

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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 04/01, 2007, and ending 03/31/2008

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization FOREST LAWN HERITAGE FOUNDATION, INC. | D Employer identification number 16-1405484 |
| | E Telephone number (716) 885-1600 | F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ |
| | Please use IRS label or print or type. See Specific Instructions | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 DELAWARE AVENUE |
| | City or town, state or country, and ZIP + 4 BUFFALO, NY 14209 | |

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

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)

G Website: N/A

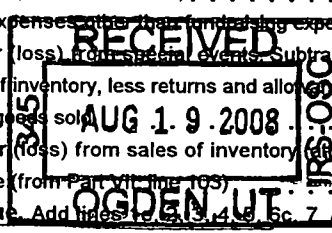
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 271,814.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | | | | |
|------------|--|--|-----|-----------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | |
| | a | Contributions to donor advised funds | 1a | | |
| | b | Direct public support (not included on line 1a) | 1b | 193,027. | |
| | c | Indirect public support (not included on line 1a) | 1c | | |
| | d | Government contributions (grants) (not included on line 1a) | 1d | | |
| | e | Total (add lines 1a through 1d) (cash \$ 168,027. noncash \$ 25,000.) | 1e | | 193,027. |
| | 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 | | 3,181. |
| | 5 | Dividends and interest from securities | 5 | | |
| | 6a | Gross rents | 6a | | |
| | 6b | Less: rental expenses | 6b | | |
| 6c | Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | |
| 7 | Other investment income (describe STMT 1) | 7 | | 2,043. | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| | | 63,342. | 8a | | |
| | | 99,989. | 8b | | |
| | | -36,647. | 8c | | |
| 8d | Net gain or (loss) Combine line 8c, columns (A) and (B) | 8d | | -36,647. | |
| 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) | 9a | | | |
| b | Less: direct expenses other than fundraising expenses | 9b | | | |
| 9c | Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | |
| 10a | Gross sales of inventory, less returns and allowances | STMT 2 | 10a | 10,221. | |
| | | | 10b | 6,033. | |
| | | | 10c | | 4,188. |
| 11 | Other revenue (from Part VII, line 103) | 11 | | | |
| 12 | Total revenue. Add lines 1, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | 165,792. | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | | 154,425. |
| | 14 | Management and general (from line 44, column (C)) | 14 | | 4,830. |
| | 15 | Fundraising (from line 44, column (D)) | 15 | | 3,357. |
| | 16 | Payments to affiliates (attach schedule) | 16 | | |
| | 17 | Total expenses Add lines 16 and 44, column (A) | 17 | | 162,612. |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | | 3,180. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 243,717. |
| | 20 | Other changes in net assets or fund balances (attach explanation) STMT 3 | 20 | | 41,094. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | | 287,991. |



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See 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"/> | | | | |
| 22b | Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25a | Compensation of current officers, directors, key employees, etc. listed in Part V-A | NONE | | | |
| 25b | Compensation of former officers, directors, key employees, etc. listed in Part V-B | | | | |
| 25c | 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) | | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | | | | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 | Employee benefits not included on lines 25a - 27 | | | | |
| 29 | Payroll taxes | | | | |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 3,200. | | 3,200. | |
| 32 | Legal fees | 1,179. | | 1,179. | |
| 33 | Supplies | | | | |
| 34 | Telephone | | | | |
| 35 | Postage and shipping | | | | |
| 36 | Occupancy | | | | |
| 37 | Equipment rental and maintenance | | | | |
| 38 | Printing and publications | 23,782. | 20,425. | | 3,357. |
| 39 | Travel | | | | |
| 40 | Conferences, conventions, and meetings | | | | |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | | | | |
| 43 | Other expenses not covered above (itemize): | | | | |
| 43a | BANK CHARGES | 89. | | 89. | |
| 43b | DEPRECIATION | 120. | | 120. | |
| 43c | MISCELLANEOUS | 242. | | 242. | |
| 43d | CASH CONTRIBUTION TO | | | | |
| 43e | FOREST LAWN CEMETERY | 134,000. | 134,000. | | |
| 43f | | | | | |
| 43g | | | | | |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 162,612. | 154,425. | 4,830. | 3,357. |

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? **▶SEE STATEMENT 4**
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 THE FOUNDATION CONTINUED TO SOLICIT CONTRIBUTIONS TO SUPPORT ITS EFFORTS TO PRESERVE THE ARCHITECTURAL, HISTORICAL, AND NATURAL RESOURCES OF THE BUFFALO CITY CEMETERY (COMMONLY KNOWN IN WESTERN NEW YORK AS "FOREST LAWN CEMETERY"). THE BOARD OF TRUSTEES OF THE FOUNDATION MET REGULARLY TO REVIEW PROPOSED CAPITAL PROJECTS ON THE GROUNDS OF FOREST LAWN
(Grants and allocations \$) If this amount includes foreign grants, check here

b CEMETERY WHICH COULD POSSIBLY RECEIVE FUNDING FROM THE FOUNDATION. THE FOUNDATION ALSO SOLD COPIES OF ITS THREE PREVIOUSLY PUBLISHED BOOKS ON THE CEMETERY, THE HISTORY BOOK, THE EDUCATION GUIDE, AND A FIELD GUIDE TO THE CEMETERY.
(Grants and allocations \$) If this amount includes foreign grants, check here

c IN OCTOBER 2006 A MAJOR ICE STORM DAMAGED THE CEMETERY, THE FOUNDATION RAISED ADDITIONAL FUNDS TO ASSIST IN THE CLEANUP OF STORM DAMAGES AND ALLOCATED \$134,000 TO THE CEMETERY FOR STORM CLEAN UP
(Grants and allocations \$) If this amount includes foreign grants, check here

154,425.

d _____

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

154,425.

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 | 29,499 | 103,122 | |
| | 46 Savings and temporary cash investments | 9,098 | 49,702 | |
| | 47a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a | NONE | |
| | b Less: allowance for doubtful accounts | 48b | 3,000 | |
| | 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) | 51a | | |
| | b Less allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | 32,180 | 26,147 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54a Investments - publicly-traded securities <small>STMT 5</small> | <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 81,418 | 24,652 |
| | b Investments - other securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b |
| | 55a Investments - land, buildings, and equipment: basis | 55a | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | 55c | |
| | 56 Investments - other (attach schedule) | | 56 | |
| | 57a Land, buildings, and equipment: basis <small>STMT 6</small> | 57a | 1,200 | |
| | b Less: accumulated depreciation (attach schedule) | 57b | 840 | |
| 58 Other assets, including program-related investments (describe <small>STMT 7</small>) | | 98,865 | 58 | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | | 254,540 | 59 | |
| 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 <small>STMT 8</small>) | | 10,823 | 65 | |
| 66 Total liabilities. Add lines 60 through 65 | | 10,823 | 66 | |
| Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| 67 Unrestricted | | 219,953 | 67 | |
| 68 Temporarily restricted | | | 68 | |
| 69 Permanently restricted | | 23,764 | 69 | |
| 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) | | 243,717 | 73 | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 254,540 | 74 | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 7
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) X
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. X
75d Does the organization have a written conflict of interest policy? X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in all columns.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X
78b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? X
80b If "Yes," enter the name of the organization THE BUFFALO CITY CEMETERY and check whether it is [X] exempt or [] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
81b Did the organization file Form 1120-POL for this year? X

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 N/A | | |
| 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 N/A | | |
| 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. | | |
| | 85a N/A | | |
| | 85b N/A | | |
| c | Dues, assessments, and similar amounts from members | | |
| | 85c N/A | | |
| d | Section 162(e) lobbying and political expenditures | | |
| | 85d N/A | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| | 85e N/A | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| | 85f N/A | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | |
| | 85g N/A | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | |
| | 85h N/A | | |
| 86a | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | | |
| | 86a N/A | | |
| b | Gross receipts, included on line 12, for public use of club facilities | | |
| | 86b N/A | | |
| 87a | 501(c)(12) orgs. Enter: a Gross income from members or shareholders | | |
| | 87a N/A | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| | 87b N/A | | |
| 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 |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A; section 4955 N/A | | |
| 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 |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| | N/A | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | |
| | N/A | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| 89e | | | X |
| f | All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| 89f | | | X |
| 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 | | | X |
| 90a | List the states with which a copy of this return is filed NY | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | | |
| | 90b NONE | | |
| 91a | The books are in care of DONALD DEMEO Telephone no 716-885-1600 | | |
| | Located at 1411 DELAWARE AVENUE BUFFALO NY ZIP + 4 14209 | | |
| 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)? 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 | | |
| | | Yes | No |
| | | | X |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (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 year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
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.

| | |
|-----|----|
| Yes | No |
| | X |

| | (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.

| | |
|-----|----|
| Yes | No |
| | X |

| | (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?

| | |
|-----|----|
| Yes | No |
| | X |

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: *Paul A. Laver* Date: *8-11-08*

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Paul A. Laver* Date: *8/8/08* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **GAINES KRIMER ELLIOTT LLP**
100 CORP PKWY, STE 200
AMHERST, NY 14226

Preparer's SSN or PTIN (See Gen Inst X): **P00186396**
 EIN: **16-0773396**
 Phone no: **716-250-6600**

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: **FOREST LAWN HERITAGE FOUNDATION, INC.**
Employer identification number: **16-1405484**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of 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 . . ▶ **NONE**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of 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 ▶ **NONE**

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 page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services ▶ **NONE**

Part III Statements About Activities (See page 2 of 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 or 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 rights 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 pages 4 through 8 of 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 page 8 of 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 page 8 of 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.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|---|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | | |
| ----- | | | |
| ----- | | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| ----- | | | |
| ----- | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| ----- | | | |
| ----- | | | |
| ----- | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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 - If the amount on line 40 is - The lobbying nontaxable amount is - | | | |
| Not over \$500,000 20% of the amount on line 40 | | | |
| Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 | 41 | | |
| Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 | | | |
| Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 | | | |
| Over \$17,000,000 \$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 on page 13 of the instructions.)

| 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

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of 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 | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| 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.

FORM 990, PART I - OTHER INVESTMENT INCOME
=====

DESCRIPTION

AMOUNT

CAPITAL GAIN DISTRIBUTION

2,043.

TOTAL

2,043.
=====

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

| DESCRIPTION | GROSS SALES | BEGINNING INVENTORY | PURCHASES | SALARIES AND WAGES | OTHER COSTS | MINUS: ENDING INVENTORY | COST OF GOODS SOLD |
|----------------------|-------------|---------------------|-----------|--------------------|-------------|-------------------------|--------------------|
| BOOKS, T SHIRTS, ETC | 10,221. | 32,180. | | | | 26,147. | 6,033. |
| TOTALS | 10,221. | 32,180. | | | | 26,147. | 6,033. |

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

| DESCRIPTION ----- | AMOUNT ----- |
|--|---------------------------|
| CHANGE IN UNREALIZED GAIN ON INVESTMENTS | 41,094. |
| TOTAL | ----- 41,094. ===== |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

SOLICIT CONTRIBUTIONS TO SUPPORT ITS EFFORTS TO PRESERVE THE ARCHITECTURAL, HISTORICAL, AND NATURAL RESOURCES OF THE BUFFALO CITY CEMETERY (COMMONLY KNOWN IN WESTERN NEW YORK AS "FOREST LAWN CEMETERY").

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION ----- | ENDING BOOK VALUE ----- |
|----------------------------|-------------------------------|
| MONEY MARKET FUNDS | NONE |
| CONSTELLATION FUND | NONE |
| AIM WEINGARTEN EQUITY FUND | NONE |
| VALUE OPPORTUNITIES FUND | 24,652. |
| | ----- |
| TOTALS | 24,652. |
| | ===== |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

| ASSET DESCRIPTION | METHOD/ CLASS | FIXED ASSET DETAIL | | | ACCUMULATED DEPRECIATION DETAIL | | |
|-------------------|------------------|----------------------|-----------|-------------------|---------------------------------|-----------|-------------------|
| | | BEGINNING BALANCE | ADDITIONS | ENDING BALANCE | BEGINNING BALANCE | ADDITIONS | ENDING BALANCE |
| PIANO | SL | 1,200. | | 1,200. | 720. | 120. | 840. |
| TOTALS | | 1,200. | | 1,200. | 720. | | 840. |

FORM 990, PART IV - OTHER ASSETS
=====

| DESCRIPTION ----- | ENDING BOOK VALUE ----- |
|----------------------|-------------------------------|
| ARTWORK COLLECTIONS | 99,165. |
| TOTALS | ----- 99,165. ===== |

FORM 990, PART IV - OTHER LIABILITIES

=====

| DESCRIPTION | ENDING BOOK VALUE |
|--------------------------|---------------------------|
| ----- | ----- |
| AMOUNTS DUE TO AFFILIATE | 15,157. |
| TOTALS | ----- 15,157. ===== |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|--|--------------|---|-----------------------------------|
| DEAN HILL JEWETT GURNEY BECKER & BOURNE 560 DELAWARE AVE. SUITE 200 BUFFALO, NY 14202 | TRUSTEE 0.50 | NONE | NONE | NONE |
| WILLIAM S. BRADLEY BOX 53 GETZVILLE, NY 14068 | TRUSTEE 0.50 | NONE | NONE | NONE |
| ROBERT FASHANO ALLIANCE ADVISORY GROUP 350 ESSJAY RD., SUITE 301 WILLIAMSVILLE, NY 14221 | TRUSTEE 0.50 | NONE | NONE | NONE |
| JOSEPH P. DISPENZA 57 SUMMerview RD WILLIAMSVILLE, NY 14221 | PRESIDENT 2.00 | NONE | NONE | NONE |
| JUDY BENJAMIN GOODYEAR 800 W. FERRY, APT. 8A BUFFALO, NY 14222 | TRUSTEE 0.50 | NONE | NONE | NONE |
| DONALD A. DEMEO 4728 WINDING WOODS LN. HAMBURG, NY 14075 | TREASURER 2.00 | NONE | NONE | NONE |
| JANICE M. BURNETT 195 MEADOWBROOK DR. LACKAWANNA, NY 14218 | SECRETARY 0.50 | NONE | NONE | NONE |
| NANCY A. KIRSCH | ASSISTANT SECRETARY 0.50 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|--|--------------|---|-----------------------------------|
| 10807 BLANCHARD RD HOLLAND, NY 14080 | | | | |
| RICHARD J. DAY HISCOCK & BARCLAY 1100 M&T CENTER 3 FOUNTAIN PLAZA BUFFALO, NY 14203 | TRUSTEE 0.50 | NONE | NONE | NONE |
| GRAND TOTALS | | | | |
| | | NONE | NONE | NONE |

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

| LINE NO. --- | EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES ----- |
|--------------------|---|
|--------------------|---|

| | |
|-----|--|
| 102 | THE INCOME WAS DERIVED FROM THE SALE OF THE FOREST LAWN HISTORY BOOK, EDUCATION GUIDES, AND FIELD GUIDES. THESE BOOKS EDUCATE THE PUBLIC ABOUT THE CULTURAL, ARCHITECTURAL, AND HISTORICALLY SIGNIFICANT FEATURES OF THE FOREST LAWN CEMETERY. |
|-----|--|

Capital Gains and Losses

2007

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

| | |
|---|---|
| Name of estate or trust FOREST LAWN HERITAGE FOUNDATION, INC. | Employer identification number 16-1405484 |
|---|---|

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo, day, yr) | (c) Date sold (mo, day, yr) | (d) Sales price | (e) Cost or other basis (see page 40 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|--|--|
| 1a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|--|-----------|------------------------|
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b | 1b | |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | 2 | |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 3 | |
| 4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet | 4 | () |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. ▶ | 5 | |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo, day, yr) | (c) Date sold (mo, day, yr) | (d) Sales price | (e) Cost or other basis (see page 40 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|--|--|
| 6a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|--|-----------|------------------------|
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b | 6b | -36,647. |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | 7 | |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 8 | |
| 9 Capital gain distributions | 9 | |
| 10 Gain from Form 4797, Part I | 10 | |
| 11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet | 11 | () |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. ▶ | 12 | -36,647. |

| Part III Summary of Parts I and II Caution: Read the instructions before completing this part. | | (1) Beneficiaries' (see page 41) | (2) Estate's or trust's | (3) Total |
|---|--|----------------------------------|-------------------------|-----------|
| 13 | Net short-term gain or (loss) | 13 | | |
| 14 | Net long-term gain or (loss): | | | |
| a | Total for year | 14a | | -36,647. |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksh.) | 14b | | |
| c | 28% rate gain | 14c | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14a ▶ | 15 | | -36,647. |

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

| Part IV Capital Loss Limitation | | 16 |
|--|---|-----------|
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000 | (3,000.) |

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero

| | | | | |
|----|--|----|--|--|
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) | 17 | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) but not less than zero | 18 | | |
| 19 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | 19 | | |
| 20 | Add lines 18 and 19 | 20 | | |
| 21 | If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶ | 21 | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | 22 | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | 23 | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,150 | 24 | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23 | 25 | | |
| 26 | Subtract line 25 from line 24 | 26 | | |
| 27 | Multiply line 26 by 5% (.05) | 27 | | |
| 28 | Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31, go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 | 28 | | |
| 29 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | 29 | | |
| 30 | Subtract line 29 from line 28 | 30 | | |
| 31 | Multiply line 30 by 15% (.15) | 31 | | |
| 32 | Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions | 32 | | |
| 33 | Add lines 27, 31, and 32 | 33 | | |
| 34 | Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions | 34 | | |
| 35 | Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) | 35 | | |

