form 990.7)					
	dividends included in income in act of our 550-17.		-			
	Add lines to drie to the transfer of the trans					
	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0 ▶ 21					
	Subtract line 21 from line 20. If zero or less, enter -0		22	Ţ		
	Subtract line 22 from line 17 If zero or less, enter -0		23			
	Subtract line 22 from title 17 fr 2010 of less, enter -0	• • • •	• • • • • • • • • • • • • • • • • • • •			
24	Enter the smaller of the amount on line 17 or \$2,150		24			
	Is the amount on line 23 equal to or more than the amount on line 24	 ?	•			
	Yes. Skip lines 25 through 27, go to line 28 and check the "No"			į		
	No. Enter the amount from line 23		. 25			
26	Subtract line 25 from line 24					
	Multiply line 26 by 5% (05)		• — — — — — — — — — — — — — — — — — — —	2	27	
28	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 28 thru 31, go to line 32 No. Enter the smaller of line 17 or lin	ne 22	28		- 1	
	_		_			
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 29			
	Subtract line 29 from line 28					
31	Multiply line 30 by 15% (15)			3	11	
32	Figure the tax on the amount on line 23 Use the 2007 Tax R	ate So	chedule on page 2	7 of the		-
	instructions			3	2	
33	Add lines 27, 31, and 32			3	3	
34	Figure the tax on the amount on line 17. Use the 2007 Tax R	ate So	chedule on page 2	7 of the		
	instructions				4	
	Tax on all taxable income. Enter the smaller of line 33 or l					
	Schedule G, Form 1041 (or line 36 of Form 990-T)			3	5	

Schedule D (Form 1041) 2007

Name of estate or trust as shown on Form 1041 Do	not enter name and emp	loyer identification numb	er if shown on the other side	Employer identif	ication number
THE DAVID B AND MAY T SKI	NNER FOUNDATION	ON INC		13-715495	1
art II Long-Term Capital Gains and Losses - Assets Held More Than One Year					
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a					
400 SHS QUALCOMM INC	09/15/2001	11/09/2007	14,962.	<u>8,976.</u>	5,986.
400 SHS QUALCOMM INC	01/24/2003	11/09/2007	14,962.	7,464.	7,498.
	 				
					!

		-		<u></u>	
6h Total Combine the amounts in column	n (f) Enter here and	d on Schodulo D. Iv	ne 6h		12 404
6b. Total. Combine the amounts in column	ir (i) Linter Here and	a on Scriedule D, III	16 00	Schedule	D-1 (Form 1041) 2007

FEDERAL FOOTNOTES

PART XIII, LINE 4(C) STATEMENT: PURSUANT TO SECTION 4942 (H) (2) OF THE INTERNAL REVENUE CODE, THE FOUNDATION HEREWITH ELECTS TO TREAT THE QUALIFYING DISTRIBUTIONS FOR 2007 AS HAVING BEEN MADE OUT OF CORPUS.

FEDERAL FOOTNOTES _____

RETURN IS AMENDED TO INCORPORATE UBS FINANCIAL SERVICES INC. ACCOUNT UT-07505-KK, OMITTED FROM THE RETURN AS ORIGINALLY FILED.

35