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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A 1	or the 2	2007 calendar year, or tax year beginning	and er	nding	•	
В	Check if	Please C Name of organization			D Employer	identification number
	applicable	use IRS HENRY WALTERS FOR WALTERS ART O	SALLER	Y.	ľ	
	Addres change	s label or print or ENDOWMENT FUND			52-6	<u>021290</u>
	Name change	type Number and street (or P.O. box if mail is not delivered to street add	dress)	Room/suite	E Telephone	number
	Initial return	Specific PNC BANK 620 LIBERTY AVENUE		<u> 10THFI</u>	412-	762-7941
	Termin- ation	tions City of town, State of Country, and Zir + 4				ethod X Cash Accrual
	Amend- return	PITTSBURGH, PA 15222		,	Other (specify	· >
	Applica Pendini	a couldn' of italian and italian in italian in italian in italian ita	e trusts	H and I are not app	licable to sed	ction 527 organizations
		must attach a completed Schedule A (Form 990 or 990-EZ)		H(a) Is this a group	return for affili	ates? Yes X No
G \	<u>Nebsite</u>	. > NA		H(b) If "Yes," enter n	umber of affilia	ates▶ <u>N/A</u>
1 (Organiza	Ition type (check only one) \blacktriangleright 501(c) () \blacktriangleleft (insert no.) \mathbf{X} 4947(a)(1) o	or 527			N/AYesNo
K (Check he	ere $ ightharpoonup$ if the organization is not a 509(a)(3) supporting organization $f and$ its	s gross	(If "No," attach a		ov an or
		are normally not more than \$25,000. A return is not required, but if the organizat	ion	ganization cove		
(thooses	to file a return, be sure to file a complete return.		I Group Exemption		N/A
						ation is not required to attach
		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 26,893	<u>,785.</u>	Sch. B (Form 9	90, 990-EZ, or	990-PF).
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fu	und Bala	inces		
	1	Contributions, gifts, grants, and similar amounts received:	1	ı		
	а	Contributions to donor advised funds	<u>1a</u>			
	b	Direct public support (not included on line 1a)	1b			
	C	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ nonca	ash \$		_) <u>1e</u>	0.
	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 westments			4	
	5	Dividends and interest from securities	1	1	5_	1,128,625.
	6 a	Gross rents	6a			
	Ь	Less: rental expenses	6b	l		
ē	C	Net rental income or (loss). Subtract line 6b from line 6a			6c	
Revenue	7	Other investment income (describe	· · · · · ·) 7	
ě	8 a	Gross amount from sales of assets other (A) Securities		(B) Other		
_		than inventory 25, 765, 16				
	b	Less; cost or other basis and sales expenses 22, 277, 85				
_	C	Gain or (loss) (attach schedule) 3, 487, 30				
3	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1			<u>8d</u>	3,487,301.
7	9	Special events and activities (attach schedule). If any amount is from gaming, or		>		
6 3	a	Gross revenue (not including \$ of contributions reported on line 1b)	f f			
=	b	Less: direct expenses other than fundraising expenses	9b	L.,		
AUG	C	Net income or (loss) from special events. Subtract line 9b from line 9a	1	1	9c	
⋖	10 a	Gross sales of inventory, less returns and allowances	10a	<u> </u>		
2	b	Less: cost of goods sold	10b			
<u>u</u>	C C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 16	Ub from line	10a	10c	
Z	11	Other revenue (from Part VII, line 103)			11	4 615 026
<u> </u>	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	4,615,926.
NS.	13	Program services (from line 44, column (B))			13	1,475,958.
Expenses	14	Management and general (from line 44, column (C))			14	121,231.
xpe	15	Fundraising (from line 44, column (D))			15	
ú	16	Payments to affiliates (attach schedule)			16	1 507 100
	17	Total expenses Add lines 16 and 44, column (A)			17	1,597,189.
1,5	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	3,018,737.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in not assets or fund balances (attach exploration)	ממט	COLD DESTRUCTION	19	27,876,151.
ĕ		Other changes in net assets or fund balances (attach explanation)	SEE	STATEMENT		-61,855.
7230 12-2	21 01	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	. !4"		21	30,833,033.
12-2	7-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	e instructi			Form 990 (2007)

Form,990 (2007) ENDOWMENT FUND

52-6021290

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Part I				'(a)(1) nonexempt charitab	d (D) are required for section le trusts but optional for othe	
Do 1	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	•	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grar	nts paid from donor advised funds					
(atta	ch schedule)	_				
(cash	\$ 0 • noncash \$	<u></u> ;				
If this	amount includes foreign grants, check here	·		· · · · · · · · · · · · · · · · · · ·		
	er grants and allocations (attach sch	edule)			STATEMENT 3	
•	\$1475958 • noncash \$	0.1	1 455 050	4 455 050		
	amount includes foreign grants, check here	·	1,475,958.	1,475,958.	{	
	cific assistance to individuals (attach					
	edule)	23			-	
	efits paid to or for members (attach					
	edule)	24				·····
	pensation of current officers, directors, k	1	0.071	0	06 071	0
-	oyees, etc. listed in Part V-A	25a	96,071.	0.	96,071.	0.
	pensation of former officers, directors, ke			0.	0.	0.
•	loyees, etc. listed in Part V-B	25b	0.		0.	<u>U.</u>
	pensation and other distributions, not inc					
	e, to disqualified persons (as defined und	I .				
	on 4958(f)(1)) and persons described in	I				
	on 4958(c)(3)(B)	250				
	ries and wages of employees not	0.0				
	ided on lines 25a, b, and c	26				
	sion plan contributions not included					
	s 25a, b, and c	27				
25 Emp	oloyee benefits not included on lines	28				
	roll taxes	29		· - · · · · · · · · · · · · · · ·		
,	essional fundraising fees	30				
	ounting fees	31				
32 Lega	-	32				
33 Sup		33				
34 Tele		34				······································
	tage and shipping	35				
36 Occ		36				
	pment rental and maintenance	37				
	ting and publications	38				
39 Trav		39	· 			
	ferences, conventions, and meeting			-		
41 Inter	, ,	41	T	<u> </u>		
42 Dep	reciation, depletion, etc. (attach sched					
-	er expenses not covered above (iten	· -				
a AC	CRUED INTEREST	432	16,360.		16,360.	
ь AR	CHSTONE INVESTMENT	431	7			
c MA	NAGEMENT FEE	430	8,800.		8,800.	
d		430	1			
e		436	,			
		431				
g		430	1			
44 Tota	I functional expenses. Add lines 22a thr					
43g.	(Organizations completing columns (B)-	(D),				
carry	these totals to lines 13-15)	44	1,597,189.	1,475,958.	121,231.	0.
Joint Co	osts. Check 🕨 🔲 ıf you are folk	owing SO	P 98-2			
	oint costs from a combined educational c					Yes X No
If "Yes," e	nter (i) the aggregate amount of these jo	int costs \$			Program services \$	<u>N/A</u> ;
(iii) the a	mount allocated to Management and gen	ieral \$	N/A ; and	(iv) the amount allocated to	o Fundraising \$	N/A

return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form,990 (2007) ENDOWMENT FUND

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Form **990** (2007)

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

	at is the organization's primary exempt purpose?	Program Service
All d	O PROVIDE SUPPORT FOR THE WALTERS ART GALLERY organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	WALTERS ART GALLERY	
	(Grants and allocations \$ 1,475,958.) If this amount includes foreign grants, check here ▶ □	1,475,958.
b		
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
_	(Grants and allocations \$) If this amount includes foreign grants, check here Definition of the program services (attach schedule)	
C	(Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1.475.958.

Page 4

Part IV Balance Sheets (See the instructions) Note: Where required, attached schedules and amounts within the description column (A) (B) should be for end-of-year amounts only. Beginning of year End of year 45 45 Cash - non-interest-bearing 259,080. 348,840. 46 46 Savings and temporary cash investments 47a 47 a Accounts receivable b Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less allowance for doubtful accounts 48b 48c 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and 50a key employees b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51a 51 a Other notes and loans receivable b Less: allowance for doubtful accounts 51b 51c 52 52 Inventories for sale or use Prepaid expenses and deferred charges 53 54 a Investments - publicly-traded securities STMT 5 ► X Cost 23,225,946. 26,321,706. FMV 54a STMT 4 ► X Cost 4,391,125. 4,162,487. FMV b Investments - other securities 55 a Investments - land, buildings, and 55a equipment basis 55b 55c b Less accumulated depreciation 56 56 Investments - other 57a 57 a Land, buildings, and equipment basis 57b 57c b Less: accumulated depreciation Other assets, including program-related investments 58 (describe ▶ 58 27,876,151 30,833,033 Total assets (must equal line 74) Add lines 45 through 58 59 60 Accounts payable and accrued expenses 60 61 61 Grants payable 62 Deferred revenue 62 Labilities Loans from officers, directors, trustees, and key employees 63 64a 64 a Tax-exempt bond liabilities b Mortgages and other notes payable 64b 65 65 Other liabilities (describe О. 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here ▶ ↓ __ and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 67 67 Unrestricted 68 68 Temporarily restricted 69 69 Permanently restricted Organizations that do not follow SFAS 117, check here

X and complete lines 70 through 74 27,876,151. 30,833,033. Capital stock, trust principal, or current funds 70 70 Ο. 0. 71 71 Paid-in or capital surplus, or land, building, and equipment fund 0. 72 0. 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 27,876,151. 30,833,033. (Column (A) must equal line 19 and column (B) must equal line 21) 73 27,876,151. 30,833,033. 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 74

HENRY WALTERS FOR WALTERS ART GALLERY 52-6021290 Page 5 Form, 990 (2007) ENDOWMENT FUND

	instructions.)					NT / A
a	Total revenue, gains, and other support per audited financial stateme	nis		-	<u>a</u>	N/A
	Amounts included on line a but not on Part I, line 12	1.	41			
1		<u> -</u>	01			
	Donated services and use of facilities	F	02			
	, , ,	<u> -</u>	3			
4	Other (specify):	<u>_</u>	04			
	Add lines b1 through b4			-	b	
	Subtract line b from line a			-	<u> </u>	
d	Amounts included on Part I, line 12, but not on line a:	1	1			
1	Investment expenses not included on Part I, line 6b	F	<u> </u>			
2	Other (specify):		12			
	Add lines d1 and d2			_	d	
	Total revenue (Part I, line 12) Add lines c and d				e	
Pa	art IV-B Reconciliation of Expenses per Audited Financier	ancial Statements W	ith Expenses	per H	Return	
a	Total expenses and losses per audited financial statements			}	а	N/A
b	Amounts included on line a but not on Part I, line 17.	1	.1	1		
1	Donated services and use of facilities	F-	01			
2	Prior year adjustments reported on Part I, line 20	<u> </u>	02			
3	Losses reported on Part I, line 20	<u> t</u>	3			
4	Other (specify):	[b	04			
	Add lines b1 through b4			1	b	
C	Subtract line b from line a			L	С	
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b	d	l 1			
2	Other (specify).	[d	12			
	Add lines d1 and d2				d	
е	Total expenses (Part I, line 17) Add lines c and d				е	
p.						
	art V-A Current Officers, Directors, Trustees, and Ke			s an off	icer, dırec	ctor, trustee,
	or key employee at any time during the year even if they we	ere not compensated.) (See	e the instructions)			
		(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Con	tributions to	(F) Eynense
	or key employee at any time during the year even if they we	re not compensated.) (See (B) Title and average hours per week devoted to position	(C) Compensation	(D) Con		(F) Eynense
P.N.	or key employee at any time during the year even if they we (A) Name and address IC_BANK	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Con	tributions to	(F) Eynense
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK	re not compensated.) (See (B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Con	tributions to	(F) Eynense
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 5 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
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PN 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
PN 2	or key employee at any time during the year even if they we (A) Name and address IC_BANK O_LIBERTY_AVENUE	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Con	tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances

HENRY WALTERS FOR WALTERS ART GALLERY Form 990 (2007) ENDOWMENT FUND 52-6021290 Page 6 Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board 0 meetings Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A. Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A. Part I. or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" Х 75c If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Part V-B Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (C) Compensation (D) Contributions to (E) Expense employee benefit plans & deferred (B) Loans and Advances (A) Name and address (if not paid, account and enter -0-) NONE other allowances Part VI Other Information (See the instructions) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed Х statement of each change 76 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 Х If "Yes," attach a conformed copy of the changes X 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a N/A 78b b If "Yes," has it filed a tax return on Form 990-T for this year? Х Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common

and check whether it is

_ exempt or _

81a

membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

X

Form **990** (2007)

80a

nonexempt

0

b If "Yes," enter the name of the organization

b Did the organization file Form 1120-POL for this year?

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

	990 (2007) ENDOWMENT FUND	52-6021	<u> 1290</u>		age
	t VI Other Information (continued)			Yes	N
2 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or a	t 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				
	(See instructions in Part III)	N/A	- 1		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	N/A	83a		<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		L.
4 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		Σ
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi	fts were not			
	tax deductible?	N/A	84b		
5 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization re-	eceived a			
	waiver for proxy tax owed for the prior year.				
C	Dues, assessments, and similar amounts from members	N/A	_		
d	Section 162(e) lobbying and political expenditures 85d	N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A]		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		L
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				ŀ
	following tax year?	N/A	85h		
3	501(c)(7) organizations Enter a Initiation fees and capital contributions included on				
	line 12 86a	N/A			
ь	Gross receipts, included on line 12, for public use of club facilities 86b	N/A	7		
,	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a	N/A	7		
	Gross income from other sources. (Do not net amounts due or paid to other sources	•	1		
_	against amounts due or received from them)	N/A			
3 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or part		1		
_	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 77				
	If "Yes," complete Part IX		88a		2
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the mean	ing of			
-	section 512(b)(13)? If "Yes," complete Part XI	Ĭ	- 88b		2
a a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under	_			
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/Z	1			
Ь	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit				
Ū	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	N/A	89b		
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	21,722	335		
٠	sections 4912, 4955, and 4958	0.			
	Enter Amount of tax on line 89c, above, reimbursed by the organization	0.			
d	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter trans		89e		
e	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract		89f		
†			031		广
8	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting		89g		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year	, 14 / tż	osy	l	ı
	List the states with which a copy of this return is filed NONE	001			
		90b	52 7	0.41	
1 a		► <u>412-7</u>			
	Located at ► 620 LIBERTY AVENUE, PITTSBURGH, PA	_ ZIP + 4 ▶ <u>:</u>	1544	∠ Yes	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority of			162	┢
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	t)?	91b		2
	If "Yes," enter the name of the foreign country N/A				
	0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1	I
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			1	

HENRY WALTERS FOR WALTERS ART GALLERY 52-6021290 Page 8 Form 990 (2007) ENDOWMENT FUND Part VI Other Information (continued) No 91c c At any time during the calendar year, did the organization maintain an office outside of the United States? N/A If "Yes," enter the name of the foreign country $\triangleright X$ Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 and enter the amount of tax-exempt interest received or accrued during the tax year 0. Part VII | Analysis of Income-Producing Activities (See the instructions) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (E) (A) (C) Related or exempt indicated Business code Amount Amount function income 93 Program service revenue f Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments Interest on savings and temporary cash investments 1,128,625 Dividends and interest from securities 96 97 Net rental income or (loss) from real estate a debt-financed property b not debt-financed property 98 Net rental income or (loss) from personal property Other investment income 100 Gain or (loss) from sales of assets 18 3,487,301. other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue 0. 4,615,926. 104 Subtotal (add columns (B), (D), and (E)) 4,615,926 105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

	/A)			Entities (See the instructi		
Name, addres partnershi	(A) s, and EIN of corporation, p, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-y assets	
		%				
	N/A	%				
		%				
		%				
Part X I	nformation Regard	ling Transfers Ass	ociated with Personal Be	nefit Contracts (See ti	he instructions.)	
(b) Did the or		pay premiums, directly or in	or indirectly, to pay premiums on a pendirectly, on a personal benefit contra actions)		Yes Yes	X No

52-6021290 Page 9 Form 990 (2007) ENDOWMENT FUND Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a Part XI controlling organization as defined in section 512(b)(13). N/A Yes No Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," 106 complete the schedule below for each controlled entity. (B) Employer (D) (C) Name, address, of each Description of Amount of Identification transfer controlled entity transfer Number а b C Totals Yes No Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," 107 complete the schedule below for each controlled entity (B) Employer Identification Number (C) (D) (A) Name, address, of each Description of Amount of controlled entity transfer transfer b C **Totals** Yes No Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officers) is based on all information of which preparer has any knowledge Please Sign Signature of of Date Here TAX OFFICER Type or print name and title Date Check if self-10/29/08 employed ▶ Preparer's SSN or PTIN (See Gen Inst X) Preparer's Paid signature JOSHUA DLUHOS P00645008 Preparer's Firm's name (or 22-1146430 EIN ▶ PNC BANK, N.A. yours if self-employed), Use Only TRUST TAX DEPARTMENT address, and ZIP + 4 Phone no. $\triangleright 412-768-5206$ PA 15222-2705

Form **990** (2007)

PITTSBURGH.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.)

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

OMB No 1545-0047

2007

Name of the organization HENRY	WALTERS FOR WALTERS	ART GALLERY		Employer identifi	cation number
	MENT FUND			52 60212	90
	of the Five Highest Paid Em		Officers, Dire	ctors, and Ti	rustees
	tructions. List each one. If there are none, e		r	I(d) Contributions to	(a) Evanges
(a) Name and address of more than \$		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		_			
					
		_			
			<u> </u>		
	-	1			
		_		1	
Total number of other ampleuses and					<u></u>
Total number of other employees paid over \$50,000	•	0			
	of the Five Highest Paid Ind		s for Profess	ional Service	es
	tructions. List each one (whether individual				
(a) Name and address	of each independent contractor paid more th	nan \$50,000	(b) Type of	service ((c) Compensation
					
NONE					
HOME					
Total number of others receiving over					
\$50,000 for professional services		0			
	of the Five Highest Paid Ind	•		ervices	
	who performed services other than professi e, enter "None." See page 2 of the instructio		iais ui		
			4)7 (
(a) Name and address (of each independent contractor paid more th	nan \$50,000	(b) Type of :	service	(c) Compensation
	~			1	
NONE					
					
					<u></u> -
	~				
Total number of other contractors		<u> </u>			
Total number of other contractors receives \$50,000 for other services	villy over	0			

Schedule A (Form 990 or 990-EZ) 2007 ENDOWMENT FUND 52-6021290 Page 2 Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? 2a X 2b b Lending of money or other extension of credit? Х c Furnishing of goods, services, or facilities? 2c STATEMENT 6 Х d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d e Transfer of any part of its income or assets? X 2e 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how X 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 c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3с d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g, If "No," complete lines 4f X 4a N/A b Did the organization make any taxable distributions under section 4966? 4b N/A c Did the organization make a distribution to a donor, donor advisor, or related person? 4c d Enter the total number of donor advised funds owned at the end of the tax year 0. e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on 0. 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 in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 ENDOWMENT FUND 52-6021290 Page 3 Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.) Part IV I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III). 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, 9 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). 10 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 11a Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 116 An organization that normally receives; (1) more than 33 1/3% of its support from contributions, membership fees, and gross 12 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 13 509(a)(3). Check the box that describes the type of supporting organization: Type III-Functionally Integrated X Type III-Other ____ Type I Type II Provide the following information about the supported organizations (See page 8 of the instructions.) (e) (c) (a) (b) Type of organization Name(s) of supported organization(s) **Employer** Is the supported Amount of identification (described in lines organization listed in support 5 through 12 above the supporting number (EIN) or (RC section) organization's governing documents? Yes No 52-6021290 |11A X 1,475,958. WALTERS ART GALLERY

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

1,475,958.

Total

. Sched	lule A (Form 990 or 990-EZ) 2007 E	NDOWMENT FU	IND			52-60	21290 Page 4
	t IV-A Support Schedule (C	omplete only if you ch	ecked a box on line 1	0, 11, or 12) Use cash g from the accrual to the	method of acc	ounting	NT / A
	dar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions	(4) 2000	(6) 2000	(0) 2001	(6) 2000		(c) Total
	received. (Do not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions,						
	merchandise sold or services performed, or furnishing of					}	
	facilities in any activity that is						
	related to the organization's charitable, etc., purpose						
18	Gross income from interest, divid-						
	ends, amounts received from pay-						
	512(a)(5)), rents, royalties, income from similar sources, 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 Tax revenues levied for the						
20	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 services						
	or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						100
23	Total of lines 15 through 22	0.	0.	0.		0.	0.
24	Line 23 minus line 17						
25	Enter 1% of line 23						77./7
26	Organizations described on lines 10 Prepare a list for your records to sho				- mantal	26a	N/A
b	unit or publicly supported organization			, , , , , , , , , , , , , , , , , , , ,			
	Do not file this list with your return.			oud the uniount dilewin in	b	26b	N/A
c	Total support for section 509(a)(1) to				>	26c	N/A
d	Add: Amounts from column (e) for li		19				
			26b)		26d	N/A
e	Public support (line 26c minus line 2		. !! 00- (4!			26e	N/A N/A %
27	Public support percentage (line 26) Organizations described on line 12:				disqualified person	26f	
	records to show the name of, and to						
	such amounts for each year:		,		•		
	(2006)	(2005)	(2	2004)	(200	3)	
b	For any amount included in line 17 th		•				
	and amount received for each year, t		• .,	•			=
	described in lines 5 through 11b, as the larger amount described in (1) or		-			sen me ann	ount received and
	(2006)	(2005)		2004)	(200	3)	
C	Add: Amounts from column (e) for la	` '		•	•		
	17	20				27c_	N/A
d	Add: Line 27a total		nd line 27b total			27d	N/A
e	Public support (line 27c total minus	•	00 column (1)	► azr	NT / 78	27e	N/A
ī	Total support for section 509(a)(2) to Public support percentage (line 276				N/A	27g	<u>N/A</u> %
g h	Investment income percentage (line	•	•	•		27h	N/A %
	nusual Grants: For an organization de				hrough 2006, prep		

show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2007 ENDOWMENT FUND

Private School Questionnaire (See page 9 of the instructions.)

52-6021290 Page 5

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 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 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 that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32 a 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 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?
 b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization discriminate by race in any way with respect to:

Students' rights or privileges?

Other extracurricular activities?

c Employment of faculty or administrative staff?

Scholarships or other financial assistance?

Admissions policies?

Educational policies?
Use of facilities?

Athletic programs?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2007

33a

33b

33c

334

33f

33a

33h

34a

34b

33

Schedule A (Form 990 or 990-EZ) 2007 ENDOWMENT FUND

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.)

52-6021290

Pai	nρ	R

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) If you checked "a" and "limited control" provisions apply. Check ► a if the organization belongs to an affiliated group. (a) (b) **Limits on Lobbying Expenditures** Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution. If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period N/A Calendar year (or (b) (e) (a) (c) (d) 2007 2006 2005 2004 Total fiscal year beginning in) 45 Lobbying nontaxable 0. amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying 0. expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No Amount influence public opinion on a legislative matter or referendum, through the use of: a Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h) Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body

Ο.

Schedule	A (Form 990 or 990-EZ) 200	7 ENDOWMENT FUND		<u>52-6</u>	02129	0	Page 7
Part				Relationships With Noncha	ritable		
		zations (See page 14 of the instri					
		lirectly or indirectly engage in any of t					
	• •	section 501(c)(3) organizations) or in	· · ·	litical organizations?	1	Yes	N 1-
		ganization to a noncharitable exempt	organization of:		51a(i)	res	No
	(i) Cash				a(ii)		X
	ii) Other assets ther transactions:				4(11)		_^_
		ets with a noncharitable exempt organ	nization		b(i)		_x
	•	a noncharitable exempt organization	112411011		b(ii)		X
	ii) Rental of facilities, equipme				b(iii)		X
	v) Reimbursement arrangeme				b(iv)		Х
	v) Loans or loan guarantees				b(v)		Х
	•	r membership or fundraising solicitati	ons		b(vi)		Х
c S	haring of facilities, equipment,	, mailing lists, other assets, or paid en	nployees		С		X
d If	the answer to any of the abov	e is "Yes," complete the following sch	edule. Column (b) should a	lways show the fair market value of the			
		s given by the reporting organization.	=				
tr	ansaction or sharing arrangen	nent, show in column (d) the value of	the goods, other assets, or			N/A	
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exe	empt organization	(d) Description of transfers, transactions, an	d sharing ar	rangen	nents
		 					
							_
							
							
52 a 19	the organization directly or ig	udirectly affiliated with or related to c	one or more tax-exempt org	anizations described in section 501(c) of th	е	-	
	ode (other than section 501(c)		ino or more tan enempre or g	▶ [Yes	X	No
	"Yes," complete the following						
	(a		(b)	(c)			
	Name of or	ganization	Type of organization	Description of relation	iship 		-
							-
							-
							
							
							=
							
			7				

FORM 990 GAIN (LOSS) F	ROM PUBLICLY I	RADED SECURIT	PIES S	TATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITITES LT CAPITAL GAIN DIVIDENDS ST CAPITAL GAIN DIVIDENDS	25,091,900. 586,825. 86,435.	22,277,859. 0. 0.	0. 0. 0.	2,814,041. 586,825. 86,435.
TO FORM 990, PART I, LINE 8	25,765,160.	22,277,859.	0.	3,487,301.
FORM 990 OTHER CHANGES	IN NET ASSETS	OR FUND BALF	ANCES S	TATEMENT 2
DESCRIPTION				AMOUNT
ADJUSTMENT TO CASH TRANSFERS BETWEEN ACCOUNTS				-87,751. 25,896.
TOTAL TO FORM 990, PART I, LI	NE 20			-61,855.

FORM 990 · ·	CASH (GRANTS AND AI TO OTHERS	LOCATIONS		STATEMENT	3
CLASS OF ACTIVITY/DONE	E'S NAME	E AND ADDRESS	3		AMOUNT	
UNRESTRICTED WALTERS ART GALLERY 600 NORTH CHARLES STREI BALTIMORE, MD 21201	ЗT		_		1,475,95	58.
TOTAL INCLUDED ON FORM	990, PA	ART II, LINE	22B		1,475,95	58.
FORM 990	O ^r .	THER SECURIT	ES		STATEMENT	4
SECURITY DESCRIPTION				COST/FMV	OTHER SECURITIES	5
MUTUAL FUNDS - FIXED MUTUAL FUNDS - EQUITY				COST COST	333,39 3,829,09	
TO FORM 990, LINE 54B,	COL B			=	4,162,4	87.
FORM 990	NON-0	GOVERNMENT SI	ECURITIES		STATEMENT	5
SECURITY DESCRIPTION CO	OST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI	
CORPORATE BONDS COMMON STOCK	COST	16,932,901.	9,388,805.		9,388,8	
TO FORM 990, LINE 54A,	COT. B	16,932,901.	9,388,805.		26,321,7	06.

SCHEDULE A EXPLANATION OF TRANSACTIONS PART III, LINE 2D

STATEMENT

FIDUCIARY COMPENSATION

EIN	NAME
52-6020419	IRREVOCABLE TRUST FOR THE BENEFIT OF CORPUS CHRISTI CHURCH
52-6020445	IRREVOCABLE TRUST FOR THE CATHOLIC ARCHIBISHOP OF BALTIMORE
52-6020446	IRREVOCABLE TRUST FOR THE BENEFIT OF ST AGNES HOSPITAL
52-6020528	ELIZA L JENKINS FOR CORPUS CHRISTI CHURCH
52-6021960	JOHN BYRD NORRIS ENDOWMENT
52-6022350	ELIZABETH C MEADE FOR ST JAMES CHRUCH
52-6022351	ELIZABETH C MEADE FOR LOUDON HOSPITAL INC
52-6022969	BETHANY METHODIST CHRUCH TRUST
52-6023760	ROBERT L WHITEFORD MEMORIAL TRUST
52-6020725	MARGARET V NEWCOMER
52-6096865	LOUISE C BOWLES FOR FORK UNION MILITARY ACADEMY
52-6020317	ANNA E WADE FOR CHURCH HOME AND HOSPITAL OF BALTIMORE
52-6020318	ANNA E WADE UNION MEMORIAL HOSPITAL
52-6020319	ANNA E WADE FOR WOODBOURNE, INC
	A E WADE FOR HOLY TRINITY PARISH OF CARROLL CO, MARYLAND
	MARTHA GWINN FOR PUBLIC SCHOOLS OF BALTIMORE CITY
	WILLIAM GILL AND FLORENCE S GILL-BARR
	GEORGEANNA S STANSBURY
	TRUST FBO TOME MEMORIAL METHODIST EPISCOPAL CHURCH
	G O ERB FOR PROVIDENT HOSPITAL
	ABRAHAM HARRIS TRUST
	C A STEHMAN FOR LUTHERAN HOSPITAL
I	C A STEHMAN FOR CHURCH HOME AND HOSPITAL
	MARY F JACOBS
	ST MARKS PROTESTANT EPISCOPAL CHURCH
	HENRY GROVE ULRICH
	EDWIN S EVANS TRUST
	JOSEPHINE MAHON TRUST
	HENRY JACOBS FOR THE VESTRY OF GRACE AND ST PETERS CHURCH
	JOSEPH COUDON FOR THE VESTRY OF ST MARY ANNE'S PARISH
	ERLE D WALDEN FOR KERNAN HOSPITAL
	AUGUSTA WALDEN FOR KERNAN HOSPITAL
	SUSAN D LEAKIN
	LOUISE C BOWLES FOR UNION SOCIETY OF SAVANNAH
	LOUISE C BOWLES FOR UNION MEMORIAL HOSPITAL
	ANNA GARBER DAVIS
52-6023431	
	DJ SLAGLE
	DG DUNN FOR ST MARY'S ALTAR GUILD
	DG DUNN FOR ALTAR GUILD
	JOHN C PANGBORN
	CASSIUS M DASHIELL FOR THE CHILDREN'S HOME OF THE EASTERN SHORE OF MD
	HOPKINS GIBSON FOR TRINITY EPSICOPAL CHURCH
	SARAH F ANTHONY FOR ST PETER'S ROAMN CATHOLIC CHURCH OF HANCOCK, MD
	THOMAS W PANGBORN FOR TRINITY EVANGELICAL LUTHERAN CHURCH
	THOMAS W PANGBORN
52-6112935	JACOB LOWENTHAL RESIDUE

	EIN	NAME
ı	52-6021290	HENRY WALTERS FOR WALTERS ART GALLERY ENDOWMENT FUND