Form 990-PF

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

2007

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

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

<u>For</u>	calend	lar year 2007, or tax year beginning $\pm \pm / \cup 9 / \cup 7$ ,	and ending	12/3	7/0/		_	
G	Check a	all that apply: X Initial return Final retu	rn	Amend	ed return		Address change	Name change
lle	the IR	Name of foundation				A E	mployer identification nu	mber
	label.	Andrew J. & Gwendolyn L.	Wisnie	wski		2	6-1489669	
	herwise	manadana masanda kalam				ВТе	elephone number (see page	10 of the instructions)
	print	Number and street (or P.O. box number if mail is not delivered	ed to street ac	Idress)	Room/suite	4	12-553-8802	
	r type.	143 Rockhaven Lane		,		C If	exemption application is per	nding, check here
	Specif					1	Foreign organizations, che	
	ruction		5228			l .	Foreign organizations med	
	Chook t	type of organization: X Section 501(c)(3) exempt private					85% test, check here and	
		n 4947(a)(1) nonexempt charitable trust Other taxab				E If	private foundation status wa	
					rual		nder section 507(b)(1)(A), ch	
						F If	the foundation is in a 60-mo	nth termination
	•	from Part II, col. (c), Uther (specify)					nder section 507(b)(1)(B), ch	k
_	ne 16)						1.001 000.001 001 (0)(1)(1)(1), 01	T ====================================
	art I	Analysis of Revenue and Expenses (The	1 ` ′	enue and ses per	(b) Net inv	vestment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily	y bo	oks	inco		income	purposes
	T	equal the amounts in column (a) (see pg. 11 of the instructions)		0 006	***************************************	***********		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		2,896				
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B						
	3	Interest on savings and temporary cash investments .						-
	4	Dividends and interest from securities						
	5a	Gross rents				*************		
Revenue 6a 6 9 10a	b	Net rental income or (loss)						
	Net gain or (loss) from sale of assets not on line 10							
	b	Gross sales price for all assets on line 6a						
	7	Capital gain net income (from Part IV, line 2)					0	
	8	Net short-term capital gain					C	)
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)		***************************************				
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	2	2,896			0 0	1
	13	Compensation of officers, directors, trustees, etc.						
Expenses	14	Other employee salaries and wages						
Ë	15	Pension plans, employee benefits						
ğ		Legal fees (attach schedule) See Stmt 1		2,896				2,896
ш	l .	Accounting fees (attach schedule)		<u> </u>				
<u>V</u>	b	Other professional fees (attach schedule)						
ati	C 17							
and Administrative	17	Interest Trues (attach schedule) (see page 14 of the instructions)						
Ξ		Taxes (attach schedule) (see page 14 of the instructions)						
트		Depreciation (attach schedule) and depletion						
ĕ	20	Occupancy						
b	21	Travel, conferences, and meetings						
	22	Printing and publications						
ng L	23	Other expenses (att. sch.)						
Operating		Total operating and administrative expenses.		2 22				2 006
Jer		Add lines 13 through 23	· · · · · · · · · · · · · · · · · · ·	2,896			0	2,896
ŏ		Contributions, gifts, grants paid		0				0 000
		Total expenses and disbursements. Add lines 24 and 25 .		2,896			0 0	2,896
		Subtract line 26 from line 12:						
		Excess of revenue over expenses and disbursements	2	0,000				
	b	Net investment income (if negative, enter -0-)					0	
	С	Adjusted net income (if negative, enter -0-)					0	

***	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
	080088080		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments		20,000	20,000
	3	Accounts receivable▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
ŠŠ	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	. 0	20,000	20,000
٦	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
	22	Other liabilities (describe ► )			
	23	Total liabilities (add lines 17 through 22)	0	0	
+		Foundations that follow SFAS 117, check here	, and the second		
Ses		and complete lines 24 through 26 and lines 30 and 31.			
낈	24	La contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la contra de		20,000	
ā		***************************************		20,000	
or Fund Balanc	26	Temporarily restricted			
ō	20	Permanently restricted  Foundations that do not follow SFAS 117, check here ▶ □			
5		and complete lines 27 through 31.			
	27				
		Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund			
6		Retained earnings, accumulated income, endowment, or other funds			
Assets		Total net assets or fund balances (see page 17 of the			
4			0	20 000	
Net		instructions)	U	20,000	
		Total liabilities and net assets/fund balances (see page 17	0	20,000	
	art II	of the instructions)  Analysis of Changes in Net Assets or Fund Balances		<u> </u>	
	*********		at agree with		
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus			
2	Enter	-year figure reported on prior year's return)			20,000
2	⊏nier.	amount from Part I, line 27a		2	20,000
	Other	increases not included in line 2 (itemize)			20,000
		nes 1, 2, and 3		4	20,000
c	Decre	ases not included in line 2 (itemize)		5	20,000
ט	ı otal r	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	), iine 3∪	6	<b>∠∪,</b> ∪∪∪

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income		r	
(a) List and descri 2-story brick war	ibe the kind(s) of property sold (e.g., real estat ehouse; or common stock, 200 shs. MLC Co.)	e,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A					
b					
С					
d					
<u>e</u>		T	<u> </u>	(1)	(1)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	or other basis ense of sale	, , ,	n or (loss) f) minus (g)
а					
b					
С					
d					
<u>e</u>	and the state of t	ioundation on 12/21/	20		<u> </u>
(i) F.M.V. as of 12/31/69	g gain in column (h) and owned by the f  (j) Adjusted basis  as of 12/31/69	(k) Exces	ss of col. (i) . (j), if any		ol. (h) gain minus less than -0-) <b>or</b> om col. (h))
	40 01 1270 1700		. (),)		
a .				•	
b					
<u>c</u>					
d					Marketon Company of the Company of t
Capital gain net income or (net ca	apital loss)  If gain, also enter in If (loss), enter -0- in		54.54.54.64.64.64.64.64.64.64.64.64.64.64.64.64	2	
•	es) as defined in sections 1222(5) and (6, column (c) (see pages 13 and 17 of the	6):	-		
If (loss), enter -0- in Part I, line 8	, colami (c) (coe pages to and the or an			3	
	nder Section 4940(e) for Reduc	ced Tax on Net	Investment Inco	me	
	foundations subject to the section 4940				
If section 4940(d)(2) applies, leave th			•		
	•			П.	N/A
	tion 4942 tax on the distributable amoun		pase period? U Ye	es 💹 No	
If "Yes," the foundation does not qual	lify under section 4940(e). Do not compl	lète this part.			
1 Enter the appropriate amount in e	each column for each year; see page 18	of the instructions b	efore making any en	tries.	
<b>(a)</b> Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution in)	ns Net value	(c) of noncharitable-use as		(d) bution ratio vided by col. (c))
2006					
2005					·
2004					
2003					
2002				<del></del>	
2 Total of line 1, column (d)				2	
•	5-year base period—divide the total on li	•			
number of years the foundation ha	as been in existence if less than 5 years	5		3	
4 Enter the net value of noncharitab	ole-use assets for 2007 from Part X, line	5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6	
<b>7</b> Add lines 5 and 6				7	
8 Enter qualifying distributions from	Part XII, line 4			8	
	line 7, check the box in Part VI, line 1b,	, and complete that p	part using a 1% tax ra	ite. See	
the Part VI instructions on page 18	σ.				

orm 000 BE (2007)	Andrew	.т	2	Gwendolyn	т.	Wisniewski	26-1489669

P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	instr	uctions	3)		
1a						
	Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here  and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
	of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				(
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				(
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				(
6	Credits/Payments:					
а	2007 estimated tax payments and 2006 overpayment credited to 2007 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)  6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8		***************************************		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2008 estimated tax ▶ Refunded ▶	11				
	art VII-A Statements Regarding Activities					
1a	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	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?			1b		X
	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.					
С	Did the foundation file Form 1120-POL for this year?			1c		X
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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	]	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
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					
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part II, col. (c	t XV .		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) PA					
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	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
	or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV on					
	page 27)? If "Yes," complete Part XIV			9		_X_
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_				
	names and addresses Stmt	<u> </u>		10	X	

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007? .....

Form **990-PF** (2007)

X

Form	1990-PF(2007) Andrew J. & Gwendolyn L. Wishle	MPVT TO-TA	.02002			Page
2727272727	art VII-B Statements Regarding Activities for Which Form			inued)		
5a	During the year did the foundation pay or incur any amount to:			-		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	📙 Ye	s X	No	
	(2) Influence the outcome of any specific public election (see section 4955); or t	o carry on,				
	directly or indirectly, any voter registration drive?		Ye		No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			s X	No	
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		_		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instr	uctions)	Ye	s X	No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or					
	educational purposes, or for the prevention of cruelty to children or animals?		Ye	s X	No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under				,_	
	Regulations section 53.4945 or in a current notice regarding disaster assistance			<b>N</b>	/A 5	b
	Organizations relying on a current notice regarding disaster assistance check he	re		▶ 📙		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax	(- 🗀			
	because it maintained expenditure responsibility for the grant?		N/A   Ye	S	No	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa			-		
	on a personal benefit contract?		Ye:	s X	No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contrac	ot?		6	b X
	If you answered "Yes" to 6b, also file Form 8870.		П.,	<b>.</b>		
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?	Ye:	S X	.	
	If yes, did the foundation receive any proceeds or have any net income attributat	ole to the transaction	rara Highly D	oid Em	/.A   7	<del></del>
⊢ P'a	Information About Officers, Directors, Trustees, For	inuation Manag	jers, nigiliy P	alu Elli	pioyee	э,
	and Contractors					
4 1	istall officers directors tructors foundation managers and their compansat	ion lead nade 23 of	the instructions)			
<u>1 L</u>	ist all officers, directors, trustees, foundation managers and their compensat		1	(d) Contr	ributions to	(e) Expense
<u>1 L</u>	ist all officers, directors, trustees, foundation managers and their compensat  (a) Name and address		1	(d) Contraction (d) Contractio	ributions to ee benefit d deferred ensation	(e) Expense account, othe allowances
	(a) Name and address	ion (see page 23 of  (b) Title, and average hours per week devoted to position  Director	1	(d) Contraction (d) Contractio	ributions to ee benefit d deferred ensation	(e) Expense account, othe allowances
. An	(a) Name and address drew J. Wisniewski Pittsburgh	(b) Title, and average hours per week devoted to position	1	(d) Control employed plans and compe	ributions to ee benefit d deferred ensation	
. An 14	(a) Name and address  drew J. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Control employed plans and compe		
An 14 Gw	(a) Name and address drew J. Wisniewski Pittsburgh	(b) Title, and average hours per week devoted to position  Director  1	(c) Compensation (If not paid, enter -0-)	(d) Conti employe plans an compe		
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An 14 Gw 14	(a) Name and address  drew J. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228 endolyn L. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228  Compensation of five highest-paid employees (other than those included on	(b) Title, and average hours per week devoted to position  Director  1  Director  1	(c) Compensation (if not paid, enter -0-)	(d) Conty employe plans and compe	<u>c</u>	
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An. 14 Gw 14	(a) Name and address  drew J. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228 endolyn L. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228  Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director  1  Director  1  line 1—see page 23  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contremploye plans and compe	0 0 ibutions to be benefit	(e) Expense account, other
An. 14 Gw 14	(a) Name and address  drew J. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228 endolyn L. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228  Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director  1  Director  1  line 1—see page 23  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contremploye plans and compe	0 0 ibutions to be benefit	(e) Expense account, other
An. 14 Gw 14	(a) Name and address  drew J. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228 endolyn L. Wisniewski Pittsburgh 3 Rock Haven Lane PA 15228  Compensation of five highest-paid employees (other than those included on If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  Director  1  Director  1  line 1—see page 23  (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contremploye plans and compe	0 0 ibutions to be benefit	(e) Expense account, other

Total number of other employees paid over \$50,000

	08/21/2008 9:47 AM	dependent contractors for professional services (see page 23 of the instructions). If none, enter lame and address of each person paid more than \$50,000 (b) Type of service (c) Compensation (c)			
	990-PF (2007) Andrew J. & Gwendolyn L. Wisniewski 26- rt VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid E	mployees	<del></del>	Page
3		tructions). If none, enter			
		(b) Type of service	(c)	Com	ensation
NC	NF				
		·			
Total	number of others receiving over \$50,000 for professional services			<b>&gt;</b>	
Pa	rt IX-A Summary of Direct Charitable Activities				
List of o	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number		Expe	nses
1	N/A				
2					
•					
3					
4					
			• • • • • • • • • • • • • • • • • • • •		
Pa	Summary of Program-Related Investments (see page 24 of the	instructions)	T		
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		An	nount	
1 	N/A				
2					

Form **990-PF** (2007)

All other program-related investments. See page 24 of the instructions.

Total. Add lines 1 through 3

Pi	Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	eign fo	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	20,000
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	20,000
e	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	0
3	Subtract line 2 from line 1d	3	20,000
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25		
•	of the instructions)	4	300
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,700
6	Minimum investment return. Enter 5% of line 5	6	143
CONTRACTOR OF THE	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	operating	9
1000000000	foundations and certain foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	143
2a	Tax on investment income for 2007 from Part VI, line 5	_	
b	Income tax for 2007. (This does not include the tax from Part VI.)	_	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	143
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	143
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	143
	Qualifying Distributions (see page 26 of the instructions)	booodood	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,896
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:		
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	2,896
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,896
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	qualifies for the section 4940(e) reduction of tax in those years.		

P	art XIII Undistributed Income (see page 26 of the in	nstructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2007 from Part XI,	Corpus	Years prior to 2006	2006	2007
	line 7				143
2	Undistributed income, if any, as of the end of 2006:				
а	*				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2007:				
а	From 2002	_			
b	From 2003	_			
С	From 2004	-			
d		-			
е	From 2006	_			
f	Total of lines 3a through e				
4	Qualifying distributions for 2007 from Part XII,				
_	line 4: ▶\$ 2,896 Applied to 2006, but not more than line 2a				
	Applied to undistributed income of prior years (Election				
b	required—see page 27 of the instructions)				
c	Treated as distributions out of corpus (Election				
·	required—see page 27 of the instructions)				
d	Applied to 2007 distributable amount				143
e	Remaining amount distributed out of corpus	2,753			
5	Excess distributions carryover applied to 2007				
	(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	2,753			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
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	Subtract line 6c from line 6b. Taxable				
_	amount—see page 27 of the instructions Undistributed income for 2006. Subtract line				
-	4a from line 2a. Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2007. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2008				0
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)				
8	Excess distributions carryover from 2002 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2008.	2,753			
^	Subtract lines 7 and 8 from line 6a	2,133			
0	Analysis of line 9: Excess from 2003				
a b		1 1			
C	T 6 000F	1 1			
d	Excess from 2005  Excess from 2006	1			
_	Excess from 2007 2,753	1			

P	art XIV Private Operating Fou	undations (see p	age 27 of the insti	ructions and Part	VII-A, question 9	}
1a	•			ting		
	foundation, and the ruling is effective for				042(i)(2) or 40(	2(j)(5)
b	Check box to indicate whether the found		ating foundation descri	,	942(j)(3) or   494	
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2007	(b) 2006	Prior 3 years (c) 2005	(d) 2004	(e) Total
	investment return from Part X for	(a) 2001	(b) 2000	(6) 2000	(d) 2004	
	each year listed					
b	85% of line 2a					
C	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: "Assets" alternative test—enter:					
а	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of					
	minimum investment return shown in Part					
	X, line 6 for each year listed			**************************************		
С	"Support" alternative test—enter:		·			
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	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)					
	(3) Largest amount of support from					
	an exempt organization					
888°°98	(4) Gross investment income	<i></i>	41-1		-d &E 000 - = =====	
	ort XV Supplementary Inform at any time during the				aa \$5,000 or more	e in assets
1	Information Regarding Foundation Man		20 Of the method	110119./		
a	List any managers of the foundation who		e than 2% of the total o	contributions received	by the foundation	
	before the close of any tax year (but only					
	Andrew J. & Gwendoly					\$20,000
b	List any managers of the foundation who				portion of the	
	ownership of a partnership or other entity	) of which the foundat	ion has a 10% or great	er interest.		
2	N/A Information Regarding Contribution, Gr	ant Gift Loan Scho	Jarohin etc Program	e'	<del></del>	
_	Check here <b>X</b> if the foundation only				loes not accept	
	unsolicited requests for funds. If the found		•	<del>-</del>		
	organizations under other conditions, com			,		
а	The name, address, and telephone number	er of the person to wh	nom applications should	l be addressed:		
	N/A					
b	The form in which applications should be	submitted and inform	ation and materials that	v should include:		
	N/A	oabinitiou and inioffili	ation and materials the	, snould include.		
С	Any submission deadlines: N/A					
d	Any restrictions or limitations on awards, s $\mathbf{N/A}$	such as by geographi	cal areas, charitable fie	lds, kinds of institution	ns, or other factors:	

Form 990-PF (2007) Andrew J. & Gwendolyn L. Wisniewski 26-1489669

Part XV Supplementary Information (continued)

Supplementary Information (continued) 3 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 Foundation status of recipient Purpose of grant or contribution Recipient Amount Name and address (home or business) a Paid during the year N/A ▶ 3a **b** Approved for future payment N/A ▶ 3b Total

Page 11

	Part XVI-A	Analysis of Income-Producing Act	tivities				
En	ter gross amo	ounts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program se	rvice revenue:					the instructions.)
	a						
			ļ		<b> </b>		
	f				<b></b>		
_		d contracts from government agencies					
		dues and assessments					
		savings and temporary cash investmentsnd interest from securities			<b> </b>		
		come or (loss) from real estate:					
3		anced property			***************************************		
	b Not deb	t-financed property					
6		come or (loss) from personal property					
		ment income					
, 8	Gain or (loss	s) from sales of assets other than inventory					
		or (loss) from special events					
3 10	Grose profit	or (loss) from sales of inventory		****			
		ue: a					
• •							
	d	·					
	Α						
12	Subtotal Ad	d columns (b), (d), and (e)		0		0	0
13	Total. Add li	ne 12, columns (b), (d), and (e)				13	0
		in line 13 instructions on page 29 to verify calculation					
	art XVI-B	000		ent of Exempt Pu	ırpose	S	
		Explain below how each activity for which income					
	Line No. ▼	the accomplishment of the foundation's exempt pu	urposes (other t	han by providing funds	s for suc	h purposes). (See	
	•	page 29 of the instructions.)					
	N/A						
							A CONTRACTOR OF THE PROPERTY O
						·	
			· · · · · · · · · · · · · · · · · · ·		,		

Form 990-PF (2007) Andrew J. & Gwendolyn L. Wisniewski 26-1489669

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	au Avu	Exempt Organiz	_		ia mansaono	iio aii	u , (O,ai. O O				
1	Did the	organization directly or in-		ge in any of the fo	llowing with any o	ther or	ganization descr	ibed			Yes No
	in section	n 501(c) of the Code (oth	ner than section	on 501(c)(3) orgar	nizations) or in se	ction 52	27, relating to po	litical			
	organiza										
а	Transfe	s from the reporting foun	dation to a no	oncharitable exem	pt organization of	f:					<b></b>
	(1) Cas	h <sub></sub>									X
	(2) Oth	er assets								1a(2)	X
b		ansactions:									v
		es of assets to a nonchari								14. (6)	X
		chases of assets from a n								1	X
		tal of facilities, equipmen								41.741	X
		nbursement arrangement								4 L/E\	X
		ns or loan guarantees									
		formance of services or m									X
C	Sharing	of facilities, equipment, n	nailing lists, d	ither assets, or pa	a sebedule. Colu	 mp (h) s		ow the fair r	 narket		1
d	I If the an	swer to any of the above the goods, other assets,	is "Yes," con	ipiete the followin	ig schedule. Colui	IIII (D) S	undation receive	ad less than	fair mark	ot .	
	value of	any transaction or sharin	or services g	nt show in column	n (d) the value of	the ann	ds other assets	or services	received	l.	
				of noncharitable ex		(d)		nsfers, transac	ctions, and	sharing arrange	ements
N/	(a) Line no	. (b) Amount involved	(C) Name	or nonchantable ex	empt organization	(ω)	Dodding to the				
14/			<u> </u>								
		·				•					
			ļ								
							titi				
2a		undation directly or indire					t organizations			Пу	es X No
		ed in section 501(c) of the		than section 501(	c)(3)) or in section	1 327 :				⊔ ''	03 [22] 140
d	If "Yes,"	complete the following so	cnedule.	(b) Type of	organization			(c) Description	on of relati	onship	4,1-11-11-11-11-11-11-11-11-11-11-11-11-1
	N/A	(a) Name of organization		(b) Type or	organization			(0) 2000	<u> </u>		
	H/A										
	Under per	nalties of perjury, I declare that	at I have exami	ned this return, includ	ding accompanying	schedule	s and statements,	and to the best	of my kno	wledge and	
	belief, it is	true, correct, and complete	Declaration of	reparer (other than t	taxpayer or fiduciary	) is base	d on all information	of which prepared	arer has ar	ny knowledge.	
	<b>_</b>			<u>ツツ</u>							
a	Signa	ature of officer or trust			Date		<b>/</b> Ti	tle		100	<del>19 10 10 10 10 10 10 10 10 10 10 10 10 10 </del>
er				-			Date			Preparer's \$S	to the
딜						l		Check if		(See Signatu	
Sign Here	교	Preparer's	// ,	21 (00		Ì		self-employe	d ▶ ∐	of the instructi	
တ	Paid Preparer's Use Only	signature	1	R CRA			8/21/08			P00344	992
	P.R.	Firm's name (or yours if		& Associa		•				0E 10E	1604
		self-employed), address,		shington						25-187	
$\perp$		and ZIP code	Carne	gie, PA	15106-28	48			Phone no.	412-27	<u>8 - 2 2 0 0</u> <b>0-PF</b> (2007)
										rorm 99	<b>∪-</b> r r (2007)

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2007

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Family Founda	Gwendolyn L. Wisniewski ation	26-1489669
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule—  X For organizations fili	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money	or
property) from any o	ne contributor. (Complete Parts I and II.)	
under sections 509(a	(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 2% of the amount on line 1 of these forms. (Complete Parts I and II.)	
during the year, aggi	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one cregate contributions or bequests of more than \$1,000 for use exclusively for religious, char educational purposes, or the prevention of cruelty to children or animals. (Complete Parts	itable,
during the year, som not aggregate to mon the year for an exclu- applies to this organi	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contriber than \$1,000. (If this box is checked, enter here the total contributions that were received sively religious, charitable, etc., purpose. Do not complete any of the Parts unless the Gerzation because it received nonexclusively religious, charitable, etc., contributions of \$5,00	butions did I during neral Rule
990-EZ, or 990-PF), but they	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

For Paperwork Reduction Act Notice, see the Instructions

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

Page 1 of 1 of Part I

Name of organization

Andrew J. & Gwendolyn L. Wisniewski

Employer identification number 26-1489669

Contributors (See Specific Instructions.) (d) (c) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Andrew J. & Gwendolyn L. Wisniewski Person 1 Payroll 143 Rockhaven Lane 22,896 Noncash PA 15228 (Complete Part II if there is Pittsburgh a noncash contribution.) (d) (c) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (a) (b) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (b) (a) Type of contribution **Aggregate contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

8/21/2008 9:47 AM

6401 Andrew J. & Gwendolyn L. Wisniewski 26-1489669 **Federal Statements** 

26-1489669

FYE: 12/31/2007

### Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	_	Charitable Purpose
Organization Costs	\$ 2,896	\$	\$	\$_	2,896
Total	\$ 2,896	\$ 0	\$0	\$_	2,896

~

6401 Andrew J. & Gwendolyn L. Wisniewski

FYE: 12/31/2007 26-1489669

Federal Statements

8/21/2008 9:47 AM

Statement 2 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, St Zip

Andrew J. & Gendolyn L. Wisnewski 143 Rockhaven Lane

Pittsburgh PA 15228

6401 Andrew J. & Gwendolyn L. Wisniewski 26-1489669 **Federal Statements** 8/21/2008 9:47 AM

26-1489669

FYE: 12/31/2007

## Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
Andrew J. & Gwendolyn L. Wisnewski	20,000
Total	20,000

26-1489669

Year Ending: December 31, 2007

Andrew J. & Gwendolyn L. Wisniewski 143 Rockhaven Lane Pittsburgh, PA 15228

## **Deduct Organization Cost Election**

Under IRC Section 195, the taxpayer elects to deduct all organization expenses incurred after October 22, 2004 in accordance with IRC Sec. 248(a). Expenses not currently deducted are amortized over 180 months from the date the business began or was acquired. Refer to the trade or business for the types, amounts and dates of the expenditures and the date business began.

Form 8868 (Rev. 4-2008)

Signature >

(Rev. April 2007)

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

	D	Service	·		<b>▶</b> X
		Stanforon A.	tomatic 3-Month Extension, co	omplete only Part I and check this box	
		71' A -	Hitianal (not automatic) 3-Mon	th Extension, complete only Part II (on page 2 of this in	Offiti).
— ir y	you are i	. t - Daniel I cont	aca you have already been gran	ted an automatic 3-month extension on a previously med	a r citir ecce.
Par		<u>Δutomati</u>	c 3-Month Extension of	Time. Only submit original (no copies neede	ed).
Section	n 501(c)	corporations	required to file Form 990-T and	requesting an automatic 6-month extension-check this b	oox and
	oto Dart	Lonly			
A 11 - 46		rations (includ	ling 1120-C filers) partnerships.	REMICs, and trusts must use Form 7004 to request an	extension of
time to	file inco	ome tax return	ıs.		
Electro	onic Fili	ing (e-file). Ge	enerally, you can electronically fi	le Form 8868 if you want a 3-month automatic extension	of time to file
_		4 1 1	(C months for soction 501(c)	cornorations required to the Folith 330-1). However, 100	oute
		11. 15 (4)	want the additional (not automa	itic) 3-month extension of (2) you life to this 300-52, 500	00, 0. 00. 0, 9
			angelidated Form 990-T Instead	Volument submit the fully completed and signed page.	<u> </u>
8868.	For mor	e details on th	e electronic filing of this form, vi	sit www.irs.gov/efile and click on e-file for Charities & No	onprones.
Туре		Name of Ex	empt Organization		Employer identification number
print	,	Andrey	J. & Gwendolyn	L. Wisniewski	06 1400660
•	*ho	Family	Foundation		26-1489669
File by to		Number, str	eet, and room or suite no. If a P	O. box, see instructions.	
filing yo	_	143 R	ckhaven Lane		
return.		City, town o	r post office, state, and ZIP code	e. For a foreign address, see instructions.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Pittsk		PA 15228	
Check	type of	return to be	filed (file a separate application	for each return):	Form 4720
	Form 99			Form 990-1 (corporation)	Form 5227
-	Form 99			Form 990-T (sec. 401(a) or 408(a) trust)	Form 6069
_	Form 99			Form 990-T (trust other than above)	
	Form 99			Form 1041-A	Form 8870
. == .	. 0 00				
Te If t If t for the a list w 1	elephone the orga this is fo whole g with the r I reques until	e No. Initiation does or a Group Reference to the names and Electrical transportations.	not have an office or place of burn, enter the organization's fou his box	or part of the group, entert the	If this is and attach
			2007 or		
İ		tax year begir	nning, and end	ding	
			ess than 12 months, check reaso	on. I midal return	ge in accounting period
3a	If this ap	plication is fo	r Form 990-BL, 990-PF, 990-T,	4720, or 6069, enter the tentative tax,	20 6
1	lees anv	nonrefundab	le credits. See instructions.		3a \$
ь і	If this ac	plication is fo	r Form 990-PF or 990-T, enter a	ny refundable credits and estimated tax	3b \$
	navmen:	ts made, Inclu	ide any prior year overpayment a	allowed as a credit.	05 4
•	Ralance	Due, Subtrac	ct line 3b from line 3a. Include yo	our payment with this form, or, it required,	
(	deposit v	with FTD coup	oon or, if required, by using EFT	PS (Electronic Federal Tax Payment	3c \$
	A	Can instruct	ione		
Cautio	on. If you	u are going to	make an electronic fund withdra	awal with this Form 8868, see Form 8453-EO and Form	001 <del>3-</del> EO
for pay	yment in	structions.			Form 8868 (Pey 4-2007