

Prepared For
UNITED STATES HANG GLIDING FOUNDATI

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PALMYRA VA 22963
Telephone: 434-589-1294

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007, **and ending** , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization, number and street, city, town, state, and ZIP code
 UNITED STATES HANG GLIDING FOUNDATI
 PO BOX 518
 DUNLAP CA 93621-

D Employer identification number
84-1132636

E Telephone number
559-338-2370

F Acctg. method: Cash Accrual
 Other (specify) ▶

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? .. Yes No
H(b) If "Yes," enter number of affiliates .. ▶
H(c) Are all affiliates included? .. Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 89,829.

G Website: ▶

J Organization type (check only one) ▶ 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

Part I 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		
b Direct public support (not included on line 1a)		1 b	74,457.	
c Indirect public support (not included on line 1a)		1 c	225.	
d Government contributions (grants) (not included on line 1a)		1 d		
e Total (add lines 1a through 1d) (cash \$ 74,682. noncash \$)		1 e		74,682.
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		
3 Membership dues and assessments		3		
4 Interest on savings and temporary cash investments		4		15,147.
5 Dividends and interest from securities		5		
6 a Gross rents		6 a		
b Less: rental expenses		6 b		
c Net rental income or (loss). Subtract line 6b from line 6a		6 c		
7 Other investment income (describe ▶)		7		
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other
b Less: cost or other basis & sales expenses		8 a		
c Gain or (loss) (attach schedule)		8 b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8 c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8 d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)		9 a		
b Less: direct expenses other than fundraising expenses		9 b		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9 c		
10 a Gross sales of inventory, less returns and allowances		10 a		
b Less: cost of goods sold		10 b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10 c		
11 Other revenue (from Part VII, line 103)		11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		89,829.
Expenses	13 Program services (from line 44, column (B))	13		24,411.
	14 Management and general (from line 44, column (C))	14		5,496.
	15 Fundraising (from line 44, column (D))	15		2,857.
	16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)		17		32,764.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		57,065.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		311,000.
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		368,065.

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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>20071</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	20071.	20071.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	1848.	616.	616.	616.
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	2254.	1127.	1127.	
35 Postage and shipping	35	291.	97.	97.	97.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	9.		9.	
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a ADVERTISING	43a	2144.			2144.
b BANK FEES	43b	93.		93.	
c DUES & SUBSCRIPTIONS	43c	150.		150.	
d LICENSES & FEES	43d	115.		115.	
e OFFICE EXPENSES	43e	1289.		1289.	
f COMPETITION ENTRANCE FEES	43f	2500.	2500.		
g INSURANCE	43g	2000.		2000.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	32764.	24411.	5496.	2857.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B) Program services**? Yes No
 If "Yes," enter **(i)** the aggregate amount of these joint costs \$ _____; **(ii)** the amount allocated to Program services \$ _____;
(iii) the amount allocated to Management and general \$ _____; and **(iv)** the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a COMPETITION EXCELLENCE – EXPENSES RELATED TO THE PARTICIPATION IN THE WORLD TEAM COMPETITIONS _____ _____ _____ (Grants and allocations \$ 5200 .) If this amount includes foreign grants, check here <input type="checkbox"/>	5200 .
b SITE PRESERVATION – SUPPORT, ENCOURAGE, ADVOCATE AND ASSIST IN THE PRESERVATION, PROTECTION AND ACCESS TO OPEN SPACES FOR HANG GLIDING AND RELATED ACTIVITIES _____ _____ _____ (Grants and allocations \$ 16634 .) If this amount includes foreign grants, check here <input type="checkbox"/>	16634 .
c SAFETY & EDUCATION – PROVIDE AND ADCANCE EDUCATIONAL OPPORTUNITIES TO THE PUBLIC CONCERNING HANG GLIDING AND RELATED AVIATION AND SAFETY ISSUES _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	21834 .

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	69,888.	45	582.
	46 Savings and temporary cash investments	237,972.	46	367,484.
	47a Accounts receivable			
	b Less: allowance for doubtful accounts	3,140.	47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)		57c		
58 Other assets, including program-related investments (describe			58	
59 Total assets (must equal line 74). Add lines 45 through 58.	311,000.	59	368,066.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe		65	
66 Total liabilities. Add lines 60 through 65		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here .. <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	165,320.	67	222,704.
	68 Temporarily restricted	145,680.	68	88,296.
	69 Permanently restricted		69	57,066.
	Organizations that do not follow SFAS 117, check here .. <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 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)	311,000.	73	368,066.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	311,000.	74	368,066.	

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed ▶ <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		
	90b		
91a	The books are in care of ▶ <u>THE FOUNDATION</u> Telephone no. ▶ _____ Located at ▶ <u>PO BOX 518 DUNLAP CA</u> ZIP + 4 ▶ <u>93621-</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
	91b		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	Yes	No
If "Yes," enter the name of the foreign country ▶ _____			

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15,147.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), & (E))				15,147.	
105 Total (add line 104, columns (B), (D), and (E))					15,147.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the yr., receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code?
If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code?
If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: WILLIAM BOLOSKY Date: _____
 Type or print name and title: TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Check if self employed: Preparer's SSN or PTIN (See Gen. Inst. X): P00022790
 Firm's name (or yours if self-employed), address, and ZIP + 4: WILLIAM WESTERN CPA
4 WISTERIA WAY EIN: 20-5501316
PALMYRA VA 22963- Phone no.: 434-242-4114

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization UNITED STATES HANG GLIDING FOUNDATI	Employer identification number 84-1132636
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See the instructions. List each one. If there are 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	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.....▶		
--	--	--

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services.....▶		
--	--	--

Part III Statements About Activities (See the instructions.)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a 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.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
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.	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised 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 ▶ _____		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ▶ _____		

Part IV Reason for Non-Private Foundation Status (See the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	56994	89284	144669	28849	319796
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11975	6730	2397	1594	22696
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					
23 Total of lines 15 through 22	68969	96014	147066	30443	342492
24 Line 23 minus line 17	68969	96014	147066	30443	342492
25 Enter 1% of line 23	690	960	1471	304	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:
(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	319796
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	319796
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	342492
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	93.37 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	6.63 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37													
38	Total lobbying expenditures (add lines 36 and 37).....	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39).....	40													
41	Lobbying nontaxable amount. Enter the amount from the following table - <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000...</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000..</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000...	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000..	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000.....	20% of the amount on line 40.....														
Over \$500,000 but not over \$1,000,000...	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000..	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41).....	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount ..					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount ..					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			

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

Schedule of Contributors

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

2007

Name of organization UNITED STATES HANG GLIDING FOUNDATI	Employer identification number 84-1132636
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c) (3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

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

Name of organization UNITED STATES HANG GLIDING FOUNDATI	Employer identification number 84-1132636
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM BOLOSKY 8426 316TH PLACE SE ISSAQUAH WA 98027	\$ 11,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DOUGLAS SHARPE 401 SILVER HILL RD CONCORD MA 01742	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Other Grants and Allocations

US 990

990: Page 2, Line 22b; 990-EZ: Page 1, Line 10

2007

Class of Activity	Donee's Name and Address	Relationship	Amount
SITE PRESERVATION	CRESTLINE SOARING SOCIETY	NONE	4,800.
SITE PRESERVATION	VALLEY FLOOR PRESERV PARTNER	NONE	10,000.
SITE PRESERVATION	SOUTHERN AZ HANG GLIDING ASC	NONE	834.
SITE PRESERVATION	ELSINORE HANG GLIDING ASSOC	NONE	1,000.
COMPETITION	US PARAGLIDING TEAM INC	NONE	1,700.
SPECIAL GRANTS	DARK HORSE INTERNATIONAL LLZ	NONE	2,000.
SITE PRESERVATION	JOHN HEINEY	NONE	(263.)
			20,071.

List of Officers, Directors, Trustees and Key Employees

US 990

990: Page 5, Part V; 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII

2007

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
DAVID LEGGETT BANGOR PA	PRESIDENT 2			
RISS ESTES AUSTIN TX	VP 2			
STEPHEN ONSTAD SANTE FE NM	SEC 2			
BILL BOLOSKY ISSAQUAH WA	TREASURER 2			
DOUGLAS SHARPE CONCORD MA	TRUSTEE 2			
JOHN LOCKE DUNLAP CA	TRUSTEE 2			
MARK FORBES CORCALLIS OR	TRUSTEE 2			
JOHN GREYNAULD SANTABARBARACA	TRUSTEE 2			
J KELLY PAINESVILLE OH	TRUSTEE 2			
J BEACH AURORA CO	TRUSTEE 2			
LISA TATE BOISE ID	TRUSTEE 2			
CONNIE LOCKE DUNLAP CA	ED 15			

For calendar year 2007 or tax year beginning _____ and ending _____

Name: UNITED STATES HANG GLIDING FOUNDATI
Name line 2:
Address: PO BOX 518
City, State, and Zip Code: DUNLAP CA 93621-

EIN: 84-1132636
Telephone No: 559-338-2370

Email address:
Web site address:
Fiduciary name, if applicable:
Name of officer signing return: WILLIAM BOLOSKY
Title of officer/trustee/fiduciary signing return: TREASURER
Group exemption number:
Check if exemption application is pending:
Accounting method: Cash: Accrual: X Other:
List states desired: CA

Type of exempt organization:

- X Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year (Form 990-EZ)
Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
Exempt organization with unrelated business income (Form 990-T)

Preparer ID: BILL
Preparer name: WILLIAM WESTERN
Preparer SSN: 105-40-0655
Firm's name: WILLIAM WESTERN CPA
Address: 4 WISTERIA WAY
City, State, ZIP Code: PALMYRA VA 22963-

Time in this return: 493 minutes
Date:
PTIN: P00022790
Self-employed: X
Firm's EIN: 20-5501316
Phone: 434-242-4114

Preparer notes These notes will print and proforma.

Blank lines for preparer notes.

Preparer's use fields

1 2 3
4 5 6

California Exempt Organization Annual Information Return

For calendar year 2007 or fiscal year beginning month _____ day _____ year 2007 and ending month _____ day _____ year 2006	
IMPORTANT: Your number is required.	
California corporation number 1580277	Federal employer identification no. 84-1132636
Corporation/Organization name UNITED STATES HANG GLIDING FOUNDATI	
Address (including suite, room, or PMB no.) PO BOX 518	
City DUNLAP CA 93621-	State CA
ZIP Code 93621-	

A Final return? Check applicable box. Yes No

• Dissolved Withdrawn Merged/Reorganized (attach explanation)

If a box is checked, enter date _____

B Check forms filed this year: State: 109 100 100S 100W

Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** • Yes No

D Is this a group filing? See General Instruction N. Yes No

E Accounting method used ACCRUAL

F Type of organization Exempt under Section 23701 _____ (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	15,147	00
	2	Gross dues and assessments from members and affiliates	●	2		00
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	●	3	74,682	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	●	4	89,829	00
	5	Cost of goods sold	●	5		00
	6	Cost or other basis, and sales expenses of assets sold	●	6		00
	7	Total costs. Add line 5 and line 6	●	7		00
	8	Total gross income. Subtract line 7 from line 4	●	8	89,829	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●	9	32,764	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	57,065	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	●	11	10	00
	12	Penalty for failure to file on time. See General Instruction L	●	12		00
	13	Use tax. See instructions	●	13		00
	14	Balance due. Add line 11, line 12, and line 13	●	14	10	00

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations..... Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents..... Yes No
- 17** Is the organization exempt under R&TC Section 23701g?..... Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income?..... Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of THE FOUNDATION Daytime telephone _____
located at PO BOX 518 DUNLAP CA 93621-

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____		
Paid Preparer's Use Only	Paid Preparer's signature _____	Date _____	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's SSN or PTIN P00022790
	Firm's name (or yours, if self-employed) _____ and address _____	WILLIAM WESTERN CPA 4 WISTERIA WAY PALMYRA VA 22963-	FEIN 20-5501316	Daytime telephone 434-242-4114

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	15,147	00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets	6		00
	7	Other income. Attach schedule	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	15,147	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	20,071	00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11		00
	12	Other salaries and wages	12		00
	13	Interest	13	9	00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion	16		00
	17	Other. Attach schedule	17	12,684	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	32,764	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		307,860.		368,066.
2	Net accounts receivable		3,140.		
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (no. of loans _____)				
9	Other investments. Attach schedule				
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		311,000.		368,066.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return			
<small>Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000</small>			
1	Net income per books	57,065.	
2	Federal income tax		
3	Excess of capital losses over capital gains		
4	Income not recorded on books this year. Attach schedule		
5	Expenses recorded on books this year not deducted in this return. Attach schedule		
6	Total. Add line 1 through line 5	57,065.	
7	Income recorded on books this year not included in this return. Attach schedule		
8	Deductions in this return not charged against book income this year. Attach schedule		
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		57,065.