Form 990-PF

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

OMB No 1545-0052

Fo	or calenda	r year 2007	, or tax year begi				7, and ending		
G	Check all	that apply:	Initial retu	m	Final return	Amended return	Address	change	Name chan
		Name of fo	oundation					A Employer	identification number
ų	Jse the IRS	GRIFFIT	TH R. HARSH	IV AND	MARGARET				
	label.	C. WHIT	MAN CHARITA	BLE FC	DUNDATION			20-8	3033091
•	Otherwise,	Number ar	nd street (or P O bo	ox numbe	r if mail is not delivered	to street address)	Room/suite	B Telephone nu	mber (see page 10 of the instru
	print	C/O THE	AYCO COMPA	NY, LE	þ				
e	or type. iee Specific		X 860; 321	-				(518	3) 886-4221
	nstructions.	Cuty or tow	n, state, and ZIP co					nption applicat	ion is
	1511 0000/15/							•	ons, check here
		SARATO	GA SPRINGS,	NY 128	866-0860		_		ons meeting the
н	Check tv				c)(3) exempt private	foundation	85%	6 test, check he	ere and attach
ï		-	ionexempt_charitable			rivate foundation	con	iputation	•••••••••••••••
1					inting method: X C				status was terminated
•		om Part II, c			Other (specify)				(1)(A), check here 🔒 🕨 📘
	16) ► \$		• •	(Part L	olumn (d) must be o	n cash hasis)			n a 60-month termination 1)(B), check here
			796,780.	<u> </u>			l under	secon 507(b)((d) Disbursements
Ű	eru Ana total	of amounts in	columns (b), (c), and	d (d)	(a) Revenue and	(b) Net investment	(c) Adjust	ed net	for charitable
	may	not necessari	ly equal the amount:	s in 👘	expenses per books	income	incom		purposes
Т		·	ige 11 of the instruct						(cash basis only)
		if the	s, etc , received (attach sch e foundation is not regi		38,048,000.		- 	[
1	2 Check		h Sch B			.			
	3 Interes	st on savings ar	nd temporary cash inves	tments		· · · · · · · · · · · · · · · · · · ·	.		
	4 Divide	ends and inte	rest from securities		265,254	265,254	•		STMT 3
	5 a Gross	rents							
	b Net re	ntal income or (loss)						
ש			n sale of assets not on	ine 10	620,631				
		sales price for a on line 6a	10,03 <u>3</u>	,131.					
			come (from Part IV, I	ine 2) .		10,030,131	•		
۲	-	-	ital gain	· · · ·					
			ns • • • • • • • •						
ŀ	10 a Gross	sales less return	s	F			1		
		owances • • • Cost of goods so		- I			1	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
		-	s) (attach schedule)				1		
			ch schedule)		1,325.	1,420			STMT 2
			hrough 11		38,935,210.				<u></u>
					NONE	1	•		
1			ers, directors, trustees,		INOINE	4	1		
6			laries and wages			1	1		
2			ployee benefits		6 967	. NON		NONE	<u> </u>
٤Į			schedule) STM		6,867.			NONE	6,80
			ttach schedule)						·
			fees (attach scheding	F	55,098.	55,098	•		
3						-			
2		•	e) (see page 14 of the mst		110,160.	· · · · · · · · · · · · · · · · · · ·	+		• • • • • • • • • • • • • • • • • • •
	19 Depre	ciation (attac	h schedule) and de	pletion .			· · · · · · · · · · · · · · · · · · ·		
2	20 Occuj	bancy .	···· · · · · · · · · · · · · · · · · ·	 					
	21 Trave	Conterence	ang meetings					-	
	22 Print	a and public	ations	L	<u></u>		_		
"			tach schedoje)	<u>L</u>			_		
	24 Totak	ggarainglan	adminiștrative ex	penses.					
Chelaning	and i	nes 13 through	gh 23Q	L	172,125.	55,098		NONE	6,86
2	1 1	DULIOPS CONTRA		Г	125,000.	, , ,			125,00
- 1	26 Total) (allen	ursements Add lines 24	and 25	297,125.	55,098		NONE	131,86
		act line 26 fro				1			, • • •
			expenses and disburseme	nts	38,638,085.				
			come (if negative, en	· · · F		10,241,707			
			• •	· -		10,231,101	•		
- 1	C AQUS	teu net incon	ne (if negative, enter			tructions. **STMT 5	1	-0-	Form 990-PF (20

Earnal Balance Sheets Alleched setemberge Eagening of year Eaded year (a) Box Value (b) Box Value (c) Far Market Value (a) Box Value (b) Box Value (c) Far Market Value (a) Box Value (b) Box Value (c) Box Value (c) Far Market Value (c) Box Value (c) Far Market Value (a) Box Value (b) Box Value (c) Box Value </th <th>Fo</th> <th>rm 990</th> <th>)-PF (2007)</th> <th></th> <th>8033091</th> <th> Page 2</th>	Fo	rm 990)-PF (2007)		8033091	Page 2
Image: Severage and temporty reading and	P	art I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year (a) Book Value		
2 Savings and temporary cash environments NONE 2,280,035. 2,280,035. 3 Account reconside	_	1				
3 Accounts receivable 4 Pledges receivable 5 Grains receivable 6 Receivable stude from officiars, directors, functions, directors, direct					2,280,03	5. 2,280,035
Less allowance for doubtil accounts						
Pledges receivable		-	Less: allowance for doubtful accounts			
Less altwance for doubtil accounts		4				·····
s Grants receivable			Less: allowance for doubtful accounts			
6 Receivables due from officers, investes, and other disqualified persons (statics hechadule) appess to af the investments		5				
disqualified persons (attach schedule) (see page 16 of the restructions)					<u> </u>	
Image: State of State						
I Less allowance for doubtil accounts >		7				
1 Inventores for sale or use		1'				
9 Prepaid expenses and deferred charges	ets					
<						
b Investments - corporate stock (attach schedule)	SS	9				
Investments - corporate bonds (attach schedule),	4		· - · ·			0 36 509 000
11 Investments - incl, bladings, includings, includings						
12 Investments - orter (atch schedule) STMT, 7, 1 NONE 6, 572, 550. 6, 857, 745. 13 Investments - orter (atch schedule) STMT, 7, 1 NONE 6, 572, 550. 6, 857, 745. 14 Lard, building, and expendention STMT, 8, 1 NONE 1, 150, 000. 1, 150, 000. 15 Other assets (describe) STMT, 8, 1 NONE 1, 150, 000. 1, 150, 000. 16 Total assets (to be completed by all filers - see the instructions Also, see page 1, flem I). 9, 412, 500. 48, 050, 585. 46, 796, 780. 17 Accounts payable and accrued expenses			Investments - land, buildings,			······································
1 Investments - other (attach schedule) STMT 7. NONE 6, 572, 550. 6, 857, 745. 14 Land, buildings, and segment lates and experiment lates and schedule) STMT 8. NONE 1, 150, 000.		12	(attach schedule)		<u> </u>	
14 Land, buildings, and degree and mining degree along the degree along the degree along the (attach schedule) Image: STMT_B_} NONE 1, 150, 000. 1, 150, 000. 16 Total assets (coche by all filer - see the instructions Also, see page 1, item 1) 9, 412, 500. 48, 050, 585. 46, 796, 780. 17 Accounts payable and accrued expenses 9, 412, 500. 48, 050, 585. 46, 796, 780. 18 Grants payable and accrued expenses 9 100. 100. 100. 20 Loans from officers, directors, trustees, and other disqualified persons 100. 100. 100. 21 Total labilities (add hines 17 through 22) 100. 100. 1, 150, 000. 1, 150, 000. 22 Total liabilities (add hines 17 through 22) 100. 1, 150, 000. 1, 150, 000. 23 Total liabilities (add hines 17 through 22) 100. 1, 150, 000. 1, 150, 000. 24 Unrestricted 1, 150, 000. 1, 150, 000. 1, 150, 000. 24 Unrestricted 1, 150, 000. 1, 150, 000. 1, 150, 000. 25 Tergorarity restricted 1, 150, 000. 1, 150, 000. 1, 150, 000. 25					6,572,55	0. 6-857-745
Less accumulated depretation ▶ STMT B NONE 1,150,000. 1,150,000. 15 Other assets (besorbe ▶ STMT B NONE 1,150,000. 1,150,000. 16 Total assets (be completed by all filers - see the instructions Also, see page 1, tem 1) 9,412,500. 48,050,585. 46,796,780. 17 Accounts payable and accrued expenses 9,412,500. 48,050,585. 46,796,780. 18 Grants payable Status 9 20 cons from officers, directors, trustees, and other disqualified persons 10 19 Deferred revenue			Land, buildings, and			
16 Other assets (ceaching ▶ Strill 8 / 1 NUME 17, 150, 000.			Less accumulated depreciation			
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item 1)		15	(attach schedule)	NONE	1 150 00	0 1 150 000
Instructions Also, see page 1, item 1)		-			1/100/00	1/130/0003
17 Accounts payable and accrued expenses				9 412 500	48 050 58	5 46 796 780
18 Grants payable	—	17		r	40,050,50	3. 40,750,700,
19 Deferred revenue	S					
20 Loans from officers, directors, trustees, and other disqualified persons		9				
22 Other mathinities (describe ►	tië					
22 Other mathinities (describe ►	bill					
23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted	Lia	[· · ·	
Foundations that follow SFAS 117, check here ▶ x and complete lines 24 through 26 and lines 30 and 31. 8, 262, 500. 46, 900, 585. 24 Unrestricted		22				
Foundations that follow SFAS 117, check here ▶ x and complete lines 24 through 26 and lines 30 and 31. 8, 262, 500. 46, 900, 585. 24 Unrestricted		23	Total liabilities (add lines 17 through 22)			ł
and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted	—	2.5				{
28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total net assets of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's returm) 1 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 48,050,585. 5 Decreases not included in line 2 (itemize) ▶ 5 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 48,050,585.						
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28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total net assets of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's returm) 1 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 48,050,585. 5 Decreases not included in line 2 (itemize) ▶ 5 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 48,050,585.	anc	25		[[r
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9 10 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
9 10 <td< td=""><td>sse</td><td></td><td></td><td></td><td></td><td></td></td<>	sse					
2 instructions) 9,412,500. 48,050,585. 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 9,412,500. 48,050,585. Part Illi Analysis of Changes in Net Assets or Fund Balances 9,412,500. 48,050,585. Part Illi Analysis of Changes in Net Assets or Fund Balances 9,412,500. 48,050,585. 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 9,412,500. 2 Enter amount from Part I, line 27a 2 38,638,085. 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 48,050,585. 5 5 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 48,050,585.	Ä		.			
31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 9, 412, 500. 48, 050, 585. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 9, 412, 500. 2 Enter amount from Part I, line 27a 2 38, 638, 085. 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 48, 050, 585. 5 Decreases not included in line 2 (itemize) ▶ 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 48, 050, 585.	Net			9,412,500.	48,050,58	5.
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end-of-year figure reported on prior year's return)1 $9,412,500.$ 2Enter amount from Part I, line 27a2 $38,638,085.$ 3Other increases not included in line 2 (itemize) \blacktriangleright 34Add lines 1, 2, and 34 $48,050,585.$ 5556Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 306 $48,050,585.$					agree with	
2 Better amount from Part I, line 27a 2 38, 638, 085. 3 3 3 4 Add lines 1, 2, and 3 4 48, 050, 585. 5 5 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	·					1 9,412,500
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5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 48,050,585.	۵	hhA	lines 1, 2, and 3		[-]	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 48, 050, 585.		Deci				
- 000 PE (2007)				line 5) - Part II, column (b).		

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Form 990-PF (2007)	s and Losses for Tax on Inv	<u>20-8033</u>	091		Page 3
(a) List ar	d describe the kind(s) of property sold prick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE	DULE		1		
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
c					
d					
е					
Complete only for assets s	showing gain in column (h) and ow	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col. (k), but not less than -0-) or Losses (from col (h))		
а					
b					
с					· · · · · · · · · · · · · · · · · · ·
d					
e					
2 Capital gain net income of	r (not capital loce)	f gaın, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2	10,	030,131.
3 Net short-term capital gain	n or (loss) as defined in sections 1	222(5) and (6):			
If gain, also enter in Part I	, line 8, column (c) (see pages 13	and 17 of the instructions).			
	line 8		3		
Part V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment In	come		
(For optional use by domesti	c private foundations subject to th	e section 4940(a) tax on net invest	ment inco	me.)	
If section 4940(d)(2) applies,	, leave this part blank.				
	the section 4942 tax on the distri not qualify under section 4940(e)	butable amount of any year in the b	ase penoo	1? 🗌	Yes 🔀 No
		r: see page 18 of the instructions be	efore mak	ing any entries	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning m)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2006	NONE	9,018,391.			NONE
2005					
2004					
2003			<u> </u>		
2002	l	l	 		
	N				
2 Total of line 1, column (d)			2		NONE
J	for the 5-year base period - divide	• • •	3		NOTE
the number of years the f	foundation has been in existence if				NONE

	_	_
JSA		
7E1430	2	000
101430	~	000

4

5

6

7

8

Form 990-PF (2007)

19,224,553.

NONE

102,417.

102,417.

131,867.

4

5

6

7

8

. . . .

Add lines 5 and 6

Enter the net value of noncharitable-use assets for 2007 from Part X, line 5

Multiply line 4 by line 3

Enter 1% of net investment income (1% of Part I, line 27b)

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VII Excise Tax Based on Investment Income (Section 430(a), 430(b), 430(c), 4046 to the instructions) 1 Some operating bondings concerned in section 440(c); crock time is and enter WA on like in the action 430(c) transmit	Form	990-PF (2007) 20-8033091			Page 4		
Date of uning item	Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	truction	ons)		
b Obmestic foundations that meet the section 4940(e) requirements in Part V, check 1 102,417, c All other downlike foundations entry for the 27b. Exempt forgin argundations entry 4% of Part I, line 12, cet (b) 2 3 102,417, c All other downlike foundations entry for the 27b. Exempt forgin argundations entry 4% of Part I, line 12, cet (b) 2 3 102,417, c All others that a 12	1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
here Image: State in the content is and enter 1% of Part Line 27b. Exempt foreign argumations enter 4% of Part Line 12, ed. (b) 2 c All dues tands Tax under section 511 (demessite section 4347(a)(1) trusts and taxable foundations only Others enter -0.) 2 3 Add times 1 and 2 Subtite 6. (noncom) tax (demessite section 4347(a)(1) trusts and taxable foundations only Others enter -0.) 3 102,417. 4 Subtite 6. (noncom) tax (demessite section 4347(a)(1) trusts and taxable foundations only Others enter -0.) 5 102,417. 5 Credit-Raymends 5 102,417. 4 NONE 6 Credit-Raymends 6 30,000. 6 7 140,000. 6 Trax upper granzmans-ray withhold all source		Date of ruling letter (attach copy of ruling letter if necessary - see instructions)					
c All other domestic functions of 2% of law 27b. Exampl trenge organizations enter 4% of Part Line 12, oo (b) 2 2 Tax under solution 511 (domestic societion 4947(a)(1) trusts and taxable foundations only Others enter-0-) 2 3 Add lines 1 and 2	b		_	102,	<u>417.</u>		
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conflict with the state law remain in the governing instrument? 6 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ CA,							
 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ CA₁. b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation			~		v		
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ CA _I 8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ CA _I b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 8b X 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	_						
instructions) ▶ CA, If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 8b X 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X				<u> </u>			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8a			:			
(or designate) of each state as required by General Instruction G? If "No," attach explanation	L	Instructions) - CA					
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If "Yes," complete Part XIV. 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . 10 X	D		86	Y			
or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If 9 X "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	٥						
"Yes," complete Part XIV	3	• • • • • •					
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			9		x		
names and addresses	4.0		<u> </u>		<u></u>		
	10	· ·	10		x		
				0-PF			

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Form 9	990-PF (2007) <u>20-8033091</u>		Page 5		
Par	t VII-A Statements Regarding Activities (continued)				
11a	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11a	x		
b	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest,				
	rents, royalties, and annuities described in the attachment for line 11a?	11b	<u> </u>		
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12	<u> </u>		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u>x</u>		
	Website address				
14	The books are in care of ▶				
	Located at ►321 BROADWAY SARATOGA SPRINGS, NY ZIP+4 ► 12866-				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-F in lieu of Form 1041 - Check here	• • •	▶∟		
	and enter the amount of tax-exempt interest received or accrued during the year 15 art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
Par					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes No		
1a	During the year did the foundation (either directly or indirectly)	-			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?				
		E			
	 (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ţ			
		Ì			
	the benefit or use of a disqualified person)?				
	the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days)				
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A		
	Organizations relying on a current notice regarding disaster assistance check here				
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				
	were not corrected before the first day of the tax year beginning in 2007?	1c	x		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
	At the end of tax year 2007, did the foundation have any undistributed income (lines 6d and				
	6e, Part XIII) for tax year(s) beginning before 2007? Yes X No				
	If "Yes," list the years				
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)				
	to all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b	<u> </u>		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
_					
	Did the foundation hold more than a 2% direct or indirect interest in any business				
	If "Yes," did it have excess business holdings in 2007 as a result of (1) any purchase by the foundation or	{			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	1			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1			
	foundation had excess business holdings in 2007)	3ь	NA		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a			
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes '		<u> </u>		
þ	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007?	4b	x		
			D-PF (2007)		

Form	990-PF (2007)			20-80			Page 6
Par	t VII-B St	atements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (continued)		
	 Carry on p Influence of directly or Provide a Provide a Provide a Section 50 Provide for educational 	ar did the foundation pay or incur any amou propaganda, or otherwise attempt to influe the outcome of any specific public election indirectly, any voter registration drive? grant to an individual for travel, study, or ot grant to an organization other than a char 9(a)(1), (2), or (3), or section $4940(d)(2)$? r any purpose other than religious, charitat al purposes, or for the prevention of cruelty	nce legislation (section (see section 4955); her similar purposes? itable, etc , organizatio (see page 22 of the in ole, scientific, literary, r to children or animals	or to carry on, on described in structions) s ²	Yes X N Yes X N Yes X N	o o	
Ь		is "Yes" to 5a(1)-(5), did any of the transact					
	•	ection 53 4945 or in a current notice rega	-	• • •		<u>5b</u>	N/A
	-	relying on a current notice regarding disas			•		
С		is "Yes" to question 5a(4), does the found	-		Yes X N		
		intained expenditure responsibility for the g in the statement required by Regulations sec					
6		ation, during the year, receive any funds, o	• •	nov promiume		ł	
04		benefit contract ²			Yes XN	o [
ь		ation, during the year, pay premiums, direct				6ь	x
		d "Yes" to 6b, also file Form 8870	,,,,			•••	
7 a	•	ring the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X N	o	
		foundation receive any proceeds or have a				7b	X
Par		rmation About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,	
1	List all office	Contractors rs, directors, trustees, foundation m	anagers and their	compensation (see	page 23 of the instr	uctions).	
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	e account, owances
<u>GRI</u> CA	FFITH R.	HARSH IV	TRUSTEE	NONE	NONE		NONE
<u>MAR</u> CA		WHITMAN	TRUSTEE	NONE	NONE		NONE
	Compensation enter "NONE."	n of five highest-paid employees (ot "	her than those inc	luded on line 1 - se		structions).	If none,
(a	Name and addre	ess of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
	_						
	NONE						
		,					
Tota	I number of o	ther employees paid over \$50,000 .	<u> </u>	L			NONE
				• =			-PF (2007)

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Form 990-PF (2		20-8033091	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	anagers, Highly Paid Emplo	yees,
3 Five high	est-paid independent contractors for professional services (see page 2	3 of the instructions). If none,	enter "NONE."
<u>_</u>	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total numbe	r of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	. NONE
Part IX-A	Summary of Direct Charitable Activities		
List the found of organization	ation's four largest direct charitable activities during the tax year. Include relevant statistical infine and other beneficianes served, conferences convened, research papers produced, etc	formation such as the number	Expenses
1_ <u>N/A</u>			
²			
3			
4			
	Summary of Program-Related Investments (see page 24 of the in		· · · · · · · · · · · · · · · · · · ·
	two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1 <u>NONE</u>			
2			
All other prog	ram-related investments See page 24 of the instructions		
3_NONE_			
Total. Add II	nes 1 through 3	· · · · · · · · · · · · · · · · · · ·	
			Form 990-PF (2007)

For	n 990-PF (2007) 20-8033091		Page 8
	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreig	gn foundati	*
	see page 24 of the instructions)	-	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
a	Average monthly fair market value of securities	1a	5,719,022.
b	Average of monthly cash balances	1b	5,790,546.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	8,007,745.
d	Total (add lines 1a, b, and c)	1d	19,517,313.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	19,517,313.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	<u>292,760.</u>
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,224,553.
6	Minimum investment return. Enter 5% of line 5	6	961,228.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva		
	foundations and certain foreign organizations check here and do not complete this p	part.)	
1	Minimum investment return from Part X, line 6	1	961,228.
2 a	Tax on investment income for 2007 from Part VI, line 5		
b	Income tax for 2007. (This does not include the tax from Part VI.) 2b		
с	Add lines 2a and 2b	2c	102,417.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	858,811.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	858,811.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	<u>858,811.</u>
Pa	rt XII Qualifying Distributions (see page 26 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	131,867.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	131,867.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	102,417.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	29,450.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	ther the foun	
	qualifies for the section 4940(e) reduction of tax in those years.		
			000 DE

Form 990-PF (2007)

For	n 990-PF (2007)		20-803	3091	Page 9
Pa	rt XIII Undistributed Income (see page	26 of the instruct	ions)		
1	Distributable amount for 2007 from Part XI,	(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
	line 7				858,811.
2	Undistributed income, if any, as of the end of 2006				
а	Enter amount for 2006 only			_13,589.	
	Total for prior years				
3	Excess distributions carryover, if any, to 2007				
a	From 2002				
	From 2003				
	From 2004				
	From 2005				
	From 2006				
	Total of lines 3a through e				
,	Qualifying distributions for 2007 from Part XII,				
-	line 4 \blacktriangleright \$ 131,867.				
~	Applied to 2006, but not more than line 2a			13,589.	
				15,505.	<u> </u>
	Applied to undistributed income of prior years (Election required - see page 27 of the instructions)				
C	Treated as distributions out of corpus (Election required - see page 27 of the instructions)				
d	Applied to 2007 distributable amount				118,278.
е	Remaining amount distributed out of corpus				
5					,,, _,
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
ь	Prior years' undistributed income Subtract				
-	line 4b from line 2b				
с	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions				
e	Undistributed income for 2006. Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2007 Subtract lines 4d and 5 from line 1. This amount must be				740 522
7	distributed in 2008 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				740,533.
8	Instructions)				
9	Excess distributions carryover to 2008.				
	Subtract lines 7 and 8 from line 6a				
10					
	Excess from 2003				
	Excess from 2004				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007			[

Form 990-PF (2007)

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	1 990-PF (2007)				033091	Page 10
Ра	rt XIV Private Oper	rating Foundations	see page 27 of th	e instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	•			ating	
	foundation, and the rulin	-		• • • • • • • • • • • • •		
b	Check box to indicate wh		i private operating four		4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	(b) 2006	Prior 3 years (c) 2005	(d) 2004	(e) Total
	justed net income from Part I or the minimum investment	(a) 2007	(b) 2008	(0) 2003	(0) 2004	<u> </u>
	return from Part X for each year listed					
ь	85% of line 2a					
с	Qualifying distributions from Part					
	XII, line 4 for each year listed					
d	Amounts included in lime 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
3	2d from lme 2c					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	 Value of all assets Value of assets qualifying under section 					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X. line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income		:			
	(interest, dividends, rents,					
	payments on secunties Ioans (section 512(a)(5)),					
	or royalties)		<u>`</u>			1
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the foundatio	on had \$5,000 or mo	re in assets at any
-	Information Regarding	the year - see page		ions.)		
1 a	List any managers of			re than 2% of the tota	I contributions receiv	ed by the foundation
-	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000). (S	ee section 507(d)(2).)	,
	SEE STATEN	MENT 9				
b	List any managers of		own 10% or more o	of the stock of a corpo	pration (or an equally	large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or greater	interest.	
2	N/A Information Regarding	a Contribution Grant	Gift Loan Scholars	hip etc. Programs:		
-	Ē.	-		to preselected charit	table organizations a	nd does not accept
	unsolicited requests for					
	organizations under otl					,
а	The name, address, a	nd telephone number	of the person to who	m applications should b	e addressed:	
b	The form in which appl	lications should be sul	omitted and informat	ion and materials they	should include:	
	Any submission deadlin	nes:			·····	
-	· · · · · · · · · · · · · · · · · · ·					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2007)			20-8033091	Pa
Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Duri	If recipient is an individual.	Foundation		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				125,0
SEE ATTACHED LIST				125,0
		1		
		1 1		
Total	<u></u>	<u></u>	<u></u>	125,0
b Approved for future payment				

Form 990-PF (2007)

orm 990-PF Part XVI-		ucing Activ	ities	20-8	3033091	Page 1
	amounts unless otherwise indicated.	1	ted business income	Excluded by	section 512, 513, or 514	(e)
ι.		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
a Program	n service revenue.			14		
ь	······					
c						
d						
е f					···	
g Fees	and contracts from government agencies					· _ · - ·
Member	ship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	265,254.	
	al income or (loss) from real estate		· · · · ·	+ +	1	
	t-financed property					
	I income or (loss) from personal property		• • • •			<u> </u>
	vestment income			14	1,325.	
	loss) from sales of assets other than inventory			18	620,631.	
Net inco	me or (loss) from special events					
	rofit or (loss) from sales of inventory		- · · · · · · · · · · · · · · · · · · ·			
Other rev	venue. a					
ь						
	· · · · · · · · · · · · · · · · · · ·					
d e	<u> </u>					
	Add columns (b), (d), and (e)				887,210.	
	dd line 12, columns (b), (d), and (e)					887,210
	neet in line 13 instructions on page 29					
ine No. ▼	Explain below how each activ the accomplishment of the for page 29 of the instructions.)					
						······
					· · · ·	
			······································			
			· · · · · · · · · · · · · · · · · · ·			
			NOT APPLICABL	ьЕ		······
					. <u></u>	
						······································
				·		
				- · ·		
	· · · · · · · · · · · · · · · · · · ·					
						Form 990-PF (20

Form	990-PF (2007) 20~8033091		Pa	
Pai	t XVII Information Regarding Transfers To and Transactions and Relationships With Exempt Organizations	Nonc	harit	able
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section	۰ 📃	Yes	No
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	l		
а	Transfers from the reporting foundation to a noncharitable exempt organization of	ł		Ĺ
	(1) Cash	. 1a(1)		x
	(2) Other assets			X
ь	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	16(1)		x
	(2) Purchases of assets from a noncharitable exempt organization			x
	(3) Rental of facilities, equipment, or other assets			x
	(4) Reimbursement arrangements			x
	(5) Loans or loan guarantees			x
	(6) Performance of services or membership or fundraising solicitations			x
с	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		1	x

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements				
	N/A		N/A				
			·				
		indirectly affiliated with, or related to, one or then section 501(c)(3)) or in section 527?					
b If "Yes	b If "Yes," complete the following schedule						

 (a) Name of organization	(b) Type of organization	(c) Description of relationship

		r penalties of perjury, I declare that I have examined this return, includ , It is true, correct, and complete Declaration of preparer (other than tay	
re	SI SI	Signature of officer or trustee	
Sign He	Paid eparer's ie Only	Preparer's May R. Cabore	
	Lse P	Firm's name (or yours if THE AYCO COMPANY, L	
	-	self-employed), address, PO BOX 15014	
		and ZIP code ALBANY, NY	

Form	926 .
(Rev	December 2005)

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Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No 1545-0026

Attachment Sequence No 128

Department of the Treasury Internal Revenue Service Attach to your income tax return.			Attachment Sequence No 128		
Pa	rt I U.S. T	ransferor Information (see instruction	s)		· · · · · · · · · · · · · · · · · · ·
Name	e of transferor		· · · · · · · · · · · · · · · · · · ·	Identifying number (s	ee instructions)
GRI	FFITH R. HARSH	H IV AND MARGARET C. WHITMAN CHARITABI	LE FOUNDATION	20-8033091	
1	If the transfer	or was a corporation, complete guestions 1	a. 1b. and 1c.		
а	If the transfer 5 or fewer dor	was a section 361(a) or (b) transfer, was the nestic corporations?	e transferor controlled		🗌 Yes 🔲 No
b	Did the transfe	eror remain in existence after the transfer?			🗌 Yes 🗌 No
	If not, list the	controlling shareholder(s) and their identifyi	ng number(s):		
		Controlling shareholder		Identifying number	
<u>.</u>					
				. <u></u>	
c	If the transfer corporation?	or was a member of an affiliated group f	iling a consolidated re	eturn, was it the parent	 YesNo
	-	name and employer identification number (EIN) of the parent corp	poration:	
	N	ame of parent corporation	E	EIN of parent corporation	1
2		or was a partner in a partnership that was and EIN of the transferor's partnership.	the actual transferor (b	out is not treated as such	under section 367),
		Name of partnership		EIN of partnership	
Par	rt II Transi	feree Foreign Corporation Informatio	n (see instructions)		
3		feree (foreign corporation)		4 Identifying nu	nber, if any
<u>AR</u> CH	HIPELAGO HOLDI	, . ,		N/A	-
5	Address (inclu	ding country)			
<u>c/o</u>	INTERNATIONAL	FUND SERVICES (IRELAND) LIMITED; THI	RD FL; BISHOP'S SQUA	ARE; REDMOND'S HILL; DU	JBLIN 2, IRELAND
6		orporation or organization			
BERM					
7	Foreign law ch	naracterization (see instructions)			
LIMI	TED LIABILITY				
_8	Is the transfer	ee foreign corporation a controlled foreign	corporation?	<u> </u>	<u> </u>
For f	Paperwork Redu	ction Act Notice, see page 4.		Fo	orm 926 (Rev 12-2005)

Form	926 (Rev 12-2005)			Page 2
Pa	rt III Information Regarding Transfer of Property (se	e instructions)		
9	Date of transfer 10	Type of nonrecognition transaction (see	nstructions)
9/2	28/07N	/A		
11	Description of property transferred:			
CAS	SH: \$1,000,000			
		·····		
			<u> </u>	
12	Did this transfer result from a change in the classification of the	transferee to that of a foreign corporation?	🗌 Yes	🛛 No
13	Was the transferor required to recognize income under Tem	porary Regulations sections 1.367(a)-4T	_	_
	through 1.367(a)-6T (e g , for tainted property, depreciation rec	capture, branch loss recapture, etc)?	🗌 Yes	x No
14a	Was intangible property (within the meaning of section 936	(h)(3)(B)) transferred as a result of the	-	
	transaction?		🗆 Yes	No ليا
b	If yes, describe the nature of the rights to the intangible prope	erty that was transferred in the transfer		
	<u> </u>		<u> </u>	

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Form 926 .				
(Rev December 2005)				
Department of the Treasury Internal Revenue Service				

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Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No 1545-0026

Attach to	vour	income	tax return.

Attachment Sequence No 128

Part I U.S. Transferor Information (see instructions)	
Name of transferor		Identifying number (see instructions)
GRIFFITH R. HARSH IV AND MARGARET C. WHITMAN CHARITABL	E FOUNDATION	20-8033091
1 If the transferor was a corporation, complete questions 1a	a, 1b, and 1c.	
a If the transfer was a section 361(a) or (b) transfer, was the	transferor controlled (under s	section 368(c)) by
5 or fewer domestic corporations?		Yes 🗌 No
b Did the transferor remain in existence after the transfer?		Yes 🗆 No
If not, list the controlling shareholder(s) and their identifyin	g number(s) [.]	
Controlling shareholder	lden	tifying number
c If the transferor was a member of an affiliated group fil	Ing a consolidated return, w	vas it the parent
corporation?		🖸 Yes 🗌 No
Name of parent corporation	EIN of p	parent corporation
 If the transferor was a partner in a partnership that was the list the name and EIN of the transferor's partnership. Name of partnership 		ot treated as such under section 367), of partnership
Part II Transferee Foreign Corporation Information	(see instructions)	
3 Name of transferee (foreign corporation)		4 Identifying number, if any
MASON CAPITAL, LTD	и	/A
5 Address (including country)		·
BUTTERFIELD FUND SERVICES (CAYMAN) LIMITED; 68 FORT STR	EET, PO BOX 705GT; GRAND	CAYMAN, CAYMAN ISLANDS
6 Country of incorporation or organization		
CAYMAN_ISLANDS		
7 Foreign law characterization (see instructions)		
CORPORATION	<u> </u>	
8 Is the transferee foreign corporation a controlled foreign c	orporation?	··· ··· 🛛 Yes 🖾 No
For Paperwork Reduction Act Notice, see page 4.		Form 926 (Rev 12-2005)

Form	Form 926 (Rev. 12-2005) Part						
Pa	t III Information Regarding Transfer of Property (se	e instructions)					
9		0 Type of nonrecognition transaction (see in	nstructions)				
9/2	8/07N	/A					
11	Description of property transferred.						
CAS	H: \$1,000,000	······································					
		·····					
12	Did this transfer result from a change in the classification of the	transferee to that of a foreign corporation?	🗌 Yes	🛛 No			
13	Was the transferor required to recognize income under Terr	nporary Regulations sections 1.367(a)-4T	_				
	through 1.367(a)-6T (e g , for tainted property, depreciation re-	capture, branch loss recapture, etc.)?	L Yes	lxl No			
14a	Was intangible property (within the meaning of section 936	S(h)(3)(B)) transferred as a result of the	с л	Π			
	transaction?		∐ Yes	No ليا			
b	If yes, describe the nature of the rights to the intangible prope	erty that was transferred in the transfer					

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Form 926 .						
(Rev December 2005)						
Department of the Treasury Internal Revenue Service						

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Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No 1545-0026

Attach to your income tax return.

Attachment Sequence No 128

Part I U.	S. Transferor Information (see instructions)	
Name of transferor			Identifying number (see instructions)
GRIFFITH R. H	ARSH IV AND MARGARET C. WHITMAN CHARITABL	E FOUNDATION	20-8033091
1 If the trans	sferor was a corporation, complete questions 1a	a, 1b, and 1c.	
5 or fewer b Did the tra	sfer was a section 361(a) or (b) transfer, was the domestic corporations?	··· · ·· ··· ···	
lf not, list	the controlling shareholder(s) and their identifyin	g number(s)	
	Controlling shareholder	lde	entifying number
		·····	
<u> </u>			
corporation	usferor was a member of an affiliated group fil n ²		Yes 🗋 No
	Name of parent corporation	EIN of	f parent corporation
	sferor was a partner in a partnership that was the me and EIN of the transferor's partnership	ne actual transferor (but is	not treated as such under section 367),
	Name of partnership	EI	N of partnership
Part II Tra	ansferee Foreign Corporation Information	(see instructions)	
	ransferee (foreign corporation)		4 Identifying number, if any
	NERS (OFFSHORE), LTD		N/A
•	including country)		
	HARBOUR CENTRE; 2ND FL; GEORGE TOWN; GRA f incorporation or organization	ND CAYMAN, CAYMAN ISLAN	DS
CAYMAN ISLANDS			
	w characterization (see instructions)		
CORPORATION			
	sferee foreign corporation a controlled foreign c	orporation?	Yes 🛛 No
For Paperwork R	Reduction Act Notice, see page 4.		Form 926 (Rev 12-2005)

Form	926 (Rev 12-2005)		Page 2
Ра	rt III Information Regarding Transfer of Property (se	e instructions)	
9	Date of transfer 1	0 Type of nonrecognition transaction (see instruction	ns)
5/0	01/07 N	N/A	
11	Description of property transferred		
CAS	SH: \$2,000,000		
			
12	Did this transfer result from a change in the classification of the	transferee to that of a foreign corporation?	s 🔽 No
13	Was the transferor required to recognize income under Ter through 1 367(a)-6T (e g , for tainted property, depreciation re		s 🔽 No
14a	Was intangible property (within the meaning of section 93) transaction?	6(h)(3)(B)) transferred as a result of the	s 😡 No
b	If yes, describe the nature of the rights to the intangible prop	erty that was transferred in the transfer	
<u> </u>	······		

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	(Rev December 2007)			Attach to your tax return.			1	AM
	Iment of the Treasury al Revenue Service		► See	separate inst	ructions.			Attachment Sequence No 137
Name	e(s) shown on return	(individuals enter last name	e, first name, middle	nitial)			Identifying	number
	FITH R. HARSH	IV AND MARGARET C	. WHITMAN FOUN	IDATION		2	20-803309	91
	BOX 860	or suite no						
	or town, state, and Z	P code			······································			- · · · <u></u>
SAR	TOGA SPRINGS,	NY 12866-0860						
A					entially number each I	orm 888-	_	
0		ent number for this Fo			tatement number	1		<u>1</u> 90-PF
В	Enter the form r	umber of the tax retur	n to which this for	m is attached		• • •		<u> </u>
	Enter the year of	f the tax return identif	fied above				. 🕨 <u>20</u>	07
	le this Form 88	6 being filed with an	amended tax retu	rn?	🗍 Yes 🗸	No		
с		es) that apply (see inst		Initial year		ve disclos	ure	
1a	Name of report	ible transaction						
	<u>988 LOSS</u>	upated in transaction			c Reportable transac	tion or ta	x shelter	registration numbe
	initial year parti	spared in transaction			(9 digits or 11 digit			egistration numbe
2007					/A			
2	Identify the type	of reportable transac	tion. Check all bo	xes that apply	(see instructions).			
а	Listed		ontractual protect		Brief asset holding	•		
b	Confidential	d kul Lo				rest		
3	If you checked		oss e published quida	f	Transaction of inte		action	
3 4	of interest	box 2a or 2f, enter the	e published guida	nce number fo	r the listed transaction of inte	or transa	action .► .► <u>1</u>	
_	of interest . Enter the numb	box 2a or 2f, enter the	e published guida ••••••••••••••••••••••••••••••••••••	nce number fo transactions re ntity, check all	r the listed transaction	or transa	.▶ .▶ <u>1</u>	ation below for the
4 5	of interest . Enter the numb If you participat entity (see instru	box 2a or 2f, enter the	e published guida ••••••••••••••••••••••••••••••••••••	nce number fo transactions re ntity, check all cessary.)	ported on this form .	or transa	. ► . ► <u>1</u>	
4 5	of interest . Enter the numb	box 2a or 2f, enter the	e published guida ••••••••••••••••••••••••••••••••••••	nce number fo transactions re ntity, check all cessary.)	r the listed transaction ported on this form . applicable boxes and	or transa	. • <u>1</u>	ship
4 5	of interest . Enter the numb If you participat entity (see instru	box 2a or 2f, enter the	e published guida ••••••••••••••••••••••••••••••••••••	nce number fo transactions re ntity, check all cessary.)	r the listed transaction ported on this form . applicable boxes and	or transa	. ► . ► <u>1</u>	ship
4 5 a	of interest . Enter the numb If you participat entity (see instru Type of entity:	box 2a or 2f, enter the	e published guida	nce number fo transactions re ntity, check all cessary.)	ported on this form . applicable boxes and ship	or transa	. ▶ <u>1</u> the inform Partners S corpo	ship
4 5 a b	of interest . Enter the numb If you participat entity (see instru- Type of entity: Name	box 2a or 2f, enter the er of "same as or sub- ed in the transaction t ictions). (Attach additi	e published guida stantially similar" f through another e onal sheets, if nea	nce number fo transactions re ntity, check all cessary.)	ported on this form . applicable boxes and ship	or transa	· ▶ . ▶ <u>1</u> the inform Partners S corpo Trust	ship
4 5 a b	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden	box 2a or 2f, enter the er of "same as or subs ed in the transaction t ictions). (Attach additi	e published guida stantially similar" f through another e onal sheets, if nea	transactions re ntity, check all cessary.)	ported on this form . applicable boxes and ship	or transa	· ▶ . ▶ <u>1</u> the inform Partners S corpo Trust	ship
4 5 a b	of interest . Enter the numb If you participat entity (see instru- Type of entity: Name . Employer iden known .	box 2a or 2f, enter the er of "same as or subs ed in the transaction t ictions). (Attach additi 	e published guida stantially similar" f through another e onal sheets, if ner <u>DAVIDSC</u> EIN), if <u>13-3597</u>	transactions re ntity, check all cessary.)	ported on this form . applicable boxes and ship	or transa	· ▶ . ▶ <u>1</u> the inform Partners S corpo Trust	ship
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4 5 a	of interest . Enter the numb If you participat entity (see instru- Type of entity: Name . Employer iden known . Date Schedule i (enter "none" received) . Enter below the	box 2a or 2f, enter the er of "same as or subs ed in the transaction t ictions). (Attach additi (f) (Attach addition) (Attach addition) (f)	e published guida stantially similar" f through another e onal sheets, if new <u>DAVIDSC</u> EIN), if <u>13-3597</u> ty 1 not <u>2007</u> of each individual	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	ported on this form . applicable boxes and ship	or transa	 1 1 the inform Partners S corpo Trust Foreign 	ship ration e transaction if th
4 5 a b c d	of interest . Enter the numb If you participat entity (see instru- Type of entity: Name . Employer iden known . Date Schedule I (enter "none" received) . Enter below the individual or entities.	box 2a or 2f, enter the er of "same as or subs ed in the transaction t ictions). (Attach additi (f) (Attach addition) (Attach addition) (f)	e published guida stantially similar" f through another e onal sheets, if new DAVIDSC EIN), if $DAVIDSC EIN), if 13-3597ty1 not2007of each individuad, or recommende$	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee pation in the transaction	or transa	 1 1 Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th
4 5 a b c d 6	of interest . Enter the numb If you participat entity (see instru- Type of entity: Name . Employer iden known . Date Schedule I (enter "none" received) . Enter below the individual or entities.	box 2a or 2f, enter the er of "same as or sub- ed in the transaction t ictions). (Attach additi (finition number (finition)) (Attach addition) (Attach addition) (fin	e published guida stantially similar" f through another e onal sheets, if new DAVIDSC EIN), if $DAVIDSC EIN), if 13-3597ty1 not2007of each individuad, or recommende$	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee	or transa	 1 1 Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th
4 5 a b c d 6 a	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden known Date Schedule I (enter "none" received) Enter below the individual or enti- transaction. (Att Name	box 2a or 2f, enter the er of "same as or subs ed in the transaction t ictions). (Attach addition tification number (f 	e published guida stantially similar" f through another e onal sheets, if ner <u>DAVIDSC</u> EIN), if <u>13-3597</u> ty 1 not <u>2007</u> of each individua d, or recommended if necessary.)	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee pation in the transaction	or transa	 1 1 Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th
4 5 a b c d 6 a	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden known Date Schedule I (enter "none" received) Enter below the individual or enti- transaction. (Att Name	box 2a or 2f, enter the er of "same as or sub- ed in the transaction t ictions). (Attach additi (finition number (finition)) (Attach addition) (Attach addition) (fin	e published guida stantially similar" f through another e onal sheets, if ner <u>DAVIDSC</u> EIN), if <u>13-3597</u> ty 1 not <u>2007</u> of each individua d, or recommended if necessary.)	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee pation in the transaction	or transa	 1 1 Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th
4 5 a b c d 6 a	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden known Date Schedule i (enter "none" received) Enter below the individual or ent transaction. (Att Name Number, street,	box 2a or 2f, enter the er of "same as or subs ed in the transaction t ictions). (Attach addition tification number (f 	e published guida stantially similar" f through another e onal sheets, if ner <u>DAVIDSC</u> EIN), if <u>13-3597</u> ty 1 not <u>2007</u> of each individua d, or recommended if necessary.)	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee pation in the transaction	or transa	 1 1 Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th
4 5 a b c d 6 6	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden known Date Schedule (enter "none" received) Enter below the individual or entitransaction. (Att Name Number, street, City or town, st	box 2a or 2f, enter the er of "same as or sub- ed in the transaction t ictions). (Attach additi tification number (f 	e published guida stantially similar" f through another e onal sheets, if ner <u>DAVIDSC</u> EIN), if <u>13-3597</u> ty 1 not <u>2007</u> of each individua d, or recommended if necessary.)	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee bation in the transaction	or transa	 1 1 Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th id
4 5 a b c d 6 6 a N/A b	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden known Date Schedule i (enter "none" received) Enter below the individual or ent transaction. (Att Name Number, street,	box 2a or 2f, enter the er of "same as or sub- ed in the transaction t ictions). (Attach additi tification number (f 	e published guida stantially similar" f through another e onal sheets, if ner <u>DAVIDSC</u> EIN), if <u>13-3597</u> ty 1 not <u>2007</u> of each individua d, or recommended if necessary.)	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee pation in the transaction	or transa	 1 1 he inform Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th id
4 5 a b c d 6 6 a N/A b	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden known Date Schedule i (enter "none" received) . Enter below the individual or ent transaction. (Att Name Number, street, City or town, st	box 2a or 2f, enter the er of "same as or subsection the ed in the transaction the ictions). (Attach addition tification number (for <-1 received from entri- if Schedule K- 	e published guida stantially similar" f through another e onal sheets, if new DAVIDSO EIN), if 13-3597 ty 1 not 2007 of each individua d, or recommended if necessary.)	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee bation in the transaction	or transa	 1 1 Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th id
4 5 a b c d 6 6	of interest Enter the numb If you participat entity (see instru- Type of entity: Name Employer iden known Date Schedule i (enter "none" received) . Enter below the individual or ent transaction. (Att Name Number, street, City or town, st	box 2a or 2f, enter the er of "same as or sub- ed in the transaction t ictions). (Attach additi tification number (f 	e published guida stantially similar" f through another e onal sheets, if new DAVIDSO EIN), if 13-3597 ty 1 not 2007 of each individua d, or recommended if necessary.)	Ince number for transactions re- ntity, check all cessary.) Partner S corpo Trust Foreign N KEMPNER I	whom you paid a fee bation in the transaction	or transa	 1 1 he inform Partners S corpo Trust Foreign 	ship ration e transaction if th advice related to th id

STF	LZHQ1001	1
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7 Facts				Page
a Identify the type of tax	k benefit generated b	y the transaction.	Check all the boxes that apply (see instructions)
 Deductions Capital loss Ordinary loss 	 Exclusions from g Nonrecognition o Adjustments to b 	of gain	 Tax credits Deferral Absence of adjustments t 	Other
all affected years. Inclue nature of your investme	ude facts of each ste nent Include in your o	ep of the transact description your p	ion that relate to the expected ta participation in the transaction ar	efits generated by the transaction for the amount and all related transactions regardles ction with respect to the transaction
XPAYER HAS INVESTED	IN DAVIDSON KEMPNI	ER INSTITUTION	AL FUND FOR INVESTMENT PURP	POSES. THIS PARTNERSHIP
PASSING THROUGH SEC	TION 988 GAINS AND	D LOSSES. TAXP.	AYER HAS NO KNOWLEDGE OF TH	E UNDERLYING TRANSACTIONS.
IS UNCLEAR TO WHAT I	EXTENT THE PARTNE	RSHIP OR ANY U	NDERLYING PARTNERSHIPS ENGA	AGED IN ANY ACTIVITIES AS PAR
A PLAN TO ACHIEVE TA	AX BENEFITS. TO T	HE BEST OF THE	TAXPAYER'S KNOWLEDGE THERE	E ARE NO EXPECTED OR ESTIMATE
X BENEFITS FROM THESE	E INVESTMENTS IN A	ANY PRIOR OR F	UTURE YEAR. THE TAXPAYER,	WILL HOWEVER, BE REPORTING
IIS SHARE OF NET SECTI	ION 988 GAINS OR 1	LOSSES ON HIS	2007 TAX RETURN. PROTECTIN	VE DISCLOSURE IS BEING MADE.
a Type of entity	Tax-exempt	🗌 Foreign	Related	Identifying number
ddress				
escription TAXPAYER IS A	LIMITED PARTNER	IN A PARTNERSH	IIP REPORTING HIS DISTRIBUT	IVE SHARE OF SEC. 988 LOSS.
XPAYER HAS NO ACTUAL	KNOWLEDGE OF ANY	INVOLVEMENT O	F A TAX-EXEMPT, FOREIGN OR	RELATED ENTITY WITH SAID
ANSACTIONS.				
b Type of entity:	Tax-exempt	Foreign	Related	Identifying number
ame				
ddress				
	<u> </u>			

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GRIFFITH R. HARSH IV AND MARGARET C. WHITMAN CHARITABLE FOUNDATION 2007 CHARITABLE DISTRIBUTIONS

Recipient Name and Address	Status	Purpose of Contribution	Amount
YOUTH FRONT 4715 RAINBOW BLVD SHAWNEE MISSION, KS	501c3	General Operating	5,000
JOBTRAIN (FORMLERY OICW) 1200 O'BRIEN DRIVE MENLO PARK, CA	501c3	Holiday Fund	5,000
BOYS AND GIRLS CLUB OF THE PENINSULA 401 PIERCE ROAD MENLO PARK, CA	501c3	General Operating	5,000
RAVENSWOOD SCHOOL DISTRICT FOUNDATION MENLO PARK, CA	501c3	General Operating	5,000
MENLO PARK PRESBYTERIAN CHURCH MENLO PARK, CA	501c3	General Operating	5,000
ENVIRONMENTAL DEFENSE FUND 123 MISSION STREET SAN FRANCISCO, CA	501c3	Center for California Rivers & Deltas	100,000

TOTAL CHARITABLE DISTRIBUTIONS

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125,000

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PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UNDERPAYMENT BEG.DATE END DATE	DAYS	% 	PENALTY
QUARTER 1, RATE PERIOD 1 (05/15/2007 - 12/31/2007)			
12/11/2007 25,604. 05/15/2007 12/11/2007	210	8	1,178.
TOTAL TO FORM 2220, LINE 22, COLUMN A			1,178.
QUARTER 2, RATE PERIOD 1 (06/15/2007 - 12/31/2007)			
12/11/2007 25,604. 06/15/2007 12/11/2007	179	8	1,005.
TOTAL TO FORM 2220, LINE 22, COLUMN B			1,005.
QUARTER 3, RATE PERIOD 1 (09/17/2007 - 12/31/2007)			**********
12/11/2007 25,604. 09/17/2007 12/11/2007	85	8	477.
TOTAL TO FORM 2220, LINE 22, COLUMN C			477.

TOTAL UNDERPAYMENT PENALTY

2,660.

20-8033091

STATEMENT 1

- -

20-8033091

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

		REVENUE	
		AND	NET
		EXPENSES	INVESTMENT
DESCRIPTION		PER BOOKS	INCOME
GS XX445		8,401.	8,401.
GS XX446		246,125.	246,125.
STATE STREET XX1231		10,728.	10,728.
	TOTAL	265,254.	265,254.
			================

FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

_ ___

		Description				P pr	Date	Date sold
						Б	acquired	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis	Excess of FMV over		Gain or	
expenses of sale	allowable	basis	12/31/69	as of 12/31/69	adj basis	Ц	(loss)	
10033131.		300,000 SHAI PROPERTY TYI 3,000.				D	02/01/1998 10030131.	02/20/2007
TOTAL GAIN(L	OSS)						10030131.	
					:			
JSA		L						

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GRIFFITH R. HARSH IV AND MARGARET C. WHITMAN CHARITABLE FOUNDATION FOR PERIOD 1/1/07 - 12/31/07 FORM 990PF: PART IV CAPITAL GAIN AND LOSS FOR TAX ON INVESTMENT INCOME

					Book	Net Inv	Book	Net Inv
	Date of							
Account	Acquisition	Date of Sale	Description	Proceeds	Cost	Cost	Gain/(Loss)	Gain/(Loss)
GS xxx445	2/1/1998	2/20/2007	300,000 shs EBAY stock	10,033,131	9,412,500	3,000	620,631	10,030,131
			TOTAL	10,033,131	9,412,500	3,000	620,631	10,030,131

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Form 8	868 (Rev 4-2008)				Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Par	II and check this box			▶x
	. Only complete Part II if you have already been granted an automatic 3-month extension				
• If)	où are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Par	II Additional (Not Automatic) 3-Month Extension of Time. You must	file original and on	е	cop	y.
Туре	or Name of Exempt Organization GRIFFITH R. HARSH IV AND MARGA	Employer identifica	tio	n nu	mber
print		20-8033091			
File by	Number, street, and seem or suite poil f a R.O. box, see instructions	For IRS use only			
extend due da		· .			
filing t	City, town or post office, state, and ZIP code For a foreign address, see instructions				,
return Instruc		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Chec	k type of return to be filed (File a separate application for each return):				
\square	Form 990 X Form 990-PF	Form 1041-A	Γ		Form 6069
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720	f		orm 8870
	Form 990-EZ Form 990-T (trust other than above)	Form 5227	-		
STOP	PI Do not complete Part II if you were not already granted an automatic 3-month e	xtension on a previous	sly	file	d Form 8868.
	e books are in the care of 🕨 _C/O JOHN JUSTICE, THE AYCO CO		-		
	ephone No ▶ 518 886-4221 FAX No. ▶			-	
	he organization does not have an office or place of business in the United States, check	this box			▶□
	his is for a Group Return, enter the organization's four digit Group Exemption Number (G			5	••••
	e whole group, check this box		а		
	th the names and EINs of all members the extension is for	· · · · 			
	I request an additional 3-month extension of time until 11/15/2008			•	
5	- - - - - - - - - -	ending	••		
		return Change	in a	acco	ounting period
7	State in detail why you need the extension				51
	THIRD PARTY INFORMATION NECESSARY TO COMPLETE RETURN IS O	UTSTANDING.			
<u> </u>					
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent	ative tax, less any			· • • • •
	nonrefundable credits. See instructions	8	a	\$	NONE
Ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cred	dits and estimated			
	tax payments made Include any prior year overpayment allowed as a credit and	any amount paid			
	previously with Form 8868	8	b	\$	30,000.
с	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, it	required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paym	ent System) See			
	instructions.	8	с	\$	NONE
	Signature and Verification				

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

1 marsen Title ► AHy Date ► 8/12/08 Form 8868 (Rev 4-2008)

THE AYCO COMPANY, LP PO BOX 15014 ALBANY, NY 12212-5014

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Signature 🕨

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FORM 990PF, PART I - OTHER INCOME

		REVENUE	
		AND	NET
		EXPENSES	INVESTMENT
DESCRIPTION		PER BOOKS	INCOME
FROM PARTNERSHIPS:			
DAVIDSON KEMPNER INST PTRS LP		13,063.	13,062.
NCD PARTNERS V LP		-4,872.	-4,859.
NATURAL GAS PARTNERS IX LP		-6,866.	-6,783.
	TOTALS	1,325.	1,420.

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FORM 990PF, PART I - LEGAL FEES

	TOTALS	6,867.	NONE	NONE	6,867.
LEGAL FEES		6,867.			6,867.
DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

		REVENUE	
		AND	NET
		EXPENSES	INVESTMENT
DESCRIPTION		PER BOOKS	INCOME
INVESTMENT MGMT FEES		55,098.	55,098.
	TOTALS	55,098.	55,098.

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FORM 990PF, PART I - TAXES

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DESCRIPTION		REVENUE AND EXPENSES PER BOOKS
990 PF EXTENSION CA PAYMENTS	PAYMENT	110,000. 160.
	TOTALS	110,160.

STATEMENT 5

20-8033091

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
300,000 SHARES EBAY STOCK 1,100,000 SHARES EBAY STOCK	NONE 38,048,000.	NONE 36,509,000.
1,100,000 SHARES EDAT STOCK		
TOTALS	38,048,000.	36,509,000.
		===============

20-8033091

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
	BOOK VALUE	
ARCHIPELAGO HOLDINGS	1,000,000.	1,010,227.
MASON CAPITAL LTD	1,000,000.	1,018,611.
TPG AXON PARTNERS LTD	2,000,000.	2,264,904.
MAKENA CAPITAL ASSOCIATES	1,000,000.	1,000,000.
DAVIDSON KEMPNER INST PTRS LP	1,013,062.	1,004,515.
NCD PARTNERS V LP	520,128.	520,128.
NATURAL GAS PTNRS IX LP	39,360.	39,360.
TOTALS	6,572,550.	6,857,745.
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20-8033091

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
VALLEY FLOOR PRESERVATION PTNR (EXEMPT PURPOSE ASSET)	1,150,000.	1,150,000.
TOTALS	1,150,000.	1,150,000.

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FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GRIFFITH R. HARSH IV MARGARET C. WHITMAN

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STATEMENT 9

	EDULE D		anital G	aine and			F	OMB No 1545-0092
•	m 1041)	4	•		LOSSES	enarato		2007
	rtment of the Treasury nal Revenue Service				27 or Form 990-T, if			
		GRIFFITH R. HARSH		ARGARET		Employer ident		on number
		ARITABLE FOUNDATI				20-80330	91	
Pa	t I Short-Term	Capital Gains and Los	sses - Assets	Held One Ye	ar or Less			
	(Example 1)	on of property 00 shares 7% of "Z" Co)	(b) Date acquired (rno , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 40 o instructions	f the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a								
				I				
b	Enter the short-ter	rm gain or (loss), if any, fr	om Schedule D)-1, line 1b		• • • • • • • • •	1b	
2	Short-term capital	gain or (loss) from Form	s 4684, 6252,	6781, and 882	4		2	
3	Not short-term as	ın or (loss) from partnersl	hins Scorpora	tions and other	ostatos or trusts			
3 4		loss carryover. Enter the					3	
•	Carryover Worksh	eet					4	()
5	Net short-term ga	in or (loss). Combine line	s 1a through 4	in column (f).	Enter here and on lir		5	
Par		back Capital Gains and Losses				•••••		I
	(a) Description (Example 10	on of property 00 shares 7% of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 40 of instructions)	f the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a								
<u> </u>								
<u> </u>								
		· · · · · · · · · · · · · · · · · · ·						
	<u></u>					<u> </u>		
b	Enter the long-terr	m gain or (loss), if any, fro	om Schedule D-	1, line 6b			6b	10,030,131.
7	Long-term capital	gain or (loss) from Form	s 2439, 4684, •	6252, 6781, ar	nd 8824		7	
8	Net long-term gair	n or (loss) from partnersh	ips, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distrit	outions					9	
10	Gain from Form 4	797, Part I					10	
11	Long-term capital	loss carryover. Enter the	amount, if any	, from line 14 o	f the 2006 Capital Lo	SS		
12		eet n or (loss). Combine lines					11)
		back					12	10,030,131.
For F		Act Notice, see the Instruc					hedul	e D (Form 1041) 2007

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Sched	ule D (Form 1041) 2007					Page 2
Part	Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficianes' (see page 41)	(2) Es or tru		(3) Total
13	Net short-term gain or (loss)	3				
14	Net long-term gain or (loss):	T				
	Total for year	a				10,030,131.
Ь	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14	ь				
	28% rate gain	-+				
	Total net gain or (loss). Combine lines 13 and 14a 🛛 🕨 🔤	_				10,030,131.
Note: to Par	If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9 t V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part I	90- V a	T, Part I, line 4a). If line nd the Capital Loss Can	s 14a and : yover Wor l	15, colur ksheet, a	nn (2), are net gains, go as necessary
Part	V Capital Loss Limitation					
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I The loss on line 15, column (3) or b \$3,000		-		16	()
Note:	The loss on line 15, column (3) or b \$3,000. If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1,	line	e 22 (or Form 990-T, lır	ne 34), is a	loss, co	mplete the Capital Loss
_	ver Worksheet on page 42 of the instructions to figure your capital loss carryover					
	V Tax Computation Using Maximum Capital Gains Rates	(0)			4	
	1041 filers. Complete this part only if both lines 14a and 15 in column is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more the			iount is er	itered i	n Part I or Part II and
Cauti	on: Skip this part and complete the worksheet on page 43 of the instruction					
	her line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					d in income in Ded I
	990-T trusts . Complete this part only if both lines 14a and 15 are ga rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part an					
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			······································
	Enter the smaller of line 14a or 15 in column (2)]	
	but not less than zero					
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					
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		4	
	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?					
	Yes. Skip lines 25 through 27; go to line 28 and check the "No" box					
	No. Enter the amount from line 23					
	Subtract line 25 from line 24				27	
	Multiply line 26 by 5% (.05)	•••	• • • • • • • • • • • •	••••	* ' -	
20	Yes. Skip lines 28 thru 31, go to line 32 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			
	Subtract line 29 from line 28					
	Multiply line 30 by 15% (.15)				31	
	Figure the tax on the amount on line 23. Use the 2007 Tax Rate					
	instructions	•••		• • • • •	32	
	Add lines 27, 31, and 32				33	
	Figure the tax on the amount on line 17. Use the 2007 Tax Rate		• •		34	
	Instructions				- ³⁴ -	
	Schedule G, Form 1041 (or line 36 of Form 990-T)				35	
						le D (Form 1041) 2007

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GRIFFITH Part II 'Long (a) De 100 si	Tust as shown on Form 1041 Do n R. HARSH IV AND M g-Term Capital Gains and scription of property (Example h 7% preferred of "Z" Co) SHARES EBAY STOCK	ARGARET			Employer identifi 20-803309 (e) Cost or other basis (see page 40 of the instructions) 3,000.)1 (f) Gain or (loss) Subtract (e) from (d)
art II ` Long (a) De 100 si	g-Term Capital Gains and scription of property (Example h 7% preferred of "Z" Co)	d Losses - Asset (b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
(a) De 100 si	scription of property (Example h 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 40 of the instructions)	(see page 40 of the instructions)	Subtract (e) from (d)
	SHARES EBAY STOCK	02/01/1998	02/20/2007	10,033,131.	3,000.	10,030,131.
300,000	SHARES EBAY STOCK	02/01/1998	02/20/2007	10,033,131.	3,000.	10,030,131
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