Form **990** 

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2008 Grand an Thiblig Charles

	For the	2008 calend	der year, c	r tax year beginning		_ , 2008, ar	nd ending	;			1	
В		applicable:		C Name of organization					D Employ	er (den)	lification Number	
	Add	ress change	Please use IRS label	Modest Needs					47-	<u>08</u> 63	3430	
	Nan	ne change	or print or type. See	Number and street (or P	.Q. box if mail is not delivere	d to street addr;	) Room/su	lle	E Telepho	ne num	ber	•
	Intti	at return	specific	115 East 30th	Street		Fl 1		(21	<u>2) 4</u>	163-7042	
	⊤err	mination	Instruc- dons.	City, town or country		State Zi	IP code + 4					
	Ame	ended return		New York		NY 1	0016		G Gross	receipts	\$ 2,698,10	9.
	MAPP.	lication pending	F Name s	nd address of principal office	;				a group retui		filiates? Ye	s X No
	_		Dr. Keith	Taylor 115 East 3	Oth St New York	NY 1	0016		affiliates Inc. attach a list.			ıs 🔲 No
$\overline{}$	Tax-e	exempt statu	s X 501	(c) ( 3 ) → (inse	rtino.) 4947(a)	(1) or	527	11 110,	bitecii di 1197	(900 111	atructiona)	
7	Web	site: - ht	tp://v	ww.modestneed	s.org			H(c) Group o	exemption n	umber I	<b>-</b>	
ĸ	Туре с	ot organization:	X Corpora	ation Trust Asso	ciation Other =	L Yea	r of Formati	an: 2002	2 M s	tere of	legal domicile: D	Ę
	100	Summa										
	1 8	Briefly descri	be the org	anization's mission or	most significant activi	ies: <u>Mod</u> e	est Ne	eds ex	ists p	ima	rily to pr	event
92	<u> </u>	<u>ptherwis</u>	e_fina:	ncially self-su	fficient indi	viduals	and fa	milie:	s from	<u>ent</u>	ering the	cycle
Activities & Governance				lping these pers								
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4				t voting members of th							4	
ţies				yees (Part V, line 2a)							25	
ŧ	6 7	Fotal number	of volunt	ers (estimate if neces	sary)		, , , , ,			6	0	
ď	7a 1	Total gross u	nrelated b	usiness revenue from	Part VIII, line 12, colu	mn (C)				7a		0.
	ь	<u>Vet unrelated</u>	business	taxable income from F	orm 990-T, line 34	<u></u>		<del></del>	<u></u>	7b		
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_				nes 8 through 11 (must					,059,7			B,109.
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ą,					· ·		•		<u>333,4</u>	_	58	<u>4,339</u> .
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_				X, column (A), lines 11				_	388,0			3,561.
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Net Assets or Ford Balancos				_				Begin	ining of Y		End of `	<b>Year</b>
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1	21 7			line 26)			• • • • • • • •	·	18,7		3	0,586.
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He	re re	Signeture	of officer						<u>5/05/0</u>	9	<u> </u>	
• • • •	•		Keith	Taulor						Ł Ł	0551	
		Type or pr	rint name and	title.				Cniei	Exec	ücıv	re Office	er
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May	the IR	S discuss th		vith the preparer shown					11111	· · · · · ·	X Yes	No
				vork Reduction Act No							11 100	1 100

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Par	2011	Statem	ent of	Prograi	m Servi	ce Acco	mplish	iments	(şee i	nstruct	ions)						
1	Briefly de	scribe the	e organi	zation's n	nssion:												
•						prevent	other	wise fi	nanci	ally s	elf-aus	fficier	t indiv	i dua la	and	fami	1169
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2		•		_	_	t program		_	_								
														<u>x</u>	Yes		Νo
	If 'Yes,' c	lescribe th	nese ne	w services	on Sche	dule Q.								_			
3	Did the o	rganizatio	ın cease	s conducti	ng, or ma	ke signific	ant chan	ges in hov	v it con	iducts, ar	ny progra	m service	es?	· · · · 🔲	Yes	Х	No
	If 'Yes,' d	escribe ti	hese cha	anges on	Schedule	<b>Q</b> .								_			
4	Describe	the exem	at purp	ose achie	vements f	or each of	the orga	nization's	three I	argest pr	ogram se	rvices by	expenses	. Sectio	n 5017	c)(3)	
	and 501(	c)(4) orga	inizatlór	ns and sec	tion 4947	(a)(1) trụs	ts are re	quired to r	eport t	he amou	nt of gran	nts and á	llocations	to other:	s, the t	otal	
	expenses	and rev	enue, if	any, for e	each prog	ram servic	e reparte	d.									
4.	(Code:		) (Eve	enses S	2.5	27.016	ā, inclu	dino oraci	s of	s 1	.469.0	31. \	(Revenue	s	2.60	8.10	) D, 1
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4d	Other pro	_	vices. (C	Describe i													
	(Expense				<u>in</u> e	<u>oluding gra</u>	ants of	\$			<u>) (</u> Rev	/enue_\$				)	
4e	Total pro	gram ser	vice ex	penses	<b>►</b> \$	2,52	7,016	. (Must	equal F	art IX, L	ine 25, çı	olumn (B	),)				

Form 990 (2008) Modest Needs Foundation

Checklist of Required Schedules

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			Yes	No
1		_		
2	Schedule A	2	XX	<u>                                     </u>
3				<b>.</b> ,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<u>3</u>		X
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		•
	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	в		х
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		_ <u>x</u> .
10	.,	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	'	х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a7 If 'Yes,' complete Schedule G, Part II	18	х	
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II		X.	Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 57 if 'Yes,' complete Schedule J	23	х	
24:	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		v
ŀ	Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception?	24b		<u> x</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?  I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24 c 24 d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 1	25a		х
ŀ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		×

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Form 990 (2008) Modest Needs Foundation

Checklist of Required Schedules (continued)

Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Х 26 a b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV ...... 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV..... 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M ...... 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M..... 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . . . 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 /f 'Yes,' complete Schedule R, Part I 33 х 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... x

BAA Form 990 (2008)

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Form 990 (2008) Modest Needs Foundation	47-0863430	Pa	ae
Statements Regarding Other IRS Filings and Tax Compliance			81.0
- In soft-interestable		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	з 🔣		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?	rtable gaming 1c	Х	
2a Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	25		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s? <b>2b</b>	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-flie this return. (see instruct			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	ру <b>Эа</b>		x
b If 'Yes' has It filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other au financial account in a foreign country (such as a bank account, securities account, or other financial acc	uthority over, a count)?		х
b If 'Yes.' enter the name of the foreign country: 🟲	[2632](7]		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar Financial Accounts.	nk and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? 5b		х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Re Prohibited Tax Shelter Transaction?	egarding 5c		
6a Did the organization solicit any contributions that were not tax deductible?			х
bilf 'Yes,' did the organization include with every solicitation an express statement that such contributions	or gifts were not		
deductible?	6ы		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more th			Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		_	_
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	required to file		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			Î
<ul> <li>Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?</li> </ul>	rsonal 7e	e i e vijid	v
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			X X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>^</u>
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			_
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 505 supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, or a fund maintained by a sponsoring organization.			
			X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	Via 4 de		p. 30
a Did the organization make any taxable distributions under section 4966?	9a	-+	X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь	,	X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u></u>	*	
a Gross income from other members or shareholders	<u>}_</u>		
b Gross income from other members of shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			g việ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a	·· · · · · · · · · ·	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	. ,	: : <u>:</u>	
ВАА	Form	990 (2	300

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Form 990 (2008) Modest Needs Foundation 47-0863430 Page Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		Yes	No
	a Enter the number of voting members of the governing body			7.5
	b Enter the number of voting members that are independent	/ J		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	<i>17</i> ,	Х
3	of officers, directors or trustees, or key employees to a management company or other person?,	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5		5		х
6	Does the organization have members or stockholders?	6		X
7	a Does the organization have members, stockholders, or other persons who may elect опе or more members of the governing body?	7a		х
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	
_	b Each committee with authority to act on behalf of the governing body?	8ь	Х	
	a Does the organization have local chapters, branches, or affiliates?	9a		Х
	b if 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	96		
	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		х
<u>5ec</u>	tion B. Policies			
12:	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Yes X	No
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			100
	a The organization's CEO, Executive Director, or top management official?	15a	х	
	b Other officers of key employees of the organization?	15Ь	Х	- 4
	Describe the process in Schedule O. (see instructions)			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed - See States Form 990 Filed In			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	able f	or pub	olic
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public.			rial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ			
	Keith Taylor115 East 30th Street New York NY 11735(21	2)_4	<u>63-</u> 1	7042
BAA	· · · · · · · · · · · · · · · · · · ·	Form	990 (	(2008)

Form 990 (2008) Modest Needs Foundation

47-0863430

Page 7

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours			_	all t	hat app		Reportable	Reportable	Estimated amount of other
	per week	adividual lasqee or director	knskilu kostal kustee	Officer	key amployer	fighest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reponable compensation from related organizations (W-2/1099-MISC)	amount or ther compensation from the drganization and related organizations
Dr. Keith Taylor										•
President & CEO	65.00	Х		Х	Х	Х		229,106.	0.	_ 0
John Arenberg Chairman	5.00	х							0.	0
Elizabeth Kohen					•			<u> </u>		<u> </u>
Treasurer	5.00	Х						0.	0.	0
Thierry Mellon								-"		
Board Member	5.00	Х						0.	٥.١	0
Zachary Mannheimer										
Board Member	5.00	Х						0.		Q
Huriya Jabbar								_		"
Chief Operating Officer	50.00			х	х	х		70,865.	0.	0
Iris B. Rosken Chief Financial Officer	25.00			х	х			8,873.	0.	0
Yan T. Chan										
Chief Technology Officer	25,00			Х	Х			47,500.		0
										•
								•		
								_		
										-
					•				,	

Form 990 (2008) Modest Needs Foundation  Readwill Section A. Officers, Directors, Trust	ooc K	OV 1	Fm	nlo	V0.		and	Highest Com	47-086343	BO Page 8
		<u>су.</u>				٠,٠,٠	ano			
(A)	(B) Average	Doz.	h (	_	C)		nelsa.	(D)	(E)	(F)
Name and Tille			_	_				Reportable compensation from	Reportable compensation from	Estimated amount of other
	par week	토링	nsli	Officer	Æ	当事	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	hours per week	R di	Institutional trustee	면	Key employee	Highest co	20	(11-2-1055-11102)	(**************************************	organization
		占류	8 ≥		ğ	compensated Se				and related organizations
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	1									
						<u> </u>				
1 b Total							•	356 <u>,</u> 344.	0.	0.
2 Total number of individuals (including those in 1a) w	ho rece	ived	mo	re th	an .	\$100	0,00	) in reportable cor	mpensation from th	 1e
organization 🟲 1										
organization =								_	-	TV++ N=
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	mpl	oye	e, or	r hlg	hest compensated	d employee	وأفقار (ورووا المراوية
										<u>3</u> X
4 For any individual listed on line la, is the sum of rep the organization and related organizations greater th	ortable	com	pen	sati	oņ a	and o	othe	r_compensation from	ρm	
the organization and related organizations greater the individual ,	an \$150	0,000	J? I1	'Ye	5 C	omp	lete	Schedule J for su	ıch	A
										. 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	mpensa	ation	froi	m ar	ny u	nrei	ated	l organization for s	services	
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	such	) per	'Sor	١			, <u>, , , ,</u> ,	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	ed indep	ende	ent i	cont	ract	ors	that	received more tha	an \$100,000 of	
compensation from the organization.										
(A)								(B)	·	(C)
Name and business address	5				_			Description of	of Services	Compensation
<u> </u>			_					'	· <del></del>	
·								·	· · · ·	
							_			
2 Total number of Independent contractors (including t	hose in	1) w	/ho i	rece	iver	mo	re H	nan \$100,000 in	77.77	
compensation from the organization ► 0		.,					•1	, _ , , ,		
componentian from the organization - O			_						10:5	38.0. 1 N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

		0(2008) <u>Modest N</u>		oun	dation			47-08634 <u>30</u>	Page 9
P	i i Vi	Statement of Re	evenue						
			ation and applications are			(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
200	1a	Federated campaigns .		1 a					
	Ь	Membership dues		1ь					
50	c	Fundraising events	.,[	1 c	33,571.				
Ė	4	Related organizations .		1 d					
2	e	Government grants (contributi	ons)	1 e			personal desirable del	lagurian) i sabba	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR ANOUNTS	f	All other contributions, gifts, ( similar amounts not included	г	11	2,661,743.				
Ęŝ	و ا	Noncash contribus included in	Ins 1a-1f:	\$	3,445.				
g đ	h	Total. Add lines 1a-1f .				2,695,314.			
					Business Code				
PROGRAM SERVICE REVENUE	2a b c d e	All other program service Total. Add lines 2a-2f	ce revenue		P				
							iac.5.2	m da adi an	ز مان بروان و نشاند. در ساخت است ماند. ا
	3 4 5	Investment income (inclother similar amounts) Income from investmen Royalties	t of tax-exe	 mpt	bond proceeds .	2,795.	0.	0.	2,795.
	6.	Gross Rents	(7.1.		(4) - 4-44-44		da ma Tibus		4 8888 988 3
	1	Less: rental expenses .							
	1	Rental income or (loss)							
	1	Net rental income or (lo			<u> </u>	· · · · · · · · · · · · · · · · · · ·		8 27 - 1, 10 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Balanderich vorgebau und der I
	1		(i) Secur		(ii) Other		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	7a	Gross amount from sales of assets other than inventory.	(7 2222.1		(v)				
	١	·			-				
	j b	Less: cost or other basis and sales expenses							
	۔ ا	Gain or (loss)							
		Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·	digital to the state of the sta	2015kg/2011/2015	975 — (2896) 1969 19699. H
	1					Notation of the property			androgowan i popular kontrologija.
Щ	8a	Gross income from function (not including . \$	iraising eve	ants 77		r Barria e kwi			
REVENUE		of contributions reported							
문		See Part IV, line 18			<u>.</u>				
OTHER	<b>Ь</b>	Less: direct expenses .							
5		Net income or (loss) fro							
	1			_				***************************************	705732
	30	Gross income from gam See Part IV, line 19	ing activiti		a				
		Less: direct expenses							
		Net income or (loss) fro							
	1	Gross sales of inventory and allowances							
	b	Less: cost of goods sold	j ,	1	þ				
	1	Net income or (loss) fro							
		Miscellaneous Reven			Business Code			177 STORE 18 183	
	11 a								
	ь								
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d	1	<mark>.</mark>			general and a proper and a proper of the second		Edda at Oast Road sa
	12	Total Revenue. Add line	s 1h, 2a, 3	4. 5	i, 6d, 7d, 8c, 9c.				
_		Total Revenue. Add line 10c, and 11e				<u>2,6</u> 98,109.	<u> </u>	0.	<u>2,</u> 795.
BA					77/7-0				

Page 10

Form 990 (2008) Modest Needs Foundation

Faith 3.5 Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

			•	
All other organizations must	complete col	umn (A) but are not requ	uired to complete column	s (B), (C), and (D),

_	All other organizations must comp	ilete column (A) but an			
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	137,705.	137,705.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,292,968.	1,292,968.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	30,350.	36,356.		
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	299,972.	223,069.	40,223.	36,680.
6		22272121	220,000.	40,223.	
7	Other salaries and wages	390,094.	340,158.	34,724.	15,212.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	145,261.	121,156.	14,904.	9,201.
	Payroll taxes	49,012.	40,039.	5,254.	3,719.
11	Faes for services (non-employees)				
	Management				
ı	<b>b</b> Legal	1,634.	1,104.	465.	65.
	s Aecounting	5,750.	0.	5,750.	0.
	d Lobbying				
•	∍ Prof fundralsing svcs. See Part IV, ίπ 17		Liberton Administration 1		
1	f Investment management fees				_
Ģ	g Other	<u> 29,000.</u>	16,188.	7,037.	5,775.
12	Advertising and promotion	18,235.	9,573.	<u>3</u> 0.	8,632.
13	Office expenses	27,022.	22 <u>,</u> 163.	3,773.	1,086.
14	Information technology				
15	Royalties				
16	Occupancy	61,593.	51,934.	7,582.	2,077.
17 18	Travel	101,315.	63,495.	14,085.	23,735.
19	Conferences, conventions, and meetings	26,288.	13,765.	8,895.	3,628.
20	Interest	268.	0.	268.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,554.	18,321.	<u>2,1</u> 55.	1,078.
23	Insurance ,	8,309.	5,564.	2,534.	211.
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labelmiscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
á	Special events	35,101.	18,701.	0.	16,400.
ı	Staff development	29,085.	20,771.	7,020.	1,294.
	Bank and merchant fees	26,975.	22,926.	2,700.	1,349.
(	Telephone	26,826.	22,804.	<u>2</u> ,702.	1,320.
•	Equipment rental and maintenance	22,383.	22,280.	<u>68</u> .	35.
	All other expenses	32,223.	23,974.	<u>6,</u> 604.	1,645.
	Total functional expenses. Add lines I through 24f	2,826,931.	2,527,016.	<u> </u>	133,142.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				3 <del>-1</del>
BAA					Form <b>990</b> (2008)

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Form **990** (2008)

Form 990 (2008) Modest Needs Foundation 47-0863430 Page 11 Ralance Sheet (A) Beginning of year **(B)** End of year 196,559. 1 286,231. Cash - non-interest-bearing ..... 2 2 Savings and temporary cash investments ...... 250,891 3 Pledges and grants receivable, net ..... 20,433. 4 4 Accounts receivable, net ..... Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L..... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . 6 Notes and loans receivable, net ...... 8 Inventories for sale or use ..... В 9 Prepaid expenses and deferred charges ...... 2,873. 27,259. 9 204,097. b Less: accumulated depreciation. Complete Part VI of 50.168. 120,699. 11 Investments - publicly-traded securities ...... 1,028. 11 3,927. 12 Investments - other securities. See Part IV, line 11 ..... 12 Investments - program-related, See Part IV, line 11 ...... 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11 ...... 65,128. 15 32,028. 16 567,080. 16 470,144. 17 Accounts payable and accrued expenses ...... 17 27,841 18 335. 18 2,745. 19 Deferred revenue 19 20 Tax-exempt bond liabilities ,..... 20 Escrow account liability. Complete Part IV of Schedule D ...... 21 Payables to current and former officers, directors, trustees, key employees, highest compansated employees, and disqualified persons. Complete Part II of Schedule L ..... 22 23 Unsecured notes and loans payable ...... 24 18,365. Other liabilities, Complete Part X of Schedule D ..... 25 Total liabilities. Add lines 17 through 25 ...... 18,700. 26 30,586 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. 568,380. 439,558. 27 28 Permanently restricted net assets ..... 29 8 Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. E UZO 30 Capital stock or trust principal, or current funds ..... 30 Paid-in or capital surplus, or land, building, and equipment fund ...... 31 Retained earnings, endowment, accumulated income, or other funds ...... 32 33 Total net essets or fund balances. 568,380. 33 439,558. 567,080. 470,144. Rate Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х 2b Х c if "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit. review, or compilation of its financial statements and selection of an independent accountant? 2 c Х 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Эa 3Ы

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

#### Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047
2008

Special Distribution

Employer Identification number Name of the organization 47-0863430 Modest Needs Foundation Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(bX1XAXI). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(VI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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 exempt 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 X June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b ∏Type Ⅱ c Type III - Functionally Integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that Is a Type I, Type II or Type III supporting organization, a Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 <u>g (i)</u> a family member of a person described in (i) above? ..... 11 g (ii) (III) a 35% controlled entity of a person described in (i) or (ii) above? ...... 11 g (III) Provide the following information about the organizations the organization supports h (I) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col. (i) of your support? (vi) is the organization in col. (i) organized in the U.S.? do FIN (iv) is the nization in col. (vii) Amount of Support () listed in your governing document? Yes No Yes Nο Yes Νo

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support  Calendary year (or liscal year  (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total  Section A. Public Support  (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total  Office greater, contributions and membrathing reas received, (l) to receive year (l) ye	Sche	edule A (Form 990 or 990-EZ) 200	B Modest N	leeds Found	ation		47-0863430	) Page <b>2</b>
Section A. Public Support  Calendary year (or fiscal year beginning in) *  1 Grits, grants, contributions and manufacturing in the calendary of the calendary o	<b>123</b>					b)(1)(A)(Iv) and	i 170(b)(1)(A)(v	i)
Table to visit for fiscal year beginning in year of the different part of the control of the con	Sec		ed the box on line	5, 7, or 8 of Part	1.)	·		
1 Grits, grants, contributions and markets prices accessed, (20 not) include unusual grants, (3) not include the value of services or fact thes termined to the emperature of the unusual contributions of the value of services or fact the strainfined to the unusual contributions by each person (other than a governmental unit without charge, 30 not include the value of services or fact the unit of the unit	Cale	ndar vear (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
2 Tax revenues levice for the organization braneft and either pead to it or expanded to the organization by a governmental unit without charge, 50 not or total unit without charge, 50 not or feel items pead organization, expanded and either pead organization media to expanded organization media to expanded organization and either pead organization with or gould life you pead organization and either pead organization by each person unit or gould life you pead organization.  4 Total Add lines 1-3  5 The portion of total contributions by each person unit or gould life you pead organization in either and expanded organization in either and expanded en ine inal revealed 28 of the amount shown on line 11, column (1)  6 Public support. Storage organization either and expanded organization, grade the pead organization either and expanded organization, direct his box and either pead organization either pead organization, direct his box and line is required organization, direct his box and line is the pead organization of Public Support Percentage  14 Public support percentage for 2007 Scheduler, A Part IV-A, line 26f  15 Public support percentage for 2007 Scheduler, A Part IV-A, line 26f  16 Justice support percentage for 2007 Scheduler, A Part IV-A, line 26f  17 Public support percentage for 2007 Scheduler, A Part IV-A, line 26f  18 Public support percentage for 2007 Scheduler, A Part IV-A, line 26f  19 Public support percentage for 2007 Scheduler, A Part IV-A, line 26f  19 Public support percentage for 2007 Scheduler, A Part IV-A, line 26f  19 Public support percentage for 2007 Scheduler organization did not check a box on line 13, line 1, l								
facilities furnished to the organization by a governmental include the value of services or facilities generally furnished to the public without charge.  4 Total, Add lines 1-3  5 The portion of total contributions by each person (other than a governmental organization) mice and committee the public without charge and contributions by each person (other than a governmental organization) mice and committee the person (other than a governmental organization) mice and committee the person (other than a governmental organization) mice and committee the person of the person	2	Tax revenues levied for the organization's benefit and either paid to it or expended						
5 The portion of total contributions by each person (other than a governmental unit or publicly support of the emount shown on line 1 included or in ell in that exceeds 2% of the emount shown on line 11, column (f)  6 Public support. Subtract line 5  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividence, and interest, dividence, payment received or securities loans, permiss received or securities loans, permiss received or securities loans, rents, reyelltes and income form similar sources  9 Net income form unrelated business activities, whether or not the business activities, and the organization of the properties of	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to						
contributions by each person (other than a governmental unit or publicly supported or paintzation) include on line 1 indicated supports of the emonth shown on line 11, column (f)  6 Public support. Subtract line 5  Section B. Total Support  Calendar year (or fiscal year beginning in) - 7  7 Amounts from line 4  8 Gross income from interest, didentifying the state of calendar year (or state) year beginning in) - 7  8 Gross income from interest, didentifying the state of calendar year (or state) year beginning in year or year the state of calendar year (or state) year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) - 7  7 Amounts from line 4  8 Gross income from interest, didentifying the year of year of year or y	4	Total. Add lines 1-3	g: :::::::::::::::::::::::::::::::::::					
Calendar year (or fiscal year beginning in)	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) — (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total peginning in) — (f) Total pe		from line 4	Region (1990) (1	Ze objective services and services	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		through 10	ities, etc. (see ins	tructions)		in the same of the	12	<u></u>
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	_18	Private foundation. If the organiz	ation did not chec	k a box on line, l	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	uctions 🟲

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Page 3

# Schedule A (Form 990 or 990-EZ) 2008 Modest Needs Foundation Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ched	cked the box on lin	e 9 of Part I.)				
Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	194,379.	395,200.	506,571.	<u>2,05</u> 9,175.	2,661,743.	5,817,068.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose					33,571.	33,571.
3	Gross receipts from activities that are not an unrelated trade or business under section 513					.99,01,1	24,4,2.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
-	Total. Add lines 1-5  Amounts included on lines 1, 2, 3 received from disqualified persons.	194,379.	395,200.	506,571.	2,059,175.	2,695,314.	<u>5,850,6</u> 39.
Ė	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b			· .			
8	Public support (Subtract line						
	7c from line 6.)						5,850,639.
Sec	tion B. Total Support						
	HOLL BL LOWLOND DAY						
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale		(a) 2004 194, 379.				(e) 2008 2, 695, 314	(f) Total 5 , 650 , 639 .
Cale:	ndar year (or fiscal yr beginning in) 🟲	194,379.	395,200.	506,571.	2,059,175.	2,695,314.	5,650,639.
Cale 9 10 a	ndar year (or fiscal yr beginning in) > Amounts from line 6 Grass income from interest, dividends, payments received on securities loans, rents, royalties and income form	194,379.					
Cale 9 10 a b	Amounts from line 6	194,379.	395,200.	506,571.	2,059,175.	2,695,314.	5,650,639.
Cale 9 10 a b	ndar year (or fiscal yr beginning in) Amounts from line 6	194,379.	395,200.	506,571. 80.	2,059,175. 556.	2,695,314. 2,795.	5,650,639. 3,431.
Cale: 9 10 a b c c 111	Amounts from line 6	0.	0.	506,571. 80.	2,059,175. 556. 556.	2,695,314. 2,795. 2,795.	3,431. 3,431.
Cales 9 10 a 11 12 13 14	Amounts from line 6  Grass income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add line 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and	0.  0.  o.  for the organizat stop here	0. 0. 0.	506,571. 80.	2,059,175. 556. 556.	2,695,314. 2,795. 2,795.	3,431. 3,431.
Cale: 9 10 a b c 11 12 13 14 Sec	Amounts from line 6  Grass income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add line 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Put	0. 0. 0. 0. Consider the organization of the o	0. 0. oris first, second	80. 80.	2,059,175. 556. 556.	2,695,314. 2,795. 2,795. 2,795.	3,431. 3,431.
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Cale: 9 10 a b 11 12 13 14 Sec: 15 16	Amounts from line 6 Grass income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support, (add line 9, 10b, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Put Public support percentage from 20	194,379.  0.  0.  0.  Se for the organization here	0. 0. 0. con's first, second crcentage (f) divided by line Part IV-A, line 27g	80. 80.	2,059,175. 556. 556.	2,695,314. 2,795. 2,795. 2,795.	3,431. 3,431.
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Cale: 9 10 a  b 11 12 13 14 Sec: 15 16 Sec: 17 18 19 a	Amounts from line 6  Grass income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Put Public support percentage for 20 Public support percentage from 20 Investment income percentage from 33-1/3 support tests — 2008. If the more than 33-1/3 support tests — 2008. If the more than 33-1/3 support tests — 2008. If the more than 33-1/3 support tests — 2008. If the more than 33-1/3 support tests — 2008. If the more than 33-1/3 support tests — 2008. If the more than 33-1/3 support tests — 2007. If the 33-1/3 support tests — 2007. If the support tests — 2007.	194,379.  0.  0.  0.  0.  0.  0.  0.  0.  0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	80.  80.  80.  80.  13, column (f)) .  by line 13, colume 27h  on line 14, and juelifies as a pub	2,059,175. 556. 556.	2,695,314.  2,795.  2,795.  2,795.  2,795.  15 16  17 18 an 33-1/3%, and I garization	5,650,639.  3,431.  3,431.  5,854,070.  99.94% 90.00%  0.06% 0.00% ine 17 is not
Cale: 9 10 a h h l l l l l l l l l l l l l l l l l	Amounts from line 6 Grass income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support, (add line 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Put Public support percentage from 20 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2008. If the more than 33-1/3%, check this box	194,379.  0.  0.  0.  0.  0.  0.  0.  0.  0.	0.  0.  0.  0.  0.  0.  0.  0.  0.  0.	506,571.  80.  80.  80.  13, column (f)).  by line 13, column (f)).  con line 14, and qualifies as a pub in line 14 or 19a, attorn qualifies as a pub attorn qualifies as a pub in line 14 or 19a, attorn qualifies as a pub in line 14 or 19a, attorn qualifies as a pub in line 14 or 19a, attorn qualifies as a pub in line 14 or 19a, attorn qualifies as a pub in line 14 or 19a, attorn qualifies as a pub in line 14 or 19a, attorn qualifies as a pub	2,059,175.  556.  556.  fifth tax year as a since the supported or and line 16 is more and publicly supported a publicly supported and line 16 is more a publicly supported as a publicly	2, 695, 314.  2, 795.  2, 795.  2, 795.  2, 795.  15  16  17  18  an 33-1/3%, and I ganization.  re than 33-1/3%, atted organization.  ted organization.	5,650,639.  3,431.  3,431.  5,854,070.  5,854,070.  99.94% 90.00%  0.06% 0.00% ine 17 is not x

Schedule A	(Form	990 or s	990-EZ)	2008	Mod	<u>iest</u>	Need	is Fo	ounda	itior	<u> </u>			- 4	1/-0	8634	30	<u> </u>	-²age 4
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#### SCHEDULE D (Form 990)

## Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

2008 Port a Punis Port - 2008

Mame	or the organization			Employer Identification	number
	dest Needs Foundation			<u>47-0</u> 863430	
(Bai	Organizations Maintaining Donor A the organization answered 'Yes' to	Advised Funds or Other Similar Form 990, Part IV, line 6.	unds or Acco	unts Complete	if
		(a) Donor advised funds	(b) F	unds and other acc	counts
1	Total number at end of year		. , ,		
2	Aggregate contributions to (during year)	120,00	0.		
3	Aggregate grants from (during year)	-5,93		-	
4	Aggregate value at end of year	114,06			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	advisors in writing that the assets held in the organization's exclusive legal control?	donor advised	X Yes	□No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the impermissible private benefit??	and donor advisors in writing that grant for the donor or donor advisor or the donor or donor advisor or the donor advisors or the donor advisor or the donor advisors or the donor advisors or the donor advisor or the donor advisors or the donor advisors or the donor advisor of the donor advisor or the donor advisor or the donor advisor of the donor advisor or the donor advisor of the donor advis	unds may be other	— 	— П No
混紅	<b>海線 Conservation Easements</b> Complete	e if the organization answered 'Ye	s' to Form 99	0, Part IV, line	7.
7					
	Preservation of land for public use (e.g., red		on of an historica	ally important land a	area
	Protection of natural habitat		on of certified his		
	Preservation of open space		•		
2	Complete lines 2a-2d if the organization held a c	qualified conservation contribution in the fo	orm of a conserve	ation easement on t	he last day
	of the tax year.	<u> </u>	y		
			· · · · · · · · ·	Held at the End o	f the Year
	Total number of conservation easements				
	Total acreage restricted by conservation easeme				
	Number of conservation easements on a certifle				
	Number of conservation easements included in (				
3	Number of conservation easements modified, tra		nated by the org	anization during the	taxable
4	Number of states where property subject to cons	ervation easement is located 🗠			
5	Does the organization have a written policy rega enforcement of the conservation easement it has				☐ No
6	Staff or volunteer hours devoted to monitoring, i				<del>_</del>
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing easements during ti	ne year ► \$		
8	Does each conservation easement reported on II 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section	Yes	No
	In Part XIV, describe how the organization report include, if applicable, the text of the footnote to conservation easements.	the organization's financial statements tha	t describes the o	rganization's accou	e sheet, and nting for
	Organizations Maintaining Collect Complete if the organization answer	ered 'Yes' to Form 990, Part IV, lir	ne 8.		
	lf the organization elected, as permitted under S treasures, or other similar assets held for public the text of the footnote to its financial statement				
Ė	If the organization elected, as permitted under S treasures, or other similar assets held for public amounts relating to these items:				•
	(i) Revenues included in Form 990, Part VIII, lin	ne 1		►\$	
	(ii) Assets included in Form 990, Part X			►S	
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other similar asset 8 relating to these items:	s for financial ga	in, provide the fallo	wing
a	Revenues included in Form 990, Part VIII, line 1	,		,, +\$	
ь	Assets included in Form 990, Part X			<b>&gt;</b> \$	

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Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 Modes				<u>47-086</u>		Page 2
<b>டுத்திய் Organizations Maintai</b>	ning Collections	of Art, Histor	rical Treasures, or	Other Similar Asse	ts (continu	ued)
Using the organization's accessio that apply):	n and other records,	check any of the	following that are a sig	inificant use of its collec	ction items (c	heck all
a Public exhibition		d Loan d	or exchange programs			
<b>b</b> Scholarly research		e Other	- ·			
c Preservation for future genera	ations	_		•		
4 Provide a description of the organ Part XIV.	nization's collections	and explain how	they further the organiz	ation's exempt purpose	וו	
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be main	itained as part of	the organization's colle	ection?		No
Trust, Escrow and Cur IV, line 9, or reported	stodial Arrangen an amount on Fo	nents Comple orm 990, Part	te if organization a X, line 21.	inswered 'Yes' to F	orm 990, F	²art
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or oth	ner intermediary i	for contributions or othe	er assets not	∏ Yes	□No
b If 'Yes,' explain the arrangement						
	·		-	·	Amount	
c Beginning balance			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1c		
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an ar					Yes	Пиа
b   f 'Yes,' explain the arrangement		ranta, ille 21: .		***************************************	Yes	∐ No
Endowment Funds Cor		ation analyses	d Weet to Form 000	) Doct IV Use 10		
PERSONAL ENGOWMENT FUNGS CO						
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ya	ears back
1a Beginning of year balance	1	Parameter Company		<u> </u>		والمعلاد العسد والعادر
b Contributions	<u> </u>	بدوين المسامد ومجدولات رمايل		<u></u>		
c investment earnings or losses	<u> </u>			<u></u>	. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	<u> </u>
d Grants or scholarships	_		<u> </u>			
Other expenditures for facilities     and programs						
f Administrative expenses		: '	تكليف فيتشاعف والمراج والأراز والمراج			
g End of year balance	<u> </u>	<u>kali sa Misakana</u>			والمنافية والمنافية والمنافية	70 × 30
2 Provide the estimated percentage	of the year end bala	ance held as:		'		
a Board designated or quasi-endow	ment 🟲	*				
b Permanent endowment 🕒	- Ris					
c Term endowment ►	<del></del>					
3a Are there endowment funds not in			hat a t	-1		
organization by:	the possession of the	ie organization ti	nat are neig and admini	stered for the	Yes	No.
(i) unrelated organizations						· 140
(ii) related organizations					3a(i)	+
<b>b</b> If 'Yes' to 3a(ii), are the related or	ranniantiona listod os	vomunad as Cab				<del>_</del>
					. 3b	
4 Describe in Part XIV the intended Investments—Land, Bu				!: 10		
Description of investment						
Description of investment		t or other basis	(b) Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Book	Value
1a Land				1 - 7 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		
<b>b</b> Buildings						
c Leasehold Improvements						
d Equipment		169,381.		60 334	- 10	0.057
e Other		34,716.		69,324.		0,057.
Total. Add lines 1a-1e (Column (d) shor			P) (is a 10/a) )	14,074.		0,642.
BAA	aiu equai Form 990, j	<u>-ar, x, column (t</u>	э), лпе тυ(c).)		12) dule <b>D</b> (Form	0,699 <u>.</u> 990)2008

Schedule D (Form 990) 2008 Modest Needs Foun	dation	47-086	3430 Page 3
Rankal Investments-Other Securities See Fo	rm 990, Part X. line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket välue
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)	000_ D+vt V 1:	the first are a finished to be real from the control of the contro	<u> </u>
Race With Investments—Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valuar Cost or end-of-year mark	tion ket value
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
···			
·			
		•	
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)	<u> </u>	<u> </u>	پرس <u>ن سے ا</u> لگاہ آگ آگاں میں ایک ان استان استان ا
Other Assets (See Form 990, Part X,		<del></del> -	
	scription		(b) Book value
Commitments to other organizations Other current receivables			0.
Security deposits		<del></del>	32,028.
Undeposited funds		<del></del>	34,026.
Ondeposited lunds		<del>.</del>	<u> </u>
		<del></del>	<del></del>
		-	
<u> </u>			
Total. Column (b) Total (should equal Form 990, Part X, col	.(B), line 15)		32,028.
Cantal Other Liabilities (See Form 990, Part	X, line 25)		•
(a) Description of Liability	<b>(b)</b> Amount		
Federal Income Taxes		전체 회사는 하인 그가 전혀감을	
Revolving credit balances		<u>o.</u>	
Accrued payroll taxes		<u> </u>	
<u> </u>			
<u> </u>		—	
<u> </u>			
<del> </del>			
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<u>-</u>	0.	
In Part XIV, provide the text of the footnote to the organizate	ionis financial etalomoni	and the control of the control of the state	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	edule D (Form 990) 2 <u>008 Modest Needs Foundation</u>	<u>47-0863430</u>	) Page 4
(Ea	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		2,698,109.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,826,931.
3			-128,822.
4			
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments ,,,		
Á	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8.		
10			_128 822
	Reconciliation of Revenue per Audited Financial Statements With Revenue per		-128,822.
			0 600 100
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2,698,109.
	a Net unrealized gains on investments		
	b Donated services and use of facilities		
1	c Recoveries of prior year grants	——	
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d		
_	Subtract line 2e from line 1	3   2	<u>2,698,109.</u>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		2,698,109.
1196	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	2,826,931.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	[230]	
1	a Donated services and use of facilities		
	b Prior year adjustments		
	c Losses reported on Form 990, Part IX, line 25		
	c Losses reported on Form 990, Part IX, line 25		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	-	2,826,931.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u>2,020,</u> 931.
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)	— <b>1933</b>	
	c Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	· · · · · · · · · · · · · · · · · · ·	
		5	2,826,931.
1 5/2	Supplemental Information		
Com	oplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	IV, lines 1b and 2	2b; Part ∨,
line	4; Part X; Part XI, line 8; Part XII, lines 20 and 40; and Part XIII, lines 20 and 40.		
Pt.	II Line 9 The organization has no conservation easements.	. <b></b>	
Pt.	XII Line 4b These are expenses incurred for the facility cost	<u>s/rent</u>	
	of a sponsered special event.	·	<b>-</b>
Pt	XIII Line 2d These expenses described in Pt XII line 4b has be	en reclass	ed
			<b></b>
	from expenses to other income for the Form 990 p	resentation	n <u>.</u>
		<b>_</b>	
		. <b></b>	<b></b> -
			·

Schedule D (Form 990) 2008 Modest Needs Foundation    Rank XIVE Supplemental Information (continued)	47-0863430	Page 5
Earth Supplemental Information (continued)	<del></del>	
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#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

OMB No. 1545-0047

**200**8

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete If the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

Employer Identification number

Modest	Needs	Foundation
Modest	NEEGS	FOUNDACTOR

47-0863430

General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1	For grantmakers. Does the grantees' eligibility for the	e organization mair grants or assistant	ntain records to si ce, and the select	ubstantiate the amount of the gion criteria used to award the g	rants or assistance, the rants or assistance?	. X Yes No
2	For grantmakers. Describe	in Part IV the org	anization's proced	dures for monitoring the use of	grant funds outside the t	United States.
3	Activities per Region. (Use	Schedule F-1 (For	m 990) if addition	nal space is needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to reciplents located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
No:	rth America	0	0	Program Services	Start up New Office	38,358.
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Tota	is ►	0	0			38,358.

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Schedule F (Form 990) (2008)

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008  $\Gamma$ Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance 47-0863430 2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of non-cash assistance (f) Manner of cash disbursement check 38,358. (e) Amount of cash grant North America so start up Nod (d) Purpose of grant (c) Region Modest Needs Foundation (b) RS code section and EIN (if applicable) Enter total number of other organizations or entities. (a) Name of organization Schedule F (Form 990) 2008 BAA

TEEA3502 6750NOB

TEEA3503 12/24/08

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008 Page 3 (g) Description of non-cash assistance Schedule F (Form 990) 2008 Modest Needs Foundation

47-0863430

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. 47-0863430 (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

	2008 Modest Needs Foundation	<u>4</u> 7-0863430	Page 4
<b>Baran Suppleme</b> Complete this	ental Information is part to provide the information required in Part I, line 2, and any other	additional information.	
Pt I Line 2	The organization monitors the use of qr		
			· <b></b>
	United States by remitting payment for	·	
	directly_to_a_vendor_rather_to_an_indiv	idual. Please note	
	that Modest Needs operates only in the	US and Canada at	
<b></b>	this_time	·	
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# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	► Must be co or 19, an	ompleted by org d by organizati	ganization ons that e	s that ans nter more	wer 'Yes' to Form 990, i than \$15,000 on Form 9	Part IV, lines 1 <i>7</i> , 18, 90-EZ, line 6a.	Granda (1417). 1531 (1618)
Name of the organization						Employer identific	
Modest Needs I						47~086343	•
Fundraisi							line 17.
Mail solicitation Email solicitation Phone solicitation In-person solicitation	ons Itions ations icitations ion have written o in Form 990, Part	r oral agreemer VII) or entity ir	nt with any n connection	/ individua on with pro	wing activities. Check a  Solicitation of non-( Solicitation of gove Special fundraising  (including officers, dire ofessional fundraising so resuant to agreements under required to comp	government grants rnment grants events ectors, trustees or key ervices?	
compensated at I	east_\$5,000 by the	e organization.	Form 9901	EZ filers a	re not required to comp		
(i) Name of ir or entity (fun	ndlvidual draiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
	_ <b>.</b>		Yes	No			
						<u></u>	
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							<u> </u>
				<u> </u>			
	_						
						···	
							<u> </u>
Total				, , , , , , , <b>, , , , , , , , , , , , </b>			
or licensing.				<b></b>	icit funds or has been n	·	
					<b></b>	- <b></b>	<b></b>
						<b></b>	
					<b></b>	- <b></b>	
	<b></b>						

		G (Form 990 or 990-EZ) 2008 Modest Fundraising Events. Complete if	the organization ar	swered 'Yes' to Fo	rm 990. Part IV. lir	63430 Page 2 ne 18, or
		reported more than \$15,000 on Fo	orm 990-EZ, line 6.  (a) Event #1  Tempo Restaurant  (event type)	a. List events with ( (b) Event #2 (event type)	gross receipts great (c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
かい かいしょう	1	Gross receipts	33,571.			33,571.
Ĕ	2	Less: Charitable contributions			<del></del>	
	3	Gross revenue (line 1 minus line 2)	33,571.			33,571.
D	4	Cash prizes		<u> </u>		
DIRECT	5	Non-cash prizes , , , ,				
	6	Rent/facility costs	35,101.	_		35,101.
EXPEZEN	7	Other direct expenses				
Ē	8	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 an				
Ear		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	ported more than
#E>E20			(a) Bingo	(b) Pull tabs/Instant bingo/progressive blngo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
E	1	Gross revenue	'-			
	2	Cash prizes ,,,		_		
D P E	3	Non-cash prizes				
D-RECT	4	Rent/facility costs				
	5	Other direct expenses		<u> </u>		
	6	Volunteer labor	Yes %	Yes %	Yes	<u> </u>
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Combine li	nes 1 and 7 in column	(d)		
10 a	Is the lift 'N	er the state(s) in which the organization operate gaming to operate gaming to,' Explain:	activities in each of the	ssa states?		
		s the organization operate gaming activities				11
12 BAA	adm	ne organization a grantor, beneficiary or tru inister charitable gaming?	Stee of a trust or a mer	nder of a partnership or		12   prm 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 Modest Needs Foundation 47-0	863430	Page 3
<del></del>		YES NO
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	8	
b An outside facility	₽ <b>(1997)</b>	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and re	cards:	
Name: *		
Address: -		
	######################################	4.464
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amo	unt	
of gaming revenue retained by the third party \$		
c If 'Yes,' enter name and address:		
N S		118/1423
Name: *Name: *		1
Address B		
Address:	;	
16 Gaming manager information		
To Carning manager information		
Name; ►	<b>*</b>	
Name: ►		
Gaming manager compensation ► \$		
Description of services provided:	(* A - S	
Director/officer Employee Independent contractor	9	
	\$1.5	
17 Mandatory distributions		
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	g (* 150 m)	
state gaming license?	17 а	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year: 🕨 \$		

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Schedule I (Form 990) 2008

TEEA3901 12/19/08

3 Enter total number of other organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE | (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

ONE No. 1545-0047

Employer identification number X Yes 47-0863430 1 Does the organization maintain records to substantiale the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990. Modest Needs Foundation Name of the organization

**ջ** □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Fart IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) il addil	lional space is r	reeded				
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of eash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grank or assislance
Second Wind Dreams 101 Cambridge Square, Sui	31-1519675		.000,2				Hire BD
Subjective Theatre Compan	32-0225243		6,500.				Develop Websit
	22-3876459			5, 422.	5,422. Book value	Computers	Develop Websit
Sparkplug Education Progr 1537 South Street Racine WI 53402	80-0082253		5,474.				Background chk
Beautify the Meek •• 1621 Springridge Road Gautier MS 39553	71-1047608		5,332.				Instruct DVDs.
2 Enter total number of section 501(c)(3) and government organi	3) and government or	janizations	zalions			<b>A</b>	30

Schedule I (Form 990) 2008

Page 2 We remit payment directly to a creditor for an expense incurred by a small non-profit organization that will demonstrably strengthen that organization's ability to serve its clients and community. (i) Description of non cash assistance **Example Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 47-0863430 (e) Nethod of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 21,356. 169,194 1,100,977 1,441 (c) Amount of cash grant 109 79B ö 4,456 Modest Needs Foundation (b) Number of recipients Independent Living Grants Self Sufficiency grants (a) Type of grant or assistance Back to Work Grants Schedule I (Form 990) 2008 Bridge Grants Pt\_L Line 2\_ Pt\_I Line 2

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#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

## Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Name of the organization Employer Identification number

Modest Needs Foundation 47-0863430

East Regarding Compensation

	<u> </u>			
7 4	Check the appropriate boy(es) if the organization provided any of the following to or for a person listed in Form 990. Part		Yes	No
	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees		1.5	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	7		
ı	of the expenses described above? If 'No,' complete Part III to explain	1 b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract	123	, ,	
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, dld any person listed in Form 990, Part VII, Section A, line 1a:			
	a Receive a severance payment or change of control payment?			ويسم
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
	Participate in, or receive payment from, an equity-based compensation arrangement?			X X
•	If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4 C		X
	THE TEST TO ANY OF THE CITE PERSONS AND PROVIDE THE APPRICABLE AND UNITS TO TEST THE PART THE			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 3		1.3.5
	contingent on the revenues of:			
	The organization?	_ 5a		. Х
ı	Any related organization?	5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.	100		
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			(100)
	The organization?	_6a		х
ı	Any related organization?	6ь	718	Х
	If 'Yes' to line 6a or 6b, describe in Part III.			تتبيا
	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		х
в	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		x

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Page 2 Schedule J (Form 990) 2008 Modest Needs Foundation

Battill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	of Droshdown of W. 9 and for		1000 MISC commonstion	10.10.4.	(C) Blookenahla	Control of notices	ooikeacomo (1)
(A) Name	(i) Base compensation	1 - 19	(III) Other conrectedion	compensation	benefits	(C) (O) (B) (O)	reported in prior Form 990 or Form 990-EZ
	0 133,029.	52,882.		0.	0	229,106.	94,000.
Dr. Keith Taylor (		0	   				i
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9	(8)				- 1	- 1	
ВАА			TEEA4102 08/11/08	1,008		Sche	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Modest Needs Foundation	47-0863430 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	5b, 6a, 6b, 7, and 8. Also complete
Pt I Line 1b Under an SIRP program funded by a grant made for that purpose, Modest Needs	dest Needs
	olicy
ВАА	Schedule J (Form 990), 2008

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Name of the organization  Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Occide Public

Employer Identification number

Modest Needs Foun	dation .	47-086343 <u>0</u>
Pt_III,_Line_2	In 2008, Modest Needs added two new grant progra	ams: a 'bridge grant'
	designed to assist individuals affected by the o	urrent economic downturn
	in the United States, and a 'non-profit' grant	designed to
	assist small non-profit organizations with pro	gram-related
	expenses too small to be considered a funding	priority by
	major qrantmakers.	
Pt_VI-A, Line 10	Before filing the Form 990, a copy of the Form	n is distributed
	to every board member for review. The board m	member has
	10 business days to respond, make comments or	have items
	clarified, if necessary.	
Pt_VI-B, Line 12c	Modest Needs has in place a policy prohibiting	<u> </u>
	transaction, financial or otherwise, that woul	d_create_a
	conflict of interest. Any transaction that mi	ight result
	in a conflict of interest must be approved joi	intly by the
	Board of Directors, the CEO, and the CFO, with	any party
	with whom a conflict may exist abstaining from	<u>any</u>
	consideration of the transaction in question.	<b></b>
Pt_VI-B, Line 15	The salaries of officers, directors, and other	:_key
	employees were researched via comparison to the	ne_salaries
	of employees holding similar positions in simi	larly_sized
	organizations, then submitted either the CEO,	or, in the
	case of the compensation of the CEO, the Board	l of Directors
	for discussion, modification, and / or approve	. <u>1</u>
	as necessary,	
Pt_VI-C, Line 19	The organization makes its financial documents, con	flict of interest policy,
	and other governing documents available for in	ietant

Schedule <b>0</b> (Form 990) 2008  Name of the organization	Page 2
Modest Needs Foundation	47-0863430
download via the organization's website, at	.===
http://www.modestneeds.org. Hard copies of t)	nese
documents_may_likewise_be_requested_by_email,	postal mail,
facsimile, or telephone	
Sch J, Part II Dr. Taylor's compensation included \$133,029 in	n 2008 compensation;
\$52,882 in compensation earned in 2007 but par	id_in_2008;_\$35,000
for programming work unrelated to his duties a	as the CEO
of the organization (and performed at under-ma	arket_value)
and \$8,195 in additional benefits. Dr. Taylo:	r's salary
was approved by the board and considered comme	ensurate with
his position and responsibilities. No part of	f Dr. Taylor's
salary was borne by Modest Needs' donors; rath	her, Dr. Taylor's
salary was funded in full by grants made to the	he_organization
in part for that specific purpose.	·
	· <b></b>
Part VIII Line 1c The special event held during 2008 was held to	?
Sch G Part II substantially further the organization's exemp	ot purpose.
	·
	·
	<b></b>
	<b></b>

Form <b>8879-EO</b>	IRS <i>e-file</i> Signature Authorization for an Exempt Organization	QM8 No. 1545-1678
Department of the Treasury	For calendar year 2008, or fiscal year beginning, 2008, and ending	2008
Internal Revenue Service	Do not send to the IRS. Keep for your records.	
Name of exempt organization	· · · · · · · · · · · · · · · · · · ·	mployer Identification number
Modest Needs Fou	ndation4	17-0863430
Park Tax Return ar	Chief Executive Off nd Return Information (Whole Dollars Only)	icer
Check the box for the return the box on line 1a, 2a, 3a, 4 line 1b, 2b, 3b, 4b, or 5b, w line below. <b>Do not</b> complete	n for which you are using this Form 8879-EO and enter the applicable amount from a, or 5a, below, and the amount on that line for the return for which you are filing th nichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, more than 1 line in Part I.	is form was blank, then leave , then enter -0- on the applicable
1a Form 990 check here	b Total revenue, if any (Form 990, line 12)	16 2 600 100
2a Form 990-EZ check he	b Total revenue, if any (Form 990-EZ, line 9)	2h
AR LOUIS LIZO-L AC CHÉCL	1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 1 1 2 0 1 0 1	2 <b>6</b>
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b
	_	
Under popultion of west-way	nd Signature Authorization of Officer  declare that I am an officer of the above organization and that I have examined a construction of the above o	
reason for any delay in prodesignated Financial Agent preparation software for pay account. To revoke a payme payment (settlement) date, confidential information nec number (PIN) as my signatufunds withdrawal.  Officer's PIN: check one both		ethe U.S. Treasury and its ethe U.S. Treasury and its on account indicated in the tax tution to debit the entry to this an 2 business days prior to the payment of taxes to receive ad a personal identification ent to electronic
X authorize IRIS B	. ROSKEN, CPA, LLC to enter my PIN	63430 as my signature
	EAO INII Name	r five numbers, but not enter all zeroe
As an officer of the orga indicated within this retu program, I will enter my	nization, I will enter my PIN as my signature on the organization's tax year 2008 ele rn that a copy of the return is being filed with a state agency(ies) regulating charitie PIN on the return's disclosure consent screen.	ectronically filed return. If I have s as part of the IRS Fed/State
Officer's signature		
<b>Bait知事</b> Certification a	nd Authentication	<del></del>
ERO's EFIN/PIN, Enter your	six-digit EFIN followed by your five-digit self-selected PIN ,	11894495710
I certify that the above nume above. I confirm that I am su Authorized IRS <i>e-file</i> Provide	ric entry is my PIN, which is my signature on the 2008 electronically filed return for ibmitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized ers for Business Returns.	do not enter all zeros the organization indicated e-File (MeF) Information for
ERO's signature		
	ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	
BAA For Paperwork Reduct	ion Act Notice, see instructions.	Form SP70 FA (644-)
		Form <b>8879-EO</b> (2008)

Modest Needs Foundation

47-0863430

1

Schedule O (Form 990), Supplemental Information to Form 990

#### Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

of poverty by helping these persons to shoulder the burden of a short-term, emergency expense, thereby lessening the burden of state and federal agencies charged with the care of the truly indigent.

Form 990, Page 6, Line 17 States Form 990 Filed In

Arkansas
Arizona
Alaska
California
Colorado
Connecticut
Delaware
Florida
Hawaii
Kansas
Kentucky
Maine
Maryland
Michigan
Mississippi
Missouri
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oregon
Pennsylvania
Tennessee
Washington
Wisconsin