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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)

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Open to Public Inspection

Department of the Treasury Internal Revenue Service(17) ► The organization may have to use a copy of this return to satisfy state reporting requirements , 2008 2007, and ending For the 2007 calendar year, or tax year beginning Jun 1 Mav D Employer Identification Number Check if applicable C Name of organization Please use CHILD FOUNDATION, INC 93-1148608 Address change S. C. Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telephone number Name change specific Instruc-PO BOX 463 (503) 698-4084 Initial return Accounting method: Cash X Accrual City town or country State 7IP code + 4 Termination OR 97207 Other (specify) Portland Amended return ш H and I are not applicable to section 527 organizations • Section 501(c)(3) organizations and 4947(a)(1) nonexempt Application pending charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). X No H (a) Is this a group return for affiliates? H (b) If 'Yes, enter number of affiliates Web site: ▶ www.childfoundation.org H (c) Are all affiliates included? (If 'No, attach a list See instructions) J Organization type ► X 501(c) H (d) is this a separate return filed by an (check only one organization covered by a group ruling? If the organization is not a 509(a)(3) supporting organization and its Check here▶ gross receipts are normally not more than \$25,000 A return is not required, but if the Group Exemption Number organization chooses to file a return, be sure to file a complete return Check ► If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 1, 612, 030 Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions. 1 Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds 1 a 1 b 1,612,030 **b** Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) 1 c 1d d Government contributions (grants) (not included on line 1a) Total (add lines la through 1d) (cash \$ \_\_\_\_\_\_1,612,030. noncash \$ \_\_\_\_ 1,612,030. 16 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments
Interest on savings and temporary cash linvestments
Dividends and interest from securities 3 4 5 20 6a Gross rents 6a FEB 1 7 2012 6b **b**-Less..rental expenses OISC cZNet rental income or (loss). Subtract line 6b from line 6a 6c 7 Other investment income (describe (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory S b Less cost or other basis and sales expenses 8ь c Gain or (loss) (attach schedule) d Netigain or (loss) Combine line 8c, columns (A) and (B) 8d 9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ reported on line 1b) 9a b Less direct expenses other than fundraising expenses 9Ь c Net income or (loss) from special events. Subtract line 9b from line 9a 9с 10 a 10a Gross sales of inventory, less returns and allowances LH. 10b b Less cost of goods sold 1.70 c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10 c 11 11 Other revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1 12 1,612,030. 12 13 1,380,983. 13 Program services (from line 44, column (B)) SSO 14 72,389. 14 Management and general (from line 44, column (C)) FEB 15 2012 15 63,585. 15 Fundraising (from line 44, column (D)) RS-16 16 Payments to affiliates (attach schedule) 17 1,516,957. Total expenses. Add lines 16 and 44, column (A) 17 **OGDEN** 18 18 Excess or (deficit) for the year Subtract line 17 from line 12 95,073. Net assets or fund balances at beginning of year (from line 73, column (A)) 19 176,964. 19 20 Other changes in net assets or fund balances (attach explanation) 272,037. Net assets or fund balances at end of year Combine lines 18, 19, and 20 21

and Bananada Badaration Act Notice, see the separate instructions.

Form 990 (2007

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instruct)

Ĺ	Oo not include amounts reported on line 6b 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	( <b>D)</b> Fundraising
22 a	Grants paid from donor advised					27.27.2
	funds (attach sch)					
	(cash \$					
	non-cash \$)	ĺĺ				
	If this amount includes foreign grants, check here	22 a	}			
22 b	Other grants and allocations (att sch)					
	(cash \$ 11,000.	)	}			
	non-cash \$)					
	If this amount includes	l i				
	foreign grants, check here	22 b	11,000.	11,000.		
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members					
	(attach schedule)	24				
25 a	Compensation of current officers,					
	directors, key employees, etc listed in Part V-A	25 a	0.	0.	0.1	0.
h	Compensation of former officers,					
	directors, key employees, etc listed					
_	In Part V-B	25 b				<u></u>
C	Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25 c				
26	Salaries and wages of employees not					
20	included on lines 25a, b, and c	26	188,317.	140,365.	26,877.	21,075.
27	Pension plan contributions not					
2,	included on lines 25a, b, and c	27				
28	Employee benefits not included on					
20	lines 25a - 27	28	17,134.	12,765.	2,450.	1,919.
29	Payroll taxes	29	17,216.	12,990.	2,382.	1,844.
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	10,425.	4,627.	5,570.	228.
33	Supplies	33	7,874.	5,236.	1,563.	1,075.
34	Telephone	34	5,659.	1,057.	1,635.	2,967.
35	Postage and shipping	35	18,639.	12,783.	1,518.	4,338.
36	Occupancy	36	8,536.	1,878.	1,424.	5,234.
37	Equipment rental and maintenance	37				
38	Printing and publications	38	20,546.	12,514.	1,011.	7,021.
39	Travel	39	5,526.	3,326.	2,058.	142.
40	Conferences, conventions, and meetings	40				
41	Interest	41				
	Depreciation, depletion, etc (attach schedule)	42	10,433.	6,782.	2,608.	1,043.
	Other expenses not covered above (itemize)		016	100	710	^
	Advertising	43a	916.	198.	718.	<u> </u>
	Bank & Merchant Fees	43b	15,083.	12,507.	2,576.	0.
	Insurance	43 c	3,679.	2,451.	853.	375.
	Licenses	43 d	1,171.	779.	280.	112.
	Programs Funded	43 e	1,095,458.	1,095,458.	0.	0.
	Fundraising	43 f	16,212.	0.	18,866.	16,212.
-	See Other Expenses Stmt	43 g	63,133.	44,267.	10,000.	0.
44	Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)			ļ		
	(B) - (D), carry these totals to lines 13 - 15)	44	1,516,957.	1,380,983.	72,389.	63,585.
	Costs. Check ► If you are following S	SOP 98	3-2		<del></del>	
Are a	ny joint costs from a combined educational	campa	aign and fundraising solic	citation reported in (B) P	rogram services?	► Yes X No
	s,' enter (i) the aggregate amount of these	-			mount allocated to Progra	
\$	<del></del>	cated	to Management and gen	eral \$	, and (iv) the	amount allocated
o Fur	ndraising \$	_				

Page 3

Part His 1 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

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

What is the organization's primary exempt our page 2.5.

please make sure the return is	s complete and accurate and ful	ny describes, in Part III, the organization's program	iis and acco	Jinpusiinents
What is the organization's prin		ee Stmt 4		Program Service Expenses
All organizations must describ clients served, publications iss izations and 4947(a)(1) nonex	e their exempt purpose achieve sued, etc. Discuss achievements empt charitable trusts must also	ments in a clear and concise manner State the n s that are not measurable (Section 501(c)(3) and o enter the amount of grants and allocations to oth	umber of (4) organ- ers )	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a See Stmt 5				
			<b></b>	
				į
			· - इ. <del>इ.स</del>	
_	\$ 0.	) If this amount includes foreign grants, check he	re X	1,380,983.
b				
	-		. <b></b>	
			·	
			:::::::::::	
	<u> </u>	) If this amount includes foreign grants, check he	re -	
c			·	
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			·	
			·	
(Grants and allocations	·	) If this amount includes foreign grants, check he	:ੂਙਾਰ	
d	٧	) If this amount includes foreign grants, check he	16 - 1 1	
<b></b>	<del></del>		·	
			·	
			·	
	·			
(Grants and allocations	\$	) If this amount includes foreign grants, check he	re ▶ 🎮	
e Other program services	<u> </u>	7 if this amount molades foreign grants, check he	· · · · · ·	
(Grants and allocations	Ś	) If this amount includes foreign grants, check he	re ► 🗆 📗	
<del></del>	T	4, column (B), Program services)	<u> </u>	1,380,983.
BAA	- Inputation (Strong oqual IIIIo +	.,		Form <b>990</b> (2007)
-····				

TEEA0103 12/27/07

Part IV Balance Sheets (See the instructions. (A) (B) Note: Where required, attached schedules and amounts within the description End of year Beginning of year column should be for end-of-year amounts only 257,542. 150,107. Cash - non-interest-bearing 45 Savings and temporary cash investments 24,789. 46 47 a Accounts receivable 47 a **b** Less allowance for doubtful accounts 47 b 47 c 10 48a Pledges receivable 48 a 48 b 48 c b Less allowance for doubtful accounts 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key 50 a employees (attach schedule) **b** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50 b . J **51 a** Other notes and loans receivable (attach schedule) 51 a \*..5\* 51 b 51 c **b** Less allowance for doubtful accounts 52 52 Inventories for sale or use 9,779 53 9,599 53 Prepaid expenses and deferred charges 54 a 54a Investments - publicly-traded securities Cost FM∨ FM∨ 54 b **b** Investments - other securities (attach sch) Cost 55a Investments - land, buildings, & equipment basis 55 a **b** Less accumulated depreciation (attach schedule) 55 b 55 c 56 56 Investments - other (attach schedule) No. 57a Land, buildings, and equipment basis 57 a 36,858. **b** Less accumulated depreciation 57 b 23,210 15,006 57 c 13,648. (attach schedule) 58 Other assets, including program-related investments See Line 58 Stmt 632 58 671. 200,313. 59 281,460. 59 Total assets (must equal line 74) Add lines 45 through 58 18,830. 60 4,213. 60 Accounts payable and accrued expenses 61 Grants payable 61 62 62 Deferred revenue 性質 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64 a 64a Tax-exempt bond liabilities (attach schedule) 64 b **b** Mortgages and other notes payable (attach schedule) 4,519. 65 5,210. 65 Other liabilities (describe ► See Line 65 Stmt 23,349 9,423. Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted 24 67 139,190. 176,940. 68 132,847. 68 Temporarily restricted 69 69 Permanently restricted Organizations that do not follow SFAS 117, check here and complete lines Š 70 through 74 70 70 Capital stock, trust principal, or current funds 71 71 Paid-in or capital surplus, or land, building, and equipment fund 72 72 Retained earnings, endowment, accumulated income, or other funds . Dū Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 176,964 73 272,037. 200,313. Total liabilities and net assets/fund balances. Add lines 66 and 73 74 281,460.

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Form **990** (2007)

93-1148608

·P:	<u>art,IV-A .</u>   Reconciliation of Revenu instructions.)	ie per Audited	Financial	Statements with	Revenue per Ret	turn	(See the
							n/a
а	Total revenue, gains, and other support	per audited finan-	cial stateme	nts		а	
b	Amounts included on line a but not on P	art I, line 12				8	
	1 Net unrealized gains on investments			b1			
	2Donated services and use of facilities			b2			
	3Recoveries of prior year grants			b3			
	4Other (specify)					N. 3	
				b4		J. ;	
	Add lines <b>b1</b> through <b>b4</b>					b	
С	Subtract line <b>b</b> from line <b>a</b>					С	
d	Amounts included on Part I, line 12, but	not on line a:					
	1 Investment expenses not included on Pa	art I, line 6b		d1			
	2Other (specify)						
				d2			
	Add lines d1 and d2					d	
е	Total revenue (Part I, line 12) Add lines	c and d			<b>_</b>	е	
P	art IV-B Reconciliation of Expens	es per Audite	d Financia	I Statements with	n Expenses per R	etu	
							N/A
а	Total expenses and losses per audited for	ınancıal statemen	ts			a	
b	Amounts included on line a but not on P	art I, line 17		, ,			
	1 Donated services and use of facilities			b1			
	2Prior year adjustments reported on Part	l, line 20		b2			
	3Losses reported on Part I, line 20			b3			
	4Other (specify)						
				<u>  b4 </u>		3	
	Add lines <b>b1</b> through <b>b4</b>					b	
С	Subtract line <b>b</b> from line <b>a</b>					C	· <del></del>
d	Amounts included on Part I, line 17, but	not on line a:		1 1			
	1 Investment expenses not included on Pa	art I, line 6b		d1			
	2Other (specify)	. <b></b>					
				d2		*- "	
	Add lines d1 and d2					d	, <u></u>
e	Total expenses (Part I, line 17) Add line			_ <del></del>	<del>-</del>	е	
Į,Ŗ;	Current Officers, Director or key employee at any time du	r <b>s, Trustees, a</b> ring the year ever	nd Key Er	<b>mployees</b> (List eac e not compensated) (	h person who was an See the instructions ;	offic	cer, director, trustee,
		(B) Title and ave	erage hours	(C) Compensation	(D) Contributions		(E) Expense
	(A) Name and address	per week d to posit		(if not paid, enter -0-)	employee benef		account and other allowances
		lo posit	1011		compensation pla		
Dr	. Mehrdad Yasrebi						
	Box 1364	]					
C]	ackamas OR 97015	President	10.00	0		0.	0.
Dr	. Asad Azemi						
	Box 1364						
		Treasurer	5.00	0		0.	0.
	. Saideh Sharif-Kazemi						- <del>-</del>
	Box_1364				'		
		Secretary	5.00	0		0.	0.
	. Navid Seyedali	1					
	Box 1364	1					
		Director	5.00	o		0.	0.
	. Akbar Farahani						
	Box 1364	1					

5.00

OR 97015 Director

Clackamas

Form 990 (2007) CHILD FOUNDATION, INC			93-1148	608 Page <b>6</b>			
Part V-A Current Officers, Directors, Tru				Yes No			
75 a Enter the total number of officers, directors, and trustees pe							
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation.	sated professional and gh family or business r onship(s)	l other independent conf elationships? If 'Yes,' at	tractors listed in Schedulitach a statement that	e 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'							
If 'Yes,' attach a statement that includes the in	formation described in	the instructions					
d Does the organization have a written conflict of				75d X			
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other  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)							
(A) Name and address	<b>(B)</b> Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances			
			ĺ				
Part VI Other Information (See the Instru	uctions.)			Yes No			
76 Did the organization make a change in its active If 'Yes,' attach a detailed statement of each change in the statement of e	ities or methods of con	iducting activities?	- ***	76 X			
77 Were any changes made in the organizing or g	overning documents bu	ut not reported to the IR	S?	77 X			
If 'Yes,' attach a conformed copy of the change							
78a Did the organization have unrelated business g		or more during the year	covered by this return?	78a X			
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b			
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement							
80 a is the organization related (other than by associate membership, governing bodies, trustees, office	iation with a statewide rs, etc, to any other ex	or nationwide organizat empt or nonexempt org	tion) through common anization?	80 a X			
<b>b</b> If 'Yes,' enter the name of the organization							
01 - 5-1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	·	_	kempt <b>or</b> Inonexem				
81 a Enter direct and indirect political expenditures	•	ns )	81 a				
<b>b</b> Did the organization file Form 1120-POL for this BAA	year/			81 b X Form 990 (2007)			
				1 UIIII <b>330</b> (200/)			

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Form 990 (2007) CHILD FOUNDATION, INC	93-114860	70	٢	age.
Part VI Other Information (continued)			Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82a		Х
<b>b</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.)	82 b			
83a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83 a	X	L
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contribu	tions?	83b	X	<u> </u>
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a	~ A utu	X
b If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	84b	Subproveder, Garage especial Walker of Allia	
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		85 a	N/i	Α
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N/i	A
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the waiver for proxy tax owed for the prior year	e organization received a			
c Dues, assessments, and similar amounts from members	85c N/A	, a	: 51. 3	
d Section 162(e) lobbying and political expenditures	85d N/A	- 19		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A		4	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	E 2	2 (* 1974) 2 (* 1974)	San San
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N/i	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonal dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	85 h	N/J	A A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on		**\\.	£ 448.	1. A. A.
line 12	86a N/A			25
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b N/A	-1	الله المراجعة التي المراجعة الماجهة	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a N/A			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301 770 if 'Yes,' complete Part IX	rporation or partnership, 1-2 and 301 7701-3?	88 a		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	within the meaning of	88 b		х
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year unconsection 4911 ► 0., section 4912 ► 0., section 4912				
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If "explaining each transaction	benefit transaction (es,' attach a statement	89 b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	· • 0.	5.5		
d Enter Amount of tax on line 89c, above, reimbursed by the organization	<b>•</b>			309 Blue
e All organizations At any time during the tax year, was the organization a party to a prohibited		89 e		Х
f All organizations Did the organization acquire a direct or indirect interest in any applicable ins	urance contract?	89 f		Х
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds to organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	old the supporting gs at any time during	89 q		X
90 a List the states with which a copy of this return is filed ► See States Filed In				
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	1	90Ь		6
91a The books are in care of ► Mehrdad Yasrebi Telephone nur Located at ► 11364 SE Highland Clackamas	nber ► (503) 698- OR_ ZIP + 4 ► <u>97015</u>			
		T	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other financial).	ancial account)?	91 b		Х
If 'Yes,' enter the name of the foreign country ▶	i	5	类型	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo Financial Accounts				
BAA		Form	990 (2	2007)

Form 990 (2007) CHILD FOUNDATION	, INC			93-114	8608 Page
Part VI Other Information (continu					Yes No
c At any time during the calendar year, d	id the organiza	tion maintain an office	outside of the U	nited States?	91 c X
If 'Yes,' enter the name of the foreign of	ountry 🟲				
92 Section 4947(a)(1) nonexempt charitable	le trusts filing F	orm 990 in lieu of <b>Fori</b>	<i>n</i> 1041 – Check	here	. ▶[
and enter the amount of tax-exempt int				▶ 92	
Part VII Analysis of Income Produ	cing Activiti	es (See the instru	ctions.)		
	Unrelate	d business income	Excluded by s	ection 512 513, or 514	
<b>Note:</b> Enter gross amounts unless otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	<b>(D)</b> Amount	(E) Related or exempt function income
93 Program service revenue					
a					<u> </u>
b					
c			ļ		<u> </u>
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			1.4		
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate				W. W. A. A. A. A. W. W. V.	W. 35.44
a debt-financed property					
<b>b</b> not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			<del> </del>		
102 Gross profit or (loss) from sales of inventory			1		
103 Other revenue a	NA DESCRIPTION OF THE				
	\$300 \$3000 \$000 \$100 \$100			8.38387590.78778 .357 > 4.4	WESTER- SELTS .
<del></del>			-		
c d					
104 Subtotal (add columns (B), (D), and (E))	#57 (1 <b>9</b> 62)		ilan kiji 4 Y	:	
<b>105 Total</b> (add line 104, columns (B), (D),		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>
•		on line 12 Port I			<del></del>
Note: Line 105 plus line 1e, Part I, should equipment VIII Relationship of Activities to			mnt Burnoco	c (Soo the instruct	ione )
11 11				•	
Line No. Explain how each activity for which of the organization's exempt purp	ch income is re	ported in column (E) o	f Part VII contrib	outed importantly to the	accomplishment
	00303 (01101 1110	arr by providing failes i		<del>"                                    </del>	
N/A					<del></del>
					<u> </u>
*Rart IX. Information Regarding Tax	rable Subsis	liarios and Discom	arded Entities	e (Soo the instructi	one ) 37 / 3
(A)	(B)	(0	•)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage		activities	Total	End-of-year
partilership, or disregarded entity	ownership in			income	assets
		- 8			
		8			
		8			
		8			
Part X Information Regarding Tra		<del></del>			
a Did the organization, during the year, receive any fi					Yes X No
<b>b</b> Did the organization, during the year, pa		•	a personal bene	efit contract?	Yes X No
Note: If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see i	nstructions)			
BAA				TEEA0108 12/27/0	77 Form <b>990</b> (200)

<u> P</u> ar	<u>į.XI</u>	Information Regarding Transfers To organization is a controlling organiz	o and From Controlled Ei ation as defined in sectioi	<b>ntities.</b> Complete only if n 512(b)(13).	the	N/A	
						Yes	No
106	Did 'Ye	I the reporting organization <b>make</b> any transfers is,' complete the schedule below for each contro	to a controlled entity as defined olled entity	in section 512(b)(13) of the C	ode? If		
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of tran	sfer
a							
b							
С							
		Totals					
						Yes	No
107	'Ye	the reporting organization <b>receive</b> any transfers,' complete the schedule below for each control	s from a controlled entity as def illed entity	rined in section 512(b)(13) of t	he Code? If		<u> </u>
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of trans	sfer
a		·					
b							
С							
	_	Totals					
108		the organization have a binding written contrac uities described in question 107 above?	t in effect on August 17, 2006, c	overing the interest, rents, roy	/alties, and	Yes	No
Pleas Sign Here	se	Under penalties of perjury. I declare that I have examined the true, correct, and complete Declaration of preparer (other the Signature of officer  MEHRDAD YASREBI Type or print name and title	s return, including accompanying schedule anoficer) is based on all information of wi	s and statements, and to the best of my hich preparer has any knowledge   11/14/08   Date   President	/ knowledge and b	elief, it is	
Paid Pre- parer	<b>'</b> s	Preparer's signature  JACOLYN C WHEATLEY  Firm's name (or Jacolyn C. Wheatley yours if self		Check if self employed ► X		369	See
Ùse Only		yours in self employed), address, and ZIP+4 Portland	OR 97282		<i>1<b>53 206 6</b></i> 503) 803-		
BAA	!		UR 31282	Prione no P ( 2		1 <b>990</b> (2	2007)

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

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

Employer identification number

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

CHILD FOUNDATION, INC		93-1148608		
Part I			Directors, and	Trustees
(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 and other allowances
none				
Total number of other employees paid over \$50,000	none			
Rartill—A Compensation of the Five High (See instructions List each one	hest Paid Independent Cole (whether individuals or fi	ntractors for Pro	fessional Servie none, enter 'N	ces lone.')
(a) Name and address of each independent contra	•	<b>(b)</b> Type (	<del> </del>	(c) Compensation
NONE				
			<del></del>	
Total number of others receiving over \$50,000 for professional services	NONE			
Part II ♣ B Compensation of the Five High (List each contractor who perfo firms. If there are none, enter '	nest Paid Independent Colormed services other than i	ntractors for Oth	er Services rices, whether in	ndividuals or
(a) Name and address of each independent contra	ctor paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation
None	·			
Total number of other contractors receiving pover \$50,000 for other services	NONE			

che	edule A (Form 990 or 990-EZ) 2007 CHILD FOUNDATION, INC	93-1148608		Page 2
Pa:	Statements About Activities (See instructions )		Yes	No
1	During the year has the organization attempted to influence national, state, or local legislation, including at 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	ny attempt		
	(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 Ottorganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description lobbying activities	of the		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with substantial contributors, trustees, directors, officers, creators, key employees, or members of their families taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions	or with any		
a	a Sale, exchange, or leasing of property?	2	a	х
ŀ	b Lending of money or other extension of credit?	2	ь	x
C	c Furnishing of goods, services, or facilities?	2	с	x
c	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2	d	<u>x</u> _
€	e Transfer of any part of its income or assets?	2	e	х
3a	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	3	a X	_
Ł	b Did the organization have a section 403(b) annuity plan for its employees?	3	ь	Х
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	3	5	x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services	s <sup>7</sup> 3	d	Х
4a	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' comp 4f and 4g	olete lines	а	Х
Ь	Did the organization make any taxable distributions under section 4966?	41	0	_
C	Did the organization make a distribution to a donor, donor advisor, or related person?	4.		<u></u>
d	Enter the total number of donor advised funds owned at the end of the tax year	<b>-</b>		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b>-</b>		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor adv funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax ye	ar <b>►</b>		0.

Schedule **A** (Form 990 or 990-EZ) 2007

BAA

Sche	dule A (Form 990 or 990-EZ) 2007 CH	ILD FOUNDATION,	INC		)J 114	0000 rage								
'Par	Reason for Non-Private F	oundation Status (S	ee instructions.)											
l cert	ify that the organization is not a private fo	oundation because it is (F	Please check only <b>ONE</b> app	licable 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	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)													
9	☐ A medical research organization ope and state ►	rated in conjunction with a	a hospital Section 170(b)(1	)(A)(III). <b>En</b>	ter the hospi	tal's name, city,								
10	An organization operated for the ben (Also complete the <b>Support Schedul</b>	efit of a college or univers e in Part IV-A)	sity owned or operated by a	ı governmer	ntal unit Sec	tion 170(b)(1)(A)(iv)								
11 a	An organization that normally receive Section 170(b)(1)(A)(vi) (Also complete)	es a substantial part of its lete the <b>Support Schedul</b> e	s support from a governmen e ın Part IV-A )	ital unit or fi	rom the gene	ral public								
11 b	A community trust Section 170(b)(1)	(A)(vi) (Also complete th	e <b>Support Schedule</b> in Part	t IV-A)										
12	An organization that normally receive from activities related to its charitable from gross investment income and ui organization after June 30, 1975 See	e, etc, functions – subjec nrelated business taxable	t to certain exceptions, and income (less section 511 t	( <b>2) no mor</b> ax) from bu	e than 33-1/3 sinesses acq	% of its support								
13	An organization that is not controlled requirements of section 509(a)(3) Cl	l by any disqualified personeck the box that describe	ons (other than foundation res the type of supporting or	nanagers) a ganization	and otherwise ►	meets the								
	Type I Type II	Type III-Functio		Type III										
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	out the supported organiza  (c)  Type of  organization (described  in lines 5 through 12  above or IRC section)	Is the su organization the sup organization	d) upported on listed in porting zation's rrning nents?	(e) Amount of support								
				Yes	No	·								
				_										
Total					▶									
14	An organization organized and opera	ted to test for public safet	ty Section 509(a)(4) (See	instructions	)									

Par	t∜V-A∷ Support Schedule (C	Complete only if you ch	hecked a box on line	10, 11, or 12) <b>Use ca</b>	sh method of accour	nting.
Note	: You may use the worksheet in th	e instructions for conv	verting from the accru	al to the cash method	d of accounting	
begi	ndar year (or fiscal year nnıng in) ►	<b>(a)</b> 2006	<b>(b)</b> 2005	<b>(c)</b> 2004	<b>(d)</b> 2003	<b>(e)</b> Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,605,832.	1,556,642.	1,550,672.	2,185,437.	6,898,583.
_16	Membership fees received					
	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	46,546.		121,720.	504,516.	672,782.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	1,246.	1,575.		2,450.	5,271.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of 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 See L-22 Stmt	!	24,900.		2,860.	27,760.
_23	Total of lines 15 through 22	1,653,624.	1,583,117.	1,672,392.	2,695,263.	7,604,396.
	Line 23 minus line 17	1,607,078.	1,583,117.	1,550,672.	2,190,747.	6,931,614.
_25_	Enter 1% of line 23	16,536.	15,831.	16,724.	26,953.	A STATE OF S
	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts for return Enter the total of all these excess a	name of and amount contrib or 2003 through 2006 exceed imounts	ed the amount shown in lir	r than a governmental unit o	with your ► 26b	138,632.
	Total support for section 509(a)(1)				► <u>26</u> c	6,931,614.
C	Add Amounts from column (e) for	r lines 18	5,271. 27,760.	19 26b		22 021
	Dublic consent (los 26s consent los		27,760.	26 D	► 26d ► 26e	33,031. 6,898,583.
	Public support (line 26c minus line Public support percentage (line 2		d by line 26c (denom	unator))	► 26f	99.52 %
27	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts received amounts for each year (2006)	2: 16, and 17 that were yed in each year from,	received from a 'disq , each 'disqualified po	ualified person, prepa erson ' <b>Do not file this</b>	are a list for your reco	ords to show the Enter the sum of
ŀ	For any amount included in line 1 to show the name of, and amount \$5,000 (Include in the list organiz After computing the difference be differences (the excess amounts)	zations described in lin tween the amount rec for each year	nes 5 through 11b, as eived and the larger a	well as individuals ) [ amount described in (	<b>Do not file this list wit</b> <b>1)</b> or <b>(2),</b> enter the sui	t <b>h your return.</b> m of these
_	(2006)	(2005)	(2004)		_ (<003)	
C	Add Amounts from column (e) for	r lines 15 20	<del></del> ,	16 21	► 27c	
	Add Line 27a total	20	d line 27b total	<u> </u>	≥ 27 d	
	Public support (line 27c total minu		3 10 275 total		- 27 e	
	Total support for section 509(a)(2)	•	om line 23, column (	e) ► 27f		
	Public support percentage (line 2		-		► 27g	8
h	Investment income percentage (li	ne 18, column (e) (nur	nerator) divided by li	ne 27f (denominator))	► 27h	8

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/P		
			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	NA.	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 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)			
32	Does the organization maintain the following		35	
ā	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
(	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
(	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33 a		
Ł	Admissions policies?	33 b		
C	: Employment of faculty or administrative staff?	33 c		
c	Scholarships or other financial assistance?	33 d		
	Educational policies?	33e		
	Use of facilities?	33 f		
-	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h	~ · 384	. ,
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
_	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	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	35	n. eirini	i u mga

Par	tt <mark>.VI≛A Lobbying E</mark> (To be complet	xpenditures by Ele ted ONLY by an eligible	cting Public Charit organization that filed l	t <b>ies</b> (See Instrui Form 5768)	ctions)				n/a	
Che	ck 🕨 a 📗 if the organi	zation belongs to an aff	iliated group Check	: <b>b</b> If yo	u check	ed 'a' and '	limited	contr	ol' provisio	ns apply
		Limits on Lobbying	•	ad )		Affiliate	( <b>a)</b> ed grot tals	qu	To be o	( <b>b)</b> ompleted electing
					36				organ	izations
36 37	Total lobbying expendit Total lobbying expendit									
38	Total lobbying expendit	=	* '	yirig)	37 38	<del>_</del>			ļ <del>_</del>	
39	Other exempt purpose		57)		39		_			
40	Total exempt purpose e	•	38 and 39)		40					
41	Lobbying nontaxable ar			le —	70		**** 7 % ;	\$- <b>%</b> .:		
	If the amount on line 40		lobbying nontaxable a			Ť.		, The		
	Not over \$500,000		of the amount on line				a i	×		
	Over \$500,000 but not over \$1		,000 plus 15% of the excess o							44
	Over \$1,000,000 but not over \$		,000 plus 10% of the excess o	· I	41			*	Sec. on a	
	Over \$1,500,000 but not over \$	\$17,000,000 \$225	,000 plus 5% of the excess ov	er \$1,500,000	, T	S. 35 -	2		2017	
	Over \$17,000,000	\$1,0	000,000		ا ا	- W	303	<i>y</i> .		
42	Grassroots nontaxable	amount (enter 25% of lii	ne 41)		42					
43	Subtract line 42 from lin	ne 36 Enter -0- if line 42	2 is more than line 36		43					
44	Subtract line 41 from lin	ne 38 Enter -0- if line 4	1 is more than line 38		44					
	Caution: If there is an a	amount on either line 43	or line 44, you must fil	e Form 4720	*			197	IMF.	
	(Some orga	nizations that made a se	Averaging Period ection 501(h) election dee the instructions for li	to not have to co	omplete	( <b>h)</b> all of the fi	ve colu	ımns i	below	
			Lobbying Expen	ditures During	4 -Year A	Averaging F	Period			
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005		( <b>d)</b> 2004				( <b>e)</b> otal
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
<b>4</b> 8	Grassroots non- taxable amount		- due als lassagences y lassa Caur	>			20000000	**		
49 	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures									
Par	Lobbying Ac (For reporting c	ctivity by Nonelectionly by organizations that	ng Public Charities at did not complete Par	<b>s</b> t VI-A) (See inst	tructions	)	·		n/a	
	ng the year, did the organ npt to influence public op					g any	Yes	No	Am	ount
	Volunteers									
	Paid staff or manageme	ent (Include compensation	on in expenses reported	d on lines <b>c</b> thro	ugh <b>h.</b> )				<i>ai W.</i> I	
	Media advertisements									
	Mailings to members, le									
	Publications, or published									
	Grants to other organiza			المام المستقلمين						
_	Direct contact with legis	•			nc					
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  i Total lobbying expenditures (add lines c through h.)									
	- rotal loppying expendit	aroo taaa miico e unuuyi	/				1988 Fr 1	*9000000		

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

# Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did th	e reporting organization (	directly or in	idirectly engage in any of the follow	ing with any other organization described iting to political organizations?	ın sectior	1 <b>50</b> 1 (	c)
			to a noncharitable exempt organiza			Yes	No
<b>(i)</b> C	, ,	J			51 a (i)		Х
(ii)O	ther assets				a (ii)		Х
<b>b</b> Other	transactions						
<b>(i)</b> S:	ales or exchanges of ass	ets with a n	oncharitable exempt organization		b (i)		<u> </u>
	urchases of assets from a		, ,		b (ii)		X
	ental of facilities, equipm		r assets		b (iii)		<u>X</u> _
	eimbursement arrangeme	ents			b (iv)		X
	oans or loan guarantees		6	1	b (v)		X
			ip or fundraising solicitations its, other assets, or paid employees		b (vi) c		X
						e of	
the go	ods, other assets, or ser	vices given ingement, sl	by the reporting organization. If the	olumn (b) should always show the fair man organization received less than fair mark goods, other assets, or services received	et value i	n	
(a)	(b)		(c)	(d)			
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and s	sharing arrar	ngement	:S
			·				
	. ————						
	····						
	_ <del></del>			<del></del>			
				***************************************			
	organization directly or in bed in section 501(c) of t ,' complete the following	· ·	liated with, or related to, one or mo her than section 501(c)(3)) or in sec	re tax-exempt organizations stion 527?	►  Yes	s X	No
<u>Dilites</u>	(a)	scriedule	(b)	(c)		_	
	Name of organization		Type of organization	Description of relations	ship		
							_
				<del>                                     </del>			
	<del></del>			<del> </del>			
				<del>                                     </del>	<del></del>		
				<del> </del>			
		<del></del>					
					•		
BAA			<u> </u>	Schedule A (Form	990 or 99	0 57	2007

#### Additional Information

#### Program Accompishments

Over 3,000 families benefitting over 4,000 children are served by Child Foundation's individual sponsorship program. Other sponsorship programs assist children with higher education funding.

International humanitarian aid has been provided in Agfhanistan, Indonesia and Turkey. Special assistance was provided this year for disaster relief in SE Asia.

There are currently 4 different programs for children with disabilities and limitations. They are abused children, blind children, children with cancer and deaf children.

Child Foundation assists only a fraction of the over 143 million orphans worldwide through its program.

Form 990, Page 2, Part II, Line 43

Other	Expenses	s Stmt
-------	----------	--------

Other expenses not covered above (itemize)	<b>(A)</b> Total	(B) Program services	(C) Management and general	<b>(D)</b> Fundraising	
Professional Fees	63,133.	44,267.	18,866.	0.	
Total	63,133.	44,267.	18,866.	0.	

Form 990. Part VI, Page 7, Line 90a

#### States Filed In

California
Washington
Oregon
Virginia

Form 990, Page 4, Part IV, Line 58

#### Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year		
Security Deposit	632.	671.		
Total	632.	671.		

Form 990, Page 4, Part IV, Line 65

#### **Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Payroll Tax Liabilities	4,519.	5,210.

Total <u>4,519.</u> <u>5,210.</u>

Schedule A, Part IV-A, Line 22

#### Other Income

Description	(a)	(b)	(c)	(d)	(e)
	2006	2005	2004	2003	Total
Special Events Miscellaneous		23,968. 932.			23,968.

Total <u>24,900.</u> <u>24,900.</u>

### Form **4562**

## Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to

OMB No 1545 0172

2007

Attachment Sequence No. 67

Department of the Treasury Internal Revenue Service

CHILD FOUNDATION, INC

Attach to your tax return.

Identifying number 93-1148608

Business or activity to which this form relates Form 990 / Form 990EZ Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 \$125,000. Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 3 \$500,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions 6 (b) Cost (business use only) (c) Elected cost (a) Description of property Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead use Part V Partille Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) 14 1,347. 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 788. Part III MACRS Depreciation (Do not include listed property ) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2007 17 629. K 30 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (c) Basis for depreciation (a) Classification of property (b) Month and (e) Convention (g) Depreciation (business/investment use Recovery period deduction only - see instructions) 19a 3-year property 4,288 3.0 yrs MO SL 669. **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs S/L MM i Nonresidential real 39 vrs MM S/L property MM S/L Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year 12 yrs S/L

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

c 40-year

23

Part IV Summary (see instructions)

Listed property Enter amount from line 28

40 yrs

MM

S/L

21

10,433

Part V: Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

		(a) through (c)													
	Sectio	n A – Deprecia	ition and Othe	r Informa	ation (Ca						<del></del>				
24	a Do you have eviden	T	1	t use claim	ed?		X Yes		No 24b If			e written?		X Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ Investment use percentage	Cost	Cost or other basis (business/investment use only)		Recovery period (g)  Method/ Convention		(h) Depreciation deduction		sec	(i) lected tion 179 cost			
25	Special allowar	nce for qualified than 50% in a						ice du	iring the t	ax year	25				
26	Property used	more than 50%	ın a qualified	business	use							_			
						ļ			-			ļ		4	
					<u>-</u>	-						-			
27	Property used 5	1 50% or less in a	n qualified bus	iness lise	,	<u> </u>		1							
<u></u> /	Troperty asca s	70 70 01 1033 111 0	qualified bus	111033 430				T				ļ		7.5	
														] ".	
28	Add amounts in	r column (h), lir	nes 25 through	27 Ente	er here ar	nd on Iir	ne 21, p	age 1			28				72. False.
29	Add amounts in	column (ı), lin	e 26 Enter he										29	)	
0					B – Info						1-4				h
	iplete this section our employees, fi														nicies
			<u> </u>		(a)		b)	ΓĖ	(c)	<del></del>	(d)		e)	T	(f)
30	Total business/ during the year commuting mile	(do not include		1	icle 1	Vehicle 2		V			icle 4			1 '''	
31	Total commuting m	iles driven during t	he year												
32	Total other pers miles driven	sonal (noncomr	nuting)		_										
33	Total miles driv lines 30 through		ear Add				•						<del></del>		γ
				Yes	No	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	hours?													
35	Was the vehicle than 5% owner														
36	ls another vehic personal use?		_												
			C - Question							•					
Ansv 5% (	wer these question owners or related	ons to determine persons (see i	e if you meet a nstructions)	an excep	tion to ca	mpletir	ng Section	on B f	or vehicle	es used b	by emplo	oyees wh	10 are n	ot more	than
37	Do you maintair by your employ		y statement th	at prohib	oits all pe	rsonalı	use of v	ehicle	s, ıncludı	ng comm	nuting,			Yes	No
38	Do you maintair employees? Se	n a written polic e the instruction	y statement th	nat prohib used by	oits perso corporat	nal use e office	of vehi	cles, e	except co or 1% or	mmuting more ow	, by you ners	ır			
39	Do you treat all	use of vehicles	by employees	s as pers	onal use	?									
40	Do you provide vehicles, and re	more than five	vehicles to you	ur emplo	yees, obt	ain info	rmation	from	your emp	oloyees a	about the	e use of	the		
41	Do you meet the <b>Note:</b> If your an													Cap Age controller a	
Pai	t VI 🛪 Amorti		<u>`</u>											estituitio x e	A
		(a)			(b)		(c)			(d)		(e)		(f)	
	Desc	cription of costs			nortization egins		Amortizabl amount	le		Code ection	pe	ortization riod or centage		mortizatio or this yea	
42	Amortization of	costs that begi	ns during your	2007 tax	year (se	e instru	uctions)								
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				<u> </u>									<del></del>		
43	Amortization of	f costs that beg	-	2007 tax	x year							43			

Form **4562** (2007)