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990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2007

OMB No 1545-0052

For calendar year 2007) or tax year beginning , 2007, and ending , 20								
G	Chec	k all that apply: MA 🗌 I nitial return – 🔲 Einal retur	TI Amended	return 🗌 Ac	dress Charge	Name change		
Use the IRS label. Otherwise, print or type. See Specific Instructions. H Check type of organization: Section 494/Ja(4) monexempt charitable trust Name of foundation FEHIR CHARITABLE FOUNDATION A Employer Identification number 76: 043666 Room/suite FOUNDATION A Employer Identification number 76: 043666 Room/suite FOUNDATION City or town, state, and ZIP code See Specific Instructions. Section 494/Ja(4) monexempt charitable trust Other texable private foundation Charitage Foundation 19 A Employer Identification number 76: 043666 Telephone number (see page 10 of the 1307) 684-5150 C If exemption application is pending, charitage foundation Section 494/Ja(4) monexempt charitable trust Other texable private foundation						10 of the instructions) 50 ding, check here leck here >		
0	of year (from Part II, col. (c),							
	ne 16 Irt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).	(a) Revenue and expenses per books	(b) Net investment income	leX section 507(b)(1)(B), o	(d) Disbursements for chantable purposes (cash basis only)		
	1 2 3 4	Contributions, gifts, grants, etc., received (attach schedule) Check ▶ ☐ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and therest from securities	3000. 382. 3572.	382. 3572.				
Revenue	b 6a	Net remuse income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain of from Part V, line 2) Net short term capital gain		22169.				
E	b 11	Income modifications Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through						
Expenses	13 14 15 16a b	Compensation of officers, directors, trustees, etc. Other employee salaries and Wages 7 Pension trans, employee benefits Legal fees (attach schedule)	- Ø - - Ø - - Ø - - Ø - - Ø - - Ø -	26123. = = =				
Operating and Administrative	17 18 19	Other professional fees (attach schedule)	-Ø- -Ø- -Ø- -Ø-					
ting and A	20 21 22 23 24	Occupancy	714. 259. 6250.					
Opera	25 26 27	Add lines 13 through 23	8013. 23846. 31859.			23846. 23846.		
	b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)	-24905.	86123.	-0-			

Pa	rt II	Balance Sheets Attached schedules and amounts in the description colum should be for end-of-year amounts only. (See instructions	Beginning of y		End of	(c) Fair Marke
			(a) Book Value	(b) Boo	k Value	(C) Fall Marke
	1	Cash—non-interest-bearing	1221	1 - 2/	21/2	2/2
	2	Savings and temporary cash investments SCHED#!	1726	363	343.	363
İ	3	Accounts receivable		CS.		
		Less: allowance for doubtful accounts ▶				
	4		What will a se			
	•	Less: allowance for doubtful accounts ▶		-		
	_					
		Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)		_		
				9	1831	
	'	Other notes and loans receivable (attach schedule)	12/00/2014			
Assets		Less: allowance for doubtful accounts ▶				
ŠÉ						
Ą	9	Prepaid expenses and deferred charges				
-		Investments-U.S. and state government obligations (attach schedule)				
		Investments—corporate stock (attach schedule) SCHED#	39482	4. 407	263.	407 8
	1	Investments—corporate bonds (attach schedule)				
			The Figure	*19	70	
	''					
	١,,	Less. accumulated depreciation (attach schedule)		 . - - - - - - - - 	+	
	12	Investments—mortgage loans		_		
	13	Investments—other (attach schedule)			- Y0 (d) >	nii tu
	14	Land, buildings, and equipment basis ▶	A. C.		3,4	W
		Less: accumulated depreciation (attach schedule)		•		
	15	Other assets (describe >LIFE INSURANCE POLIC)	9217	1. 105	5179.	105
		Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)		6. 543	8785.	548.7
	17	Accounts payable and accrued expenses				
	1					
iabilities-	18	Grants payable				
呈	19	Deferred revenue			P	r)
ĕ	20	Loans from officers, directors, trustees, and other disqualified persons.		`	\	
Ë	21	Mortgages and other notes payable (attach schedule)	—			
	22	Other liabilities (describe ▶)	-		
	23	Total liabilities (add lines 17 through 22)	<u> </u>		<u> </u>	E s
(A	[Foundations that follow SFAS 117, check here ▶ []			
ĕ	[and complete lines 24 through 26 and lines 30 and 31.		\	i i	
Ĕ	24	Unrestricted		\\		1
퓽		Temporarily restricted				,
₩	ı	Permanently restricted				
Fund Balances			,			
ا ج		Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.	•]		\$
<u>_</u>				<u> </u>	[
		Capital stock, trust principal, or current funds				i.
# l		Paid-in or capital surplus, or land, bldg., and equipment fund .		7	70-	}
u,		Retained earnings, accumulated income, endowment, or other funds .	50425	6. 548	785.	
₹		Total net assets or fund balances (see page 17 of the		.,		
Set		instructions)	504 a 5	36, 548	785.	
Z	31	Total liabilities and net assets/fund balances (see page 17	F		ľ	
		of the instructions)	1504 d5	56. 548	785.	
Pa	rt III		ces			
		-		/must ====		
		net assets or fund balances at beginning of year—Part II, o				5042
		of-year figure reported on prior year's return)			· _	<u> </u>
		amount from Part I, line 27a			_ 2	<u> </u>
	Enter	uniount nominately mile Lie.				
2 E 3 (Other	r increases not included in line 2 (itemize) FAIR. MARY				-69 L
2 E 3 (Other	r increases not included in line 2 (itemize) FAIR. MARK ines 1, 2, and 3				548

(a) List and describ	and Losses for Tax on Invoce the kind(s) of property sold (e.g., real shouse; or common stock, 200 shs. ML	estate.	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a					
b					
c ·					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) f) minus (g)
_ 8					
_b		INNE			
<u> </u>		1016-			
d					
<u>e ' ' ' </u>					
Complete only for assets sh	nowing gain in column (h) and own	ed by the foundation	n on 12/31/69	(f) Gains (Col	(h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but not	less than -0-) or rom col (h))
_a · · ·					
b					
	•	<u> </u>			
d					
<u>e</u>	<u> </u>		- <u></u>		
2 Capital gain net income		n, also enter in Pa s), enter -0- in Pa		2 221	69.
	ain or (loss) as defined in section I, line 8, column (c) (see pages				
If (loss), enter -0- in Part	I, line 8	<u> </u>		3	8—
Part V Qualification L	<u> Jnder Section 4940(e) for F</u>	Reduced Tax or	<u>n Net Investm</u>	ent Income	
If "Yes," the foundation does	r the section 4942 tax on the d s not qualify under section 494	0(e). Do not comp	olete this part.		
	nount in each column for each	year; see page 18	3 of the instructi	ons before making	any entries.
(a) Base penod years Calendar year (or tax year beginnii	ng in) Adjusted qualifying distribut	nons Net value of	(c) noncharitable-use a		(d) ribution ratio divided by col (c))
2006					
2005					
2004					
2003		X			
2002					
2 Total of line 1, column (c	a)			2	
	for the 5-year base period—dindation has been in existence if			y the 3	
·	ncharitable-use assets for 2007	•		4 4	09390.
5 Multiply line 4 by line 3					
	ent income (1% of Part I, line 2	(70)		.	
7 Add lines 5 and 6	<i>.</i>			. 7	
	ons from Part XII, line 4 eater than line 7, check the bo			te that part using	a 1% tay rate See
the Part VI instructions of	oater than line 7, thetek the bo on page 18.			te that part using	a THE LAX FALE. Set

Par		ne ins	Tructi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)	3.1					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check	5	22.				
-	here ▶ ☐ and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			<u>.</u>			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	- Ø	<u> </u>				
3	Add lines 1 and 2	<u>57</u>	jg.				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .		2—				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	56	121				
6	Credits/Payments:						
а	2007 estimated tax payments and 2006 overpayment credited to 2007						
	Exempt foreign organizations—tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868)						
_	Backup withholding erroneously withheld	70	0.				
7	Total credits and payments. Add lines of through od	N/	7				
8	Enter any penalty for underpayment or estimated tax. Great flore						
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	2 (8.				
11		<u> </u>					
	t VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		X			
b	b Did it spend moré than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	•					
	published or distributed by the foundation in connection with the activities. NA						
c	c Did the foundation file Form 1120-POL for this year?						
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X			
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	N	X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	-2				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		LX.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	e	Y				
_	conflict with the state law remain in the governing instrument?	7	\Diamond	 			
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/					
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) > TEXAS						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	. 2 Mgc			
9 `	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		77.				
	or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV on			X			
40	page 27)? If "Yes," complete Part XIV	9		/ 			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses SCHED. B	10_	X	<u> </u>			

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Page	

Pi	MEMILE Statements Regarding Activities	TOF V	vnich Form	4/20	may be	Requir	ea (conti	nueu)	ITESINO
5a	During the year dld the foundation pay or incur	any an	nount to:						
	(1) Carry on propaganda, or otherwise attempt to	o influe	nce legislatio	n (sect	ion 4945(e))?	🗌 Yes 🕽	No	
	(2) Influence the outcome of any specific public		-			-	•	•	
	directly or indirectly, any voter registration d						Yes]	X No	
	(3) Provide a grant to an individual for travel, st		other simila	r purpo	ses?		☐ Yes Ĵ	⊠ No	
	(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(d)						☐ Yes }	No No	
	(5) Provide for any purpose other than re						•	•	
•	educational purposes, or for the prevent	ion of	cruelty to	childrer	or anima	als?		No No	
Đ	if any answer is "Yes" to 5a(1)-(5), did any of the Regulations section 53.4945 or in a current notice								5b MA
	Organizations relying on a current notice regard	-	-		_			DI 13) 1 ▶ □	
_	If the answer is "Yes" to question 5a(4), does the	_				• •			
U	because it maintained expenditure responsibility	for the	e grant?		MA.		□ ¥ 00 1	□ N	
	If "Yes," attach the statement required by Regul								· 持。
	Did the foundation, during the year, receive any on a personal benefit contract?						☐ Yes)	KNo	
	Did the foundation, during the year, pay premiums If you answered "Yes" to 6b, also file Form 8870.								6b X
7a	At any time during the tax year, was the foundation a	party t	o a prohibited	tax she	lter transact	ion? .	☐ Yes 】	X No	
	If yes, did the foundation receive any proceeds or							<u>· · · </u>	7b N/A
	art VIII Information About Officers, Directors								
1	List all officers, directors, trustees, foundation								instructions).
	(a) Name and address	hou	e, and average rs per week ed to position	(c) Cor (If not	mpensation paid, enter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expense account, other allowances
J	HN FEHIR, 544 E. BENNETT	PRES	SIDENT		0-		d		4
5	LBUFFALO, WY, 82834	3.9	HRS./WK		<u> </u>		<u> </u>	<u>'</u>	<u> </u>
K	IM FEHIR , 544 E. BENNETT	VIC	e-pres		M_	_	-め-	_	
<u>'S</u>	T. BUFFALO, WY, 82834	0.4	HRS.WK		<u> </u>		φ-		<u> </u>
N			ECTOR		$\boldsymbol{\alpha}$		-B		
D	R.CHESTERFIELD, MI, 48047	0.1 H	rs./wk		2		_ <u> </u>		<u> </u>
	<u> </u>			`					
_		L	\triangle		<u> </u>	<u>L.</u>	\triangle	ł	$\overline{}$
2	Compensation of five highest-paid employed if none, enter "NONE."	es (oth	er than thos	e inclu	ded on lin	e 1—s	ee page :	23 of th	ne instructions).
	(a) Name and address of each employee paid more than \$50	0,000	(b) Title, and hours per devoted to p	week	(c) Compe	nsation	(d) Contribution (d) Co	benefit deferred	(e) Expense account, other allowances
					L		<u> </u>	·	
					l				
			NONE.						
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
To	tal number of other employees paid over \$50,00	0 .			·		L		<u> </u>

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	and Contractors (continued)		
3 Five high	nest-paid independent contractors for professional services		
NONE.	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		}	
	NONE-		
otal numbe	r of others receiving over \$50,000 for professional services		▶ -Ø.
Part IX-A	Summary of Direct Charitable Activities		
l ist the founds	ation's four largest direct charitable activities during the tax year. Include relevant s	tatistical information such as the number	_
	is and other beneficiaries served, conferences convened, research papers produce		Expenses
		·	
		····· / ·····	
· ———			
2		······	
	NUNE		X
3		/	
\$			
art IX-B	Summary of Program-Related Investments (see page	24 of the instructions)	
Describe the t	wo largest program-related investments made by the foundation during the tax year		Amount
	<i></i>		
2			
			
	NONE-		
All other are			/-\
	am-related investments See page 24 of the instructions.		
3		/	\
			\
		_	
otal. Add li	nes 1 through 3	<u> </u>	<u> </u>
			Form 990-PF (2

Par	Minimum Investment Return (All domestic foundations must complete this part. see page 24 of the instructions.)	Forei	gn foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	7,54	
	purposes:	4.	404411
а	Average monthly fair market value of securities	1a	107110.
b	Average of monthly cash balances	1b 1c	11308
С	Fair market value of all other assets (see page 25 of the instructions)	1d	415624.
d	Total (add lines 1a, b, and c)	10	713607
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	415624.
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25		
~	of the instructions)	4	<u>ь</u> аз4
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	409390.
6	Minimum investment return. Enter 5% of line 5	6	20470.
Pai	Distributable Amount (see page 25 of the instructions) (Section 4842(j)(3) and (j)(5) pr foundations and certain foreign organizations check here ▶ ☐ and do not complete this part		perating
		1	20470.
1	Minimum investment return from Part X, line 6	7.00	<u> </u>
2a b	Income tax for 2007. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5aa.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19948.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	19948.
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,		10.011.7
	line 1	7	19948.
Pai	t XII Qualifying Distributions (see page 26 of the instructions)	_	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	· · · · · · · · · · · · · · · · · · ·
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	23846.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	2	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	23846.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23846.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Par	t XIII Undistributed Income (see page 2	26 of the instruction	ons)		
		(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
1	Distributable amount for 2007 from Part XI, line 7		Section 19	3	19948.
2	Undistributed income, if any, as of the end of 2006:				
а	Enter amount for 2006 only			一 Ø一	
· Ь	Total for prior years: 20,20,20	建 等的大力的。"	<u>-d-</u>		
3	Excess distributions carryover, if any, to 2007:				
а	From 2002		?		
b	From 2003				
C	From 2004		•		
d	From 2005				
e	From 2006	_/_			A
1 4	Total of lines 3a through e				7
4	Qualifying distributions for 2007 from Part XII, line 4: ► \$				
а	Applied to 2006, but not more than line 2a .		4.1.1.4687	702	
b	Applied to undistributed income of prior years (Election required—see page 27 of the instructions)		-ø-		
С	Treated as distributions out of corpus (Election required—see page 27 of the instructions)	-ø-			
d	Applied to 2007 distributable amount				23846.
e	Remaining amount distributed out of corpus .	_ø_			
5	Excess distributions carryover applied to 2007.	ø_			<u> </u>
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	-0-			
b	Prior years' undistributed income. Subtract line 4b from line 2b		-ø-		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	A STATE OF THE STA	-ø-		
d	Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions		-ø-		
е	Undistributed income for 2006. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions		់សម្	-ø-	
f	Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008	and the second of the second o			<u>—3898.</u>
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	-d-	A STATE OF THE STA		
8	Excess distributions carryover from 2002 not applied on line 5 or line 7 (see page 27 of the instructions)		to jako salah s		
9	Excess distributions carryover to 2008.	-ø-			
40	Subtract lines 7 and 8 from line 6a			$\left(\frac{1}{2} \mathbf{t}_{i_1 i_2 i_3} - \frac{1}{2} \mathbf{t}^{i_1} \mathbf{t}^{i_2} \right) = -\frac{1}{2} \mathbf{t}^{i_1} \mathbf{t}^{i_2} $	
10	Analysis of line 9: Excess from 2003				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a h	Excess from 2004	1			
L D	Excess from 2005	Trans.	AND THE RESIDENCE	The state of the s	
d	Excess from 2006]			
_	Excess from 2007	7 '	1		The second secon

Par	YIV Private Operating Found	iations (see pa	ige 27 of the ins	tructions and Fa	iri vii-A, questio	11 3)
	If the foundation has received a rulin foundation, and the ruling is effective	for 2007, enter th	e date of the ruling	▶	N/A ction □ 4942(j)(3) or
_	Check box to indicate whether the four		e operating toundat		CHOH 4942()(3) 01 4942()(3)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	T	(e) Total
	investment return from Part X for	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
	each year listed				<u> </u>	
b	85% of line 2a				, ,	
	Qualifying distributions from Part XII, line 4 for each year listed				!	
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets			N/		
	(2) Value of assets qualifying			14/ \		
_	under section 4942(j)(3)(B)(i)			(/1,		
b	"Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter:				\	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)			-	ļ	
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Par	t XV Supplementary Informat	tion (Complete	this part only i	if the foundation	n had \$5,000 or	more in assets
	at any time during the y	ear—see page	28 of the instr	uctions.)		
1 a	Information Regarding Foundation List any managers of the foundation before the close of any tax year (bu	who have contril				
	SEE SCHED. B -			<u> </u>		<u> </u>
b	List any managers of the foundation ownership of a partnership or other	n who own 10% entity) of which	or more of the sto the foundation ha	ock of a corporations a 10% or greate	on (or an equally la er interest.	arge portion of the
2		on, Grant, Gift	Loan, Scholarshi	o. etc Programs	:	
_	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► ★ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.					
а	The name, address, and telephone number of the person to whom applications should be addressed:					
	The form in which applications sho	uld he submitted	and information s	and materials they	should include:	
D	The form in which appreations sho	A A		and materials tries	Silvaia include.	
С	Any submission deadlines:	7/\	/A			
d	Any restrictions or limitations on a factors:	wards, such as	by geographical a	areas, charitable f	ields, kinds of ins	titutions, or other

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year SCHED. #2 (3 pages) (attacked) SEE 3a b Approved for future payment-NONE.

Form **990-PF** (2007)

3b

Form **990-PF** (2007)

Part X	VI-A Analysis of Income-Producing A	Activities		r <u> </u>		
	oss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
·		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions.)
1 Prog	ram service revenue:					Life instructions.
а -					\	 \
b -			\			 \/-
C _	NONE	-\	\/		- X -	\ / / -
d _	NONE		- X -		-/ -	├ -
Θ		├	$-\Lambda$		-/	
f _			/ / \		 	
_	ees and contracts from government agencies		- / - \ -	 	/	
	bership dues and assessments	 - - -	 	10-	202	\
	est on savings and temporary cash investments	/ 	/ 	 	382.	//\
4 Divid	lends and interest from securities		A Property of	100	3572.	77.55
5 Net	rental income or (loss) from real estate:			** - ** ;		
а[Debt-financed property					
1 d	lot debt-financed property					
6 Net	ental income or (loss) from personal property					
7 Othe	r investment income				1	
8 Gain	or (loss) from sales of assets other than inventory				V	Α
	income or (loss) from special events	X	Λ		Λ	
	s profit or (loss) from sales of inventory			<u> </u>		
	er revenue: a			<u> </u>		
b _				<u> </u>		
C _	NONE					1
d	, , , , , , , , , , , , , , , , , , ,				/ . \	/
е			, \		/	V
12 Sub	total. Add columns (b), (d), and (e)	· ·	-ø-	A street of the street	3954.	Ø
		,			. 13 <u>39</u>	54.
(See wo	rksheet in line 13 instructions on page 29 to	verify calculat	ions.)			
Part X	VI-B Relationship of Activities to the	e Accomplish	ment of Exer	npt Purpose	S	<u> </u>
Line N	 Explain below how each activity for w the accomplishment of the foundation 	hich income is	reported in colu	mn (e) of Part	XVI-A contribute	ed importantly to
	page 29 of the instructions.)			by providing		——————————————————————————————————————
, `						
	'				`	
		/				
	11					
	N	//				
		/ <u>[</u>				
			· · · · · · · · · · · · · · · · · · ·			
						
						
						
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					$\overline{}$	
					_	
						

		Exempt O	rganizations						,		
b	in seconds organized (1) (2) (4) (5) (4) (5) (6) (7) Shaulf the value	the organization of ection 501(c) of the anizations? Insfers from the recash Other assets For transactions: Sales of assets to Purchases of assets to Purchases of assets to Purchases of assets of facilities are performance of sering of facilities, ee answer to any of the goods, of	directly or indirectly e Code (other than porting foundation of a noncharitable elects from a nonchar, equipment, or other arrangements of the above is "Yether assets, or services or member equipment, mailing of the above is "Yether assets, or services."	r engage in any of the for a section 501(c)(3) organ to a noncharitable exercise exempt organization ritable exempt organization her assets	empt of the control o	organizati	section 527, ion of:	relating to political	1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c	fair m	arket
(a) Lii		(b) Amount involved		chantable exempt organization				ers, transactions, and she			
	1		(-)								
						_					
				,							
				S11/A							
				<u>`N/A. </u>							
				1111							
					$\overline{}$						
	des	cribed in section	ectly or indirectly 501(c) of the Code e following schedu		01(c)(3	one or n	nore tax-ex ection 527?		☐ Ye	s X	No
	\mathcal{L}	(a) Name of or	ganization	(b) Type of organ	nization			(c) Description of relation	nsnip		
											
				N//A							
				1V / / 1						$\overline{}$	
							· ,				$\overline{}$
Sign Here	belie	t it is true, correct, and	d complete. Beclaration	amined this return, including of preparer (other than taxpa	Date	duciary) is b	edules and state passed on all info	Titte Preparer (See Sign)	s SSN	or PT	IN
	E:	Firm's name (or y	rours if	/				EIN ►		$\overline{}$	
		self-employed), a	ddress,					Phone no. ()		$\overline{}$	
			·						om 99	0-PF	(2007)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Employer identification number

Charitable Foundation 76:0426664 Organization type (check one): Filers of: Section: Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor. during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule

during the year.)

990-EZ, or 990-PF).

applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

		0426664	Page of of Part I
FE)	HIR Charitable Foundation		ployer identification number 6 042664
Part I	Contributors (see instructions)	-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.1	JOHN + KIM FEHIR 544 E. Bennett St. Buffalo, WY, 82834-2242	\$ 3,000.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) Part = N/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
••••	NO OTHERS	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part I if there is a noncash contribution.)

FEHIR Charitable Foundation EIN 76-0426664 SCHED.#1 year 2007 Form 990-PF 19.10f1

Part 1, line 18: 5-11-08 tax payment \$790.

Part 1, line 23: #6250. life insurance premium

Part II, line 2: # 36343. Money Market Cash fund

Part 11 line 10 b: #407263. Sentinel Common Stock fund fair market value FEHIR Charitable Foundation, SCHED.#2, pg. 1 of 3 EIN 76-0426664 year 2007 Form 990-PF

	Part XV	Contribute	ions F	Paid,	2007	
Recibie	ent name and	address	RELATION- SHIP	FOUNDATION STATUS	PURPOSE	AMOUNT.
	University				4	13,500.
	2, 1700 V		NONE		prevention	_
Bure	n St., Ste	, 250,		501(c)3	treatment,	
Chic	rgo, 1'L, 6	0612			research	
	V		<u> </u>			
a. tum	for Johns +	opkins	NONE		breast.	3996.
Medi	t for Johns + ine, Breast	- Cancer	 	501(c)3	cancer	-
KONDA	Now, 100 N.	Charles St.	İ		research	
Lute	217, Balti	more, MD,			and prevention	· · · · · · · · · · · · · · · · · · ·
212	01				<u> </u>	
0.0	11 18.		 		10:0	
3. John	s Hopkins	reducine,	NONE	1 -	medical	250.
TA	lip Tumil	ty Chair,		501(c)3	1 9)
100	1. Charles St	., Ante 217)		research	
Sal	timore, MD	, 21201			V deservier	
11 1 1	C +	F. D. I		5.6	Mosing	0.50
4. John	B CURRY	Fair Board	<i>/</i>	1501(C)3	adult agri	250.
WY	DOX 411, D	uffaco,	NONE		culture	
VV Y	82834		-		Laucanon	
5 RAG	1 1 :10	Food Pantry	Male		food bank	250.
D. D.	By and	Bullal-	NONE	501(c)=	for the	000.
WY	92834	sufface,		Bulle)=	needy and	,
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00007				under 0.	
1			_		mourished	·

FEHIR Chan	itable Found	dation	, SCHE	D.#2 pg.2	of 3
EIN 76-043					
Part XV	Contributi	ons t	aid,	2007	#
Recipient name an	d address	RELATION SHIP	FOUNDATION STATUS	PURPOSE	AMOUNT
6. Northern Wy	oming	NONE		medical/	
Mental Health	Center		501(C)3	mental	100.
Foundation, P.	0. Box 3079,			health	
Sheridan, WY	82801	<u> </u>	,	prevention, featment	
		ļ		•	
7. Johnson County	4-H Council	NONE		young adult health education	500.
762 W. Fettern	ran St.	<u> </u>	501(c)3	education	•
7. Johnson County 762 W. Fettern Buffalo, WY 8	2834				
		i	ł.		,
8. Umerican Qua	ter Horse	NONE		coupling	1000.
8. American Qua Foundation, 260 Amarillo, TX	1 East I-40)	501(c)3	prevention of cruelty to animals,	
amapillo, TX	79104			eguine research	l <u>.</u>
			0.	peoples reserve	
0 0 0 1 1 0 0 0	<u> </u>			MITAINA	
9. Sheridan Colleg	e toundates	<u>n</u>	50(c) 3	college	
P.O. Box 6328,	Sheridan,	NONE		d research	650.
WY 82801			- W	a ,	
		-	-	adult and	
10. Johnson County	Lamily L. V.	NONE			100.
PACH, 101	Mondike,		501(c)3	young adult	
Duffalo, WY	82834			education	
<i>p</i>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 				
			-		

,	FEHIR Charitable Fou EIN 76-0426664 yea	ndati	on, 50	HED. #2 pg.	3 of 3
	Part X V Contribut	ions	Taid	, 2001	#5_
Recipie	Part XV Contribut int name and address	RELATION SHIP	FOUNDATION STATUS	PURPOSE	AMOUNT
11. Sh	eridan Hospital ndation, P.O. Box 391, idan, WY 82801	NONE		cancer	250.
For	ndation, P.O. Box 391,		501(c)3	prevention	<i>,</i>
Sher	idan, WY 82801		ļ	treatment	
				1	i
12. Wy	oming State 4-H	NONE		young adul	G
For	ndation, Dept. 3354,		501(c)3	heart	,
1000	E. University ave.			young adulthealth education	2000.
Lar	oming State 4-H ndation, Dept. 3354, E. University ave., amie, WY 82071			;	
		1	ļ		
13. 10	honson County YMCF	NONE		adult and	1000.
VF	oundation, Inc.,		501(c)3	Lant the	<u> </u>
P.O.	hnson County YMC/ oundation, Inc., Box 95, Buffalo, 82834	,		adult and young adult health education	-
WY	82834				
				#	
		TO	TAL	= # 23	846.
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