Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of doncr advised funds and controlling organizations as defined in section 512(bX13) must file Form 960. All other organizations with gross receipts less than \$1,000 000 and total assets less than \$2,500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

A F	For the 2008 calendar year, or tax year beginning		d ending	in Ciricina	cpcanon
	Check If Please C Name of organization			Employer id	entification number
	Address use IRS tabefor labefor				
	Change Print of VDARE FOUNDATION				91487
	Initial type Number and street (or P.O. box, if mail is not delivered to street ad	dress)	Room/suite	Telephone r	number
	Termn Specific C/O BRIMELOW 447 SOUTH ST			860 3	361-6231
X	Amended Irons City or town, state or country, and ZIP + 4	,	F	Group Exem	npt ⁱ on
<u>L</u>	Application LITCHFIELD, CT 06759		<u></u>	Number ►	
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must a 	attach a complet	1	ing method: [X Cash Accrual
	Schedule A (Form 990 or 990-EZ)			pecify)	
	Website ► N/A				e organization is not
		17(a)(1) or			Ile B (Form 990 930 5Z or 990 PF)
	Check Lifthe organization is not a section 509(a)(3) supporting organization an		ots are normally not i	more than \$25	0,000. A return is not
	equired, but if the organization chooses to file a return, be sure to file a complete return.		d of Form DOD C7	▶ \$	353,241.
	Add lines 5b, 5b, and 7b, to line 9 to determine gross receipts; if S1,000,000 or more, file art Revenue, Expenses, and Changes in Net Assets or F	und Baland	Ces (See the Instru		1)
1	Contributions, gifts, grants, and similar amounts received			1	353,064.
}	Program service revenue including government fees and contracts			2	
1	3 Membership dues and assessments			3	
	4 Investment income	•		4	177.
	5a Gross amount from sale of assets other than inventory	5a			
	b Less: cost or other basis and sales expenses	5b			Internal Revenue Service
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	5a) (attach sche	đule)	5c	Received
Revenue	6 Special events and activities (complete applicable parts of Schedule G). If any am	ount is from gan	ning, check here ► [0.0010
	a Gross revenue (not including \$ of contributions	1 1			DEC 30 2010
ZE	reported on line 1)	6a			Montic Area
⋑	b Less: direct expenses other than fundraising expenses				North Atlantic Area Waterbury, CT
⇒	c Net income or (loss) from special events and activities (Subtract line 6b from line	, i		6c	Maleinni A'
JAN	7a Gross sales of inventory, less returns and allowances	7a			
ا ر	b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	76		7c	
וָרָ בַּ	8 Other revenue (describe >) 8	
5 }	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	353,241.
s S	10 Grants and similar amounts paid (attach schedule)			10	
3	11 Benefits paid to or for members			11	
S	12 Salaries, other compensation, and employee benefits			12	115,000.
xpenses	13 Professional fees and other payments to independent contractors			13	<u>302,965.</u>
xpe	14 Occupancy, rent, utilities, and maintenance	SEE ST	ATEMENT 3	3 14	1,259.
ш	15 Printing, publications, postage, and shipping			15	
	16 Other expenses (describe ►	SEE SI	ATEMENT 1	L) 15	24,719.
	17 Total expenses Add lines 10 through 16			17	443,943.
Ŋ	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-90,702.
set	19 Net assets or fund balances at beginning of year (from line 27, column (A))				175 060
Net Assets	(must agree with end-of-year figure reported on prior year's return)	0 D D 0 0 F	,, mayanim (19	<u>175,960.</u>
N C	20 Other changes in net assets or fund balances (atrach explanation)	SEE ST	PATEMENT 2		-2,671. 82,587.
Po	21 Net assets or fund balances at end of year. Combine lines 18 through 20 art	M or more file for	orm 990 instead of F	21 grm 990-E7	04,507.
[[6	(See the instructions for Part II)	oo or more, me re	(A) Beginning of		(B) End of year
22		-	169,5		97,299.
23		-		0. 23	5,035.
23 24		, -	6,4		3,736.
25			175,9		106,070.
26		, [0.26	23,483.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		175,9	60.27	82,587.
832 1 12-1	17.08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 99	10		Form 990-EZ (2008)

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Form 990-EZ (2008) VDARE FOUNDATION			22-	36914	. 87 Page 2
Part III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III)			penses
What is the organization's primary exempt purpose? CREATE AND MAN	AGE INTERNET	PUBLICATI	ON	(Required	for 501(c)(3) ganizations and
Describe what was achieved in carrying out the organization's exempt purposes. In a	a clear and concise manner, d	escribe the services) trusts; op•ional
provided, the number of persons benefited, or other relevant information for each pr				for others	
28 CREATE AND MANAGE INTERNET PUBLICAT	ION				_
				}	
				}	
(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>		28a	443,943.
29				1 1	
(Grants \$) If this amount includes foreign of	grants, check here			29a	
30]]	
		- 			
(Grants \$) If this amount includes foreign of	grants, check here			30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign of	grants, check here			31a	
32 Total program service expenses (add lines 28a through 31a)			_	32	443,943.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions '	for Part IV)
				ntributions	
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		mployee	(e) Expense account and
(a) Name and address	per week devoted to	-0-)		fit plans & eferred	other allowances
		,		pensation	Gaille Line
PETER BRIMELOW, 123 PAINTER RIDGE ,	CHAIRMAN				
WASHINGTON, CT 06793-1710	5.00	115,000.		0.	0.
	DIRECTOR				
131 PURCHASE STREET, RYE, NY 10580	1.00	٥.		0.	0.
	DIRECTOR				
19 TISDALE ROAD, SCARSDALE, NY 10583	1.00	ĺ o.		0.	0.
	DIRECTOR				
1401 N ST NW, WASHINGTON, DC 20015	1.00	٥.		0.	0.
	DIRECTOR	· ·	_		
36 HYCLIFF ROAD, GREENWICH, CT 06830	1.00	0.	1	0.	0.
30 HICHIPP ROAD, GREENWICH, CI 00030	1.00	<u></u>			· · ·
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532172 12-17 08				Form	990-EZ (2008)

Forn	n 990-EZ (2008) VDARE FOUNDATION 22-3691	487	<u>. </u>	Page 3
Pa	art V Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the iRS? If Yes, attach a detailed description of each activity	_33		_X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	<u> </u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not		i	
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			1
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	Ì		
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A_
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes," complete applicable parts of Sch. N	36	<u> </u>	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		j	1
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	}]
	in a prior year and shift unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	1		ļ
39	Section 501(c)(7) organizations Enter:			1
a	Initiation fees and capital contributions included on line 9 39a N/A	1		
Ь	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		ļ
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ļ		
	section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			1
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	ļ		
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	L	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under	1		
	sections 4912, 4955, and 4958	1		ĺ
	Enter amount of tax on line 40c reimbursed by the organization	}		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NY			
42 a	The books are in care of \triangleright CRYSTAL SEAVEY Telephone no. \triangleright 860 62			
	Located at ► 545 WESTLEDGE DRIVE, TORRINGTON, CT ZIP+4 ► 0	679	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		\ <u>\</u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	F	Yes	
	account)?	425		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			,,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	نــــا	X
	If "Yes," enter the name of the foreign country"			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/		لـــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Vac	NI-
	District the second and Old Market are second as a	<u></u>	Yes	IND
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			•
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	1		.
	completed instead of Form 990-EZ	45 Form 0	90-F7	(2000)
		r Dr Hi) V	7:311-17	izuun'

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Part VI	.	501(c)(3) organizations mus	t answer question	s 46 49 and co	nplete	e the	
6 Did th	tables for lines 50 and 51 e organization engage in direct or indirect political campaign activities o	n hehalf of or in opposition to d	candidates for public		1	Yes	No
	? If "Yes," complete Schedule C, Part I	in bondin of or in apposition to	andicated for public		46		X
	e organization engage in lobbying activities? If "Yes," complete Sche	dule C, Part II			47		Х
	organization operating a school as described in section 170(b)(1)(A)(ii)		ule E	. [48		Х
	e organization make any transfers to an exempt non-charitable related o			[49a		Х
	s," was the related organization(s) a section 527 organization?			[49b		
0 Comp	lete this table for the five highest compensated employees (other than ompensation from the organization. If there is none, enter "None"	lficers, orrectors, trustees and	key employees) who	each received mo	ore tha	ก \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expe count r allow	
•	elete this table for the five highest compensated independent contractors ine, enter "None." NONE (a) Name and address of each independent contractor paid more to	-0	(b) Type of ser) Comp		
otal numb	er of other independent contractors each receiving over \$100,000	<u> </u>					
Sign Here	Under penalties of perjury, I decline that I have examined this return, including accorrect, and deriptete. Declaration of prepaier (other than official) is based on all in Signature of officer Signature of officer Tyde or print name and little.	companying schedules and statemer formation of which preparer has any	nts, and to the best of m knowledge	y krawleog≥ and bel Date	ef, it is	true,	
Paid Preparer's	Preparer's signature▶	Date Che 05/26/10 em	eck if self- ployed X	parer's Identifying Nu	imber (S	Gee Inst	۲)
Jse Only	fum's name toryours DUMAS, BAKEWELL & MULHA		EIN]	<u> </u>			
	if self employed), 28 OLD PARK LANE ROAD		Phon	ie 🕨			
	address and ZIP-4 NEW MILFORD, CT 06776	-2508	no.	(860)	<u> 355</u>	<u>-22</u>	23
May the IR:	S discuss this return with the preparer shown above? See instructions				Ye	s [X No
				F			(2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

			OUNDATION						2	<u>2-3691</u>	487
Part I	Reason	for Public Char	ity Status (All organi	zations mu	ist comple	te this par	t) (see ins	tructions)			
The organ	ization is not a	a private foundation	because it is: (Please ch	neck only o	ne organi	zation)					
1 🛄	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i))			
2 🖳	A school des	cribed in section 17	′0(b)(1)(A)(н). (Attach So	hedule E)							
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(ııı). (At	tach Sche	dule H)		
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ı	ıı). Enter t	he hospital	's name,
	city, and stat	te									
5 🛄	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)(ıv). (Complete Part II)										
6	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic desc	ribed in
_	section 170((b)(1)(A)(vi). (Comple	te Part II)								
8 🖳	-		ection 170(b)(1)(A)(vi).								
9 📖	_		eives. (1) more than 33						•	•	•
		•	nctions - subject to certa	•	•				, -	_	
			axable income (less sec	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the orga	anization a	after June 3	0, 1975.
<u></u> 1		509(a)(2). (Complete	•								
10	-	-	perated exclusively to te	•	-						_
11	•	•	perated exclusively for the		•				•		
			ations described in secti		•	• • • •	2). See sed	ction 509(a)(3). Che	ck the box	that
			organization and compl) 	D16
- []	a Type		- / '		e III - Func		•		ـــا d	Type III - C	
e	-	-	it the organization is not nan one or more publich		-	-	-				
f		-	ten determination from		_				9(a)(1) 01 s	section 509	(a)(Z)
1	_	rganization, check th		ine ino in	atitis a ty	ре і, туре	ii, or Type	= 111			_
		•	riganization accepted ar	ov aft or c	ontribution	from any	of the follo	Nand bet	enne?	•	, —
g	_		irectly controls, either al					-			Yes No
			upported organization?	10110 01 10g		persono e		(11) 21.10 (my below,	11g(i)	705 110
	•	• •	n described in (i) above?	•		•			•	11g(ii)	
			person described in (i)		e?		-	•		11g(ni)	
h	• •	<u>-</u>	about the organizations			ports	•	•		<u></u>	L <u> </u>
**						-,					
(i) Nama	of supported	(iı) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did vo	notify the	(vi) ls	the	(vii) Am	ount of
• •	nization	(11) CIN	organization	in col. (1) h	sled in your	organizat	ion in col.	Lorganizati	on in col 1	SUD	
3			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organiz U S	.2		
			(see instructions))	Yes	No	Yes	No	Yes	No		
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Total											

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

Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (a) 2004(c) 2006 (e) 2008 Calendar year (or fiscal year beginning in) (b) 2005(d) 2007 1 Gifts, grants, contributions, and membership fees received (Do not 566,187. 353,064. 1449343. 36,631 493,461. include any "unusual grants.") 2 Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 493,461. 566,187. 36,631. 353,064. 4 Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1449343. 6 Public Support. Subtract line 5 from line Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 493,461 566,187. 353,064 36,631 1449343. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 177 418. 241 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1449761. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) **▶**X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

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DEFR DEFR Description Acquired Method Life * TOTAL 990-EZ PG 1 DEFR Method Life Method Life Acquired Method Life * TOTAL 990-EZ PG 1	Unadjusted Cost Or Basis	6,294.	pesodsip
DEFR DEFR Description Acquired Method Life * TOTAL 990-EZ PG 1 DEFR Method Life Method Life Acquired Method Life * TOTAL 990-EZ PG 1	Line	19B	Asset
DEPR Description Date Method Acquired Method Acquired Method Method Acquired Method Acquired Method Acquired Method Acquired Acquired Method Acquired Acquired Acquired Method Acquired Acquired	Lıfe	†	0
DEPR Description * TOTAL 990-EZ PG 1 DEPR	Method	200DB5	
DEPR Description * TOTAL 990-EZ PG 1 DEPR	Date Acquired	011508	
A 455¢1 No No No No No No No No No No No No No	Description	;	
	Asset		828102 04-25-08

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
COMPUTER SUPPORT OFFICE SUPPLIES & MISCELLANEOUS BANK & COLLECTION FEES LEGAL & ACCOUNTING		17,4. 1,93 2,50 2,80	18. 63.
TOTAL TO FORM 990-EZ, LINE 16		24,73	19.
FORM 990-EZ OTHER CHANGES IN	NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAINS/LOSSES		-2,6	71.
TOTAL TO FORM 990-EZ, LINE 20		-2,6	71.
FORM 990-EZ OCCUPANCY, RENT	, UTILITIES AND MAINTENANCE	STATEMENT	3
DESCRIPTION		T'NUOMA	
DEPRECIATION		1,2	59.
TOTAL TO FORM 990-EZ, LINE 14		1,2	59.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S:	ratei	MENT	
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	Ţ]	YES	[X]	мО
-	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	ИО

4562 ₆₀₇₀

Cepartment of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-EZ

(Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

2008

Allochment Sequence No. 67

FORM 990-EZ PAGE 1 22-3691487 VDARE FOUNDATION Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 3 800,000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- if married filling (c) Elected cost (a) Description of property 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Bosis for depreciation (business/investment use only - see instructions) (c) Convention (f) Me'hod (a) Depreciation deduction (a) Classifica ion of property 19a 3 year property 6,294 5 YRS 200DB 1,259. 5 year property 7-year property 10-year property 15 year property 20 year property 25 yrs. S/L 25-year property q 27 5 yrs MM S/L Residential rental property h MM S/I 27 5 yrs MM S/L 39 yrs Nonresidential real property ММ S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L b 12-year 12 yrs S/L 40 yrs. MM 40 year Part IV | Summary (See instructions.) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 1,259. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2008) LHA For Paperwork Reduction Act Notice, see separate instructions.

For	m 4562			RE FOU											487	
Pa	art V	Listed Propert		itomobiles,	certain of	her vehic	cles, cell	ular telep	ohone	s, certain	compu	ters, and	property	used fo	or enterta	inment,
		recreation, or a Note: For any v		aich vou are	using the	standar	d milean	e rate or	dedu	ctinn least	erner	se comi	olete onl	u 24a 2	th colum	nne (a)
		through (c) of S	Section A, all	of Section	B, and Se	<u>ction C il</u>	applicat	ble.						<i>y</i> 2u, 2		
		- Depreciation a					nstructio	ons for li	mits fo	or passeng	er auto	mobiles.)			
24a	Do you	have evidence to s	upport the bus	siness/invest	ment use c	laimea?	Υ.	es L	No	246 If "Y	es.' is	the evide	nce writ	ten?	Yes	No_
		(a)	(b)	(c)	٠, ا	(d)		(e)		(f)		(g)		(h)		(1)
		of property	Date placed in	Busines investme	nt i	Cost or	l (bus	is for depre		Recovery		ethod/ ovention		ciation uction		ited n 179
	(IISL V	ehicles first)	service	use percen	tage	other basis	<u>' </u>	use cnly	')	period		1461111011	deal	JCHOIT	co	st
25	Specia	l depreciation allo	wance for q	ualified liste	d propert	y placed	in service	e during	the t	ax year an	ıd					
		nore than 50% in										25				
<u> 26</u>	Proper	ty used more tha	n 50% in a q	ualified bus	iness use					1			1			
					%		_ _				<u> </u>		ļ			
					%						ļ		ļ			
			<u> </u>		%					l	i .					
<u>27</u>	Proper	ty used 50% or le	ess in a quali	fied busine:							1		1			
					_%					 	S/L·		-			
					%						S/L·		 			
					%					J	S/L·	—- _T —	 			
		mounts in column						page 1				28	<u> </u>	1	-	
29	Add ar	nounts in column	(i), line 26 E	nter here a	<u>nd on line</u>	7, page	1							29		
						B - Info										
lf y	mplete i ou prov se vehi	this section for ve ided vehicles to y cles	hicles used i our employe	by a sole pr es, first ans	oprietor, j	uestions	in Secti	more in on C to :	an 5% see if	you meet	or relate an exce	ea persoi eption to	n completi	ng this s	ection fo	or
				<u> </u>		(a)	(b)		(c)		(d)	(e)	(f)
30	Total bu	usiness/investment	miles driven d	uring the	Vŧ	hicle	Vet	nicle	\	/enicle	Ve	ehicle	Vel	nicle	Vehi	cle
	year (d	o not include com	nuting miles)	.,												
31	Total c	commuting miles of	driven during	the year		_										
32	Total o	ther personal (no	ncommuting) miles												
	driven										ļ					
33	Total n	niles driven during	the year													
	Add Im	nes 30 through 32	!						<u> </u>							
34	Was th	ne vehicle availab	ie for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during	off duty hours?				<u> </u>							<u> </u>			
35	Was th	ne vehicle used p	rimarily by a	more			1					-		1		
	than 5	% owner or relate	ed person?	••	ļ		ļ				ļ		 			
36	Is anot	ther vehicle availa	ble for perso	onal	ĺ]		į	1]			
	use?					⊥	<u> </u>	<u> </u>	<u>l</u>		<u> </u>	<u> </u>	1	L		
				- Question		•					-					
Ans	swer the	ese questions to	determine if y	you meet ar	exception	n to com	pleting	Section	B for v	rehicles us	sed by	employee	s who a	re not n	ore than	5%
_		related persons.					<u> </u>							,	1	
37	Do you	ı maintain a writte	en policy stat	tement that	prohibits	all perso	nal use o	of vehicle	es, inc	duding coi	mmutin	g, by you	ır		Yes	No_
	emplo	,					-				• •			-		
38	-	ı maintain a writte														1
		yees? See the ins			-		fficers, o	irectors	, or 19	6 or more	owners	\$		٠	-	
		ı treat all use of v												•		
40	•	u provide more th		•			intormat	tion from	ı your	employee	s about	τ				
		e of the vehicles,								• • • •						
41	,	ı meet the require										-		••	-	 -
Γ=		If your answer to	37 <u>,</u> 38, 39, 4	0, or 4 <u>1 is *</u>	Yes,' do i	not comp	lete Sec	tion B fo	or the	covered ve	enicles					L
P	art VI				11-1		1-1		1	/-/\	- 1	/-1			76)	
		(a) Description o	f costs	1	(b) Date amodizatio	۹	(C) Amortizal			(d) Code		(e) ኔውዕመል	4108	Ý	(f)	
					begins	1	urcme	·	i	section		benned on be	-cumit		r this year	

42 Amortization of costs that begins during your 2008 tax year 43 43 Amortization of costs that began before your 2008 tax year 44 44 Total Add amounts in column (f) See the instructions for where to report

816252 11-08-03

2008 DEPRECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL —

VDARE FOUNDATION

Current Year Deduction	1,259.	• ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
Current Sec 179	. 0	talization De
Accumulated Depreciation	· 0	, Commercial Revi
Basis For Depreciation	6,294.	9, Salvage, Bonus
Reduction In Basis	0.	C, Section 17
Bus % Excl		:
Unadjusted Cost Or Basis	6,294.	(D) - Asset disposed
So S	19B	Asset
Life	00.	Q.
Method	508200DB5	
Date Acquired	0111508	
Description	10FFICE EQUIPMENT * TOTAL 990-EZ PG 1 DEPR	
Asset No	ਜ	828102 04-25 08

2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

VDARE FOUNDATION

Amount Of Depreciation	2,014.	tion, GO Zone
Accumulated Depreciation	1,259.	Pevitalization Dedui
Basis For Depreciation	6,294.	• ITC, Section 179, Salvage, HR 3090. Commercial Revitalization Dcduction, GO Zone
Reduction In Basis		9, Salvage, HR
Unadjusted Cost Or Basis	6,294.	· ITC, Section 179
Life	00	:
Method	200DB	(D) Asset disposed
Date Acquired	011508200DB5	(D) Asse
Description	* TOTAL 990-EZ PG 1 DEPR	
Asset	[-	628103