990-PF

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

2007

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For c	alend	ar year 2007, or tax year beginning	, and endir	<u>ng</u>					<del></del>
G C	heck a	ill that apply Initial return Final r	eturn	Amende	ed return		Address change		Name change
	the IR	Name of foundation				,	loyer identification – 5432708	numb	er
	erwise	Normile Family Foundation	n, Inc	•		B Telep	phone number (see pa	ge 10	of the instructions)
	rint	Number and street (or P O box number if mail is not deliv			Room/suite	32	<u>1-724-997</u>	3	
	type.	1316 S. Riverside Drive				C If exe	emption application is	pendir	ng, check here
Sec S	Specif	ic City or town, state, and ZIP code				D 1 F	oreign organizations,	check	here 🕨 📘
Instr	uction	s. IndialanticFL	32903			2 F	oreign organizations	meetin	g the
H C	heck t	ype of organization   X   Section 501(c)(3) exempt private	vate foundatio	n		8	5% test, check here a	ind att	ach computation 🕨 🗌
			xable private t			E If priv	ate foundation status	was to	erminated
		ket value of all assets at end   J   Accounting metho	od X Ca	sh Acc	rual	unde	r section 507(b)(1)(A)	, chec	k here
of	year (1	from Part II, col. (c), Other (specif	y)			F If the	foundation is in a 60-	month	termination
line	e 16)	▶\$ 173,004 (Part I, column (d) m	ust be on cas	h basıs )		unde	r section 507(b)(1)(B)	, chec	k here
Pa	rt I	Analysis of Revenue and Expenses (The		evenue and					(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necess	alliv i	enses per books	(b) Net in	vestment ome	(c) Adjusted ne	1	for charitable purposes
		equal the amounts in column (a) (see pg 11 of the instruction	ons))						(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)							<del></del>
	2	Check <b>X</b> if the foundation is <b>not</b> required to attach Sch	В			.,,			
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	<u> </u>	6,425	<u> </u>	6,425			
	5a	Gross rents							<u>,</u>
,	b	Net rental income or (loss)							
Revanue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1		4,572					
	b	Gross sales price for all assets on line 6a 180, 04	7						
, <b>&amp;</b>	7	Capital gain net income (from Part IV, line 2)		·		4,572			
,	8	Net short-term capital gain						0	
	9	Income modifications							<del></del>
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold				,			
	С	Gross profit or (loss) (attach schedule)				<del></del>			
	11	Other income (attach schedule)				2 2 2 5			
<u> </u>	12	Total. Add lines 1 through 11		10,997	1	.0,997		0	
Ø	13	Compensation of officers, directors, trustees, etc			ļ <u> </u>				
Expenses	14	Other employee salaries and wages							
Jec	15	Pension plans, employee benefits							
X		Legal fees (attach schedule)						R	CEIVED
		Accounting fees (attach schedule) Stmt 2	·	750		750	<del>  </del>		11
÷		Other professional fees (attach schedule)			<del> </del>		<del>  e -</del>	<del></del> -	- 1 0 2000
Operating and Administrative	17	Interest	<del></del>		<del> </del>		3070	<del>- S</del> [	P 1 2 2008
nis		Taxes (attach schedule) (see page 14 of the instructions)			<del> </del>		<del>                                     </del>		
Ē		pepreciation (attach schedule) and depletion			<del> </del>		<del>  </del>	Od	BOEN, UT
Αd		Occupancy			<del> </del>		L		
Þ		Travel, conferences, and meetings	-		<del> </del>				
ä		Printing and publications		<del></del>	<del> </del>	<del></del>	<del> </del>		
пg		Dither expenses (att sch )	<u> </u>	<del></del>			<del> </del>		
rati		Total operating and administrative expenses.		750		750			0
per	1	Add lines 13 through 23		9,050		, 50			9,050
ō	25	Contributions, gifts, grants paid		9,800		750		0	9,050
	26	Total expenses and disbursements Add lines 24 and 25		2,000	-	, , , , ,		~~	
	27	Subtract line 26 from line 12  Excess of revenue over expenses and disbursements	onte	1,197					
	a	Net investment income (if negative, enter -0-)	,,,,,			0,247			
	b		<b></b>		†	,	<b> </b>	0	
	С	Adjusted net income (if negative, enter -0-)		<del> </del>	<del> </del>				222.55

	Dort II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of	year
_	Part II	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments		82,202	82,202
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the		İ	
- 1		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts			
Ŋ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)  See Stmt 3	175,475	94,470	90,802
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	investments—mortgage loans		- "- " -	
	13	Investments—other (attach schedule)			
	14	Land, buildings and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	175,475	176,672	173,004
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
ت	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0	0	
_		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
ם	25	Temporarily restricted			
Ba	26	Permanently restricted			
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here			
בַּ		and complete lines 27 through 31.			
Ĕ	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
šě	29	Retained earnings, accumulated income, endowment, or other funds	175,475	176,672	
š	30	Total net assets or fund balances (see page 17 of the			
<del>*</del>		instructions)	175,475	176,672	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	175,475	176,672	
_	Part I	Analysis of Changes in Net Assets or Fund Balances			
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		
	end-c	f-year figure reported on prior year's return)		1	175,475
2	! Enter	amount from Part I, line 27a		2	1,197
3	Other	increases not included in line 2 (itemize)		3	
4	Add I	nes 1, 2, and 3		4	176,672
5	Decre	eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	176,672

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income				
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr )
1a UBS 166						
b						
С						
d						
e	(f) Degradation allowed	(a) Cast o	s other basis		(h) Gau	n or (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	r other basis nse of sale			) minus (g)
a 4,572	<del></del>					4,572
<u>b</u>						
	<del></del>					
<u>d</u>						
	and the selection (b) and arrand but the farm	 				
Complete only for assets snowing	gain in column (h) and owned by the four		ss of col (ı)			ol (h) gain minus less than -0-) <b>or</b>
(i) FMV as of 12/31/69	as of 12/31/69	1 ' '	(j), if any			om col (h))
						4,572
b	· · · · · · · · · · · · · · · · · · ·					
c						
d			···· - · · - ·			
c						
2 Capital gain net income or (net ca	pital loss) If gain, also enter in If (loss), enter -0- in			2		4,572
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)	_				
•	column (c) (see pages 13 and 17 of the ir	nstructions)				
If (loss), enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · · · ·			3		
Part V Qualification Ur	nder Section 4940(e) for Reduc	ed Tax on Net I	nvestment Inco	me		
(For optional use by domestic private	foundations subject to the section 4940(a	) tax on net investme	ent income )			
If section 4940(d)(2) applies, leave this	s part blank					
				п.,		N/A
	on 4942 tax on the distributable amount of the section 4940(e). Do not complete		e period? Y	es   No		
	ach column for each year, see page 18 o		ve making any entries			<del></del>
(a)	ach column for each year, see page 16 0	the instructions being	(c)			(d)
Base period years	Adjusted qualifying distribution	s Net value	of noncharitable-use ass	sets		ibution ratio livided by col. (c))
Calendar year (or tax year beginning 2006		-			(00) (0) 0	ivided by cor (c))
2005						
2004						
2003						
2002						
	· A · · · · · · · · · · · · · · · · ·			İ	<u></u>	
2 Total of line 1, column (d)				2		
	year base period—divide the total on line	e 2 by 5, or by the				
number of years the foundation ha	as been in existence if less than 5 years			3	<u> </u>	
·						
4 Enter the net value of noncharitab	le-use assets for 2007 from Part X, line 5			4		<u> </u>
5 Multiply line 4 by line 3				5	ļ	
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)			6	ļ	
7 Add lines 5 and 6				7	ļ	
8 Enter qualifying distributions from			4		L	
•	line 7, check the box in Part VI, line 1b, a	ind complete that par	t using a 1% tax rate	See		
the Part VI instructions on page 1	<u> </u>					000 DE

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page 27)? If "Yes," complete Part XIV

names and addresses

INT

8/1

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007?

4b

X

			Foundation,		20-54					Р	age 6
P	art VII-B Statements	Regarding	Activities for Whi	ich Form 4	720 May Be Re	quired (con	tınu	ed)			
5a	During the year did the foundation	n pay or incur a	any amount to					_			İ
	(1) Carry on propaganda, or oth	erwise attempt	to influence legislation	(section 4945)	e))?	<u> </u>	es (	X No			ĺ
	(2) Influence the outcome of any	y specific public	election (see section 4	955), or to car	ry on,						
	directly or indirectly, any vote	er registration d	rive?			\ \\	es/	X No			
	(3) Provide a grant to an individu	ual for travel, st	udy, or other similar pu	rposes?		<u></u>	es (	X No			
	(4) Provide a grant to an organia	zation other tha	n a charitable, etc., org	anization desc	ribed in			_			ĺ
	section 509(a)(1), (2), or (3),	or section 494	0(d)(2)? (see page 22 d	of the instruction	ons)	\	es/	X No			ĺ
	(5) Provide for any purpose other	er than religious	s, charitable, scientific, l	iterary, or				_			ĺ
	educational purposes, or for	the prevention	of cruelty to children or	animals?		\ \\	es .	X No			
b	If any answer is "Yes" to 5a(1)-(5	5), did any of th	e transactions fail to qu	alify under the	exceptions describe	ed in					
	Regulations section 53 4945 or ii	n a current noti	ce regarding disaster as	ssistance (see	page 22 of the instr	ructions)?		_N/A	5b		L
	Organizations relying on a currer						<b>&gt;</b>	· 🔲			
С	If the answer is "Yes" to question	-	-		e tax			_			
-	because it maintained expenditu			•		N/A 🗍	es	No			
	If "Yes," attach the statement rec	•	=	·5(d)							İ
6a	Did the foundation, during the ye				miums						
-u	on a personal benefit contract?	,		<b>,</b> ,			es	X No			
b	Did the foundation, during the ye	ar nav nremiiir	ms directly or indirectly	on a nersona	I benefit contract?	، ب			6b		х
U	If you answered "Yes" to 6b, also			, orra persona	TOCHOIL COMMON						
7.	At any time during the tax year, v			ad tav chalter	transaction?		res -	X No			ĺ
	If yes, did the foundation receive					٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ		N/A	7b		
b			s, Directors, Trus			re Highly F	Paid			——	
۳,			s, Directors, Trus	tees, roun	uation manage	is, inginy i	uiu	Linbioye	<b>C</b> 3,		
_	and Contractor				/222 -222 22 ef th	a instructions					
1 !	List all officers, directors, truste	es, roundation	i managers and their t			(c) Compensati	on 16	d) Contribution	s to	(a) F	
	(a)	Name and addres	38		b) Title, and average hours per week	(If not paid, ent		employee bene lans and defer compensatio	efit l	(e) Exp account, allowar	other
Hı	bert C. Normile, Jr.		Indialantic		devoted to position Director		$\dashv$	compensatio		anowar	1003
	316 S Riverside Drive		FL 32903		10		اه		0		0
	nn K. Normile		Indialantic		Director						
-			FL 32903		0		0		٥		0
	316 S Riverside Drive	-	Melbourne		Director						
	ale A. Dettmer				0		٥		اه		0
3 (	04 S. Harbor City Blvd, S	uite 201	FL 32901				1				
	Compensation of five highest-	naid omployed	ns (other than those u	actuded on lin	ne 1—see nage 23 (	of the instructi	ons)				
2	If none, enter "NONE."	paid employed	es (other than those ii	1010000 011 111			,				
	il fione, enter NONE.						10	d) Contribution	s to	(-) C	
	(a) Name and address of	each employee p	eaid more than \$50,000		(b) Title, and average hours per week	(c) Compensat	l`	employee bene	efit .	(e) Exp account,	other
	, ,				devoted to position			plans and defer compensatio		allowar	nces
276			<del></del>								
N	ONE								ŀ		
							十				
							$\dashv$	<del></del>	$\dashv$		
					<u> </u>		$\neg \uparrow$				
							_		_		
	·						$\neg$				
					· · · · · · · · · · · · · · · · · · ·						
Tota	I number of other employees paid	over \$50,000								<u> </u>	
_								Fo	orm 9!	90-PF	(2007)

	Normile Family Foundation, Inc.	20-5432708	Page 7
	Information About Officers, Directors, Trustees, Foundat and Contractors (continued)	ion Managers, Highly Paid En	nployees,
3 Five highest	t-paid independent contractors for professional services (see page 23 o	f the instructions). If none, enter	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
-			
Total number of otl	ners receiving over \$50,000 for professional services		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant statistical info diother beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 24	4 of the instructions)	
Describe the two far	gest program-related investments made by the foundation during the tax year on lines 1		Amount
1 N/A			
2			
All other program-re	lated investments. See page 24 of the instructions		
			1

Total Add lines 1 through 3

а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	9,050
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,050
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	9,050
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou	ndation	

qualifies for the section 4940(e) reduction of tax in those years

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Pa	irt XIII Undistributed Income (see pa	ige 26 of the inst	ructions)	, <del></del>		
1	Distributable amount for 2007 from Part XI,		(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
	line 7		,			8,587
2	Undistributed income, if any, as of the end of 2006	İ				
а	Enter amount for 2006 only					
b	Total for prior years 20 , 20 , 20					
3	Excess distributions carryover, if any, to 2007					
а	From 2002					
ь	From 2003					
С	From 2004					
d	From 2005					
	From 2006					
	·			1		
f	Total of lines 3a through e	ł				
4	Qualifying distributions for 2007 from Part XII,					
	line 4 ▶\$ 9,050					
	Applied to 2006, but not more than line 2a	ļ				
b	Applied to undistributed income of prior years (Election	on				
	required—see page 27 of the instructions)	ļ				
С	Treated as distributions out of corpus (Election					
	required—see page 27 of the instructions)	[				
d	Applied to 2007 distributable amount					8,587
е	Remaining amount distributed out of corpus		463			
5	Excess distributions carryover applied to 2007					
•	(If an amount appears in column (d), the same	İ	······································			
	amount must be shown in column (a) )					
6	Enter the net total of each column as					
•						
	indicated below.		463			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5		403			
b	Prior years' undistributed income Subtract	1				
	line 4b from line 2b					
С	Enter the amount of prior years' undistributed					
	income for which a notice of deficiency has been					
	issued, or on which the section 4942(a) tax has					
	been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions					
е	Undistributed income for 2006 Subtract line					
	4a from line 2a Taxable amount—see page					
	27 of the instructions					
f	Undistributed income for 2007 Subtract lines					
	4d and 5 from line 1. This amount must be					
	distributed in 2008					0
7	Amounts treated as distributions out of corpus					
•	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the					
_	instructions)		<del> </del>	<del> </del>		
8	Excess distributions carryover from 2002 not					
	applied on line 5 or line 7 (see page 27 of the					
	instructions)			ļļ.	·	
9	Excess distributions carryover to 2008.					
	Subtract lines 7 and 8 from line 6a		463			
10	Analysis of line 9					
a	Excess from 2003					
b	Excess from 2004					
С	Excess from 2005					
d	Excess from 2006					
e	Excess from 2007	463				
			· · · · · · · · · · · · · · · · · · ·	·		000 DE

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

Any submission deadlines

N/A

N/A

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				<del></del>
The Bascom-Louise		501(c)(3)		
554 Main Street	Gene	ral Fund Cont	ribution	2,500
Highlands NC 28741				
United Way		501(c)(3)		
932 Dixon Boulevard	Gene	ral Fund Cont	ribution	2,500
Cocoa FL 32922		!		•
Devereaux Florida		501(c)(3)		
5850 TG Lee Blvd	Gene	ral Fund Cont	ribution	1,000
Orlando FL 32822				•
Women for Women		501(c)(3)	}	
4455 Connecticut Av	Gene	ral Fund Cont	ribution	500
Washington DC 20008				
Planned Parenthood		501(c)(3)		
PO Box 97166	Gene	ral Fund Cont	ribution	300
Washington DC 20077				
Brevard Neighborhd		501(c)(3)		
PO Box 361104	Gene	ral Fund Cont	ribution	250
Melbourne FL 32936				
Marine Resource		501(c)(3)		
3275 Dixie Highway	Gene	ral Fund Cont	ribution	500
Palm Bay FL 32905				
Brevard Symphony		501(c)(3)		
PO Box 361965	Gene	ral Fund Cont	ribution	500
Melbourne FL 32936				
Guilford College		501(c)(3)		
5800 W Friendly Ave	Gene	ral Fund Cont	ribution	1,000
Greensboro NC 37410				
Total		<u> </u>	▶ 3a	9,050
b Approved for future payment				
N/A				
		<u> </u>	L	
Total			<b>&gt;</b> 3b	- 000 DE

Form 990-PF (	2007) Normile Family Founda	tion, Inc.	20-	54327	08	Page 12
Part XVI-/	A Analysis of Income-Producing A	ctivities				
Enter gross an	nounts unless otherwise indicated	Unrelated b	usiness income	Excluded	by section 512, 513, or 514	(e)
4.8		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
•	ervice revenue					ine mandalons /
		_	<del> </del>	·   · · · · · · ·		
						······································
		_				
f						
g Fees a	and contracts from government agencies					
_	ip dues and assessments					
3 Interest on	savings and temporary cash investments					
4 Dividends	and interest from securities					6,425
5 Net rental	income or (loss) from real estate					
a Debt-f	inanced property			_		
b Not de	ebt-financed property					<del></del>
6 Net rental	income or (loss) from personal property					
7 Other inve	stment income					4 55
8 Gain or (lo	ss) from sales of assets other than inventory					4,572
9 Net incom	e or (loss) from special events			_		
	fit or (loss) from sales of inventory					
	nue <b>a</b>		· · · · · · · · · · · · · · · · · · ·			
ь		_				<del></del>
		_				
e		<del>-</del>		0	0	10,997
	Add columns (b), (d), and (e)	L		<u> </u>	13	10,997
	l line 12, columns (b), (d), and (e) et in line 13 instructions on page 29 to verify calculati	one )				10,33,
Part XVI-			t of Exempt F	Purposes		
I dit XVIII	Explain below how each activity for which incom					
Line No. ▼	the accomplishment of the foundation's exempt page 29 of the instructions )					
4	This income is generate	ed so the f	oundation	n can	accomplish	
	its primary goal of mak	ing contri	butions t	o org	anizations	
· · · · -	which are organized for	charitabl	e, religi	lous,	literary,	
	scientific and education	nal purpos	es.			
8	Same as stated above.					
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DAA						Form 990-PF (200

P	art XVII	Information Reg Exempt Organiz	•	ansfers To and Transac	tions an	d Relationships With No	ncharitable		
1	Did the or			in any of the following with any	other organ	nization described		Yes	No
		- •		501(c)(3) organizations) or in	_				
	organizati	ons?							
ē	a Transfers	from the reporting found	ation to a nor	ncharitable exempt organization	of				
	(1) Cash						1a(1)	1	X
	(2) Other	assets					1a(2)		X
Ł	o Other tran	sactions							
		of assets to a noncharita	•	=			1b(1)	<u> </u>	X
	(2) Purch	ases of assets from a no	ncharitable e	xempt organization			1b(2)		X
		il of facilities, equipment,		ets			<u>1b(3)</u>		X
		bursement arrangements	•				1b(4)		X
		s or loan guarantees					1b(5)		X
		rmance of services or me					1b(6)	-	X
	_		_	er assets, or paid employees		autal aliviaria aliani tha fair acadist	<u>[ 1c </u>	1	X
C		•	•	<del>-</del>		ould always show the fair market			
		•	•	,		ndation received less than fair ma			
						s, other assets, or services recei			
	(a) Line no A	(b) Amount involved	(c) Name	of noncharitable exempt organization	<u>n (a)</u>	) Description of transfers, transaction	ns, and sharing arrange	ments	
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28		•	•	ith, or related to, one or more to		organizations	$\Box$		7
				nan section 501(c)(3)) or in sec	ion 52/7		□ Y	es 2	7 NO
	o II Yes," c	omplete the following sch	redule			(-) D	-1		
	N/A	(a) Name of organization		(b) Type of organization		(c) Description	or relationship		
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						and statements, and to the best of my i on all information of which orenarer h			
	4	10 17	~~						
	D - 2	use of officer or trustee	<del></del>						
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e				$\overline{}$					
<u>=</u>	, v _								
oign nere	Paid Preparer's Use Only	Preparer's							
•	Se (	signature	1	Jran Coara Ti					
	53	Firm's name (or yours if	Whitta						
		self-employed), address,		West Hibiscus F					
	1 _	and ZIP code	<u>melbc</u>	urne, FL 3290					

7/31/2008 8 21 AM

4895 Normile Family Foundation, Inc 20-5432708

FYE: 12/31/2007

# **Federal Statements**

### Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Desc			How Rec'd				
	Whom Sold		Depr	Net G/L				
2,500 shares	The Bankshares,	Inc.	Purcha	ase				
·	·		Various \$_	175,475 \$	175,475	\$	\$	\$
Total			\$	175,475 \$	175,475	\$ 0	\$ 0	) \$ 0

4895, Normile Family Foundation, Inc
Federal Statements 7/31/2008 8:21 AM

FYE: 12/31/2007

### Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	 Total	<u>In</u>	Net vestment_	_	Adjusted Net		Charitable Purpose
Indirect Accounting Fees	\$ 750	\$	750	\$_		\$_	
Total	\$ 750	\$	750	\$_	0	\$_	0

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. 4895 Normile Family Foundation, Inc.
Federal Statements

FYE. 12/31/2007

## Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description		Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
2,500 shares The Bankshares, Inc.	\$	175,475	\$		Market	\$	
Am Fds Capital World Growth & Income				5,791	Cost		5,784
Am Fds Euro Pacific Growth Fund				5,743	Cost		5,824
Am Fds Growth Fund of America				14,087	Cost		13,689
Am Fds Investment Co of America				13,187	Cost		12,287
Am Fds New Economy Fund				5,726	Cost		5,425
Am Fds Wash Mutual Inv Fund				12,231	Cost		11,149
Am Fds Capital Income Builder Fd	_			37,705	Cost	_	36,644
Total	\$	175,475	\$_	94,470		\$_	90,802

, 4895, Normile Family Foundation, Inc.
Federal Statements 7/31/2008 8 21 AM

FYE: 12/31/2007

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
Hubert C. & Lynn K. Normile	175,475
Total	175,475

Form 8868 (R	ev 4-2008)			Page 2		
If you are	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			► X		
•	nplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8	868				
<ul><li>If you are</li></ul>	iling for an Automatic 3-Month Extension, complete only Part I (on page 1)					
Part II	Additional (Not Automatic) 3-Month Extension of Time. You must file original a	<u>nd one</u>	сору			
Type or	Name of Exempt Organization	Employer identification number				
print File by the	Normile Family Foundation, Inc.	20-5432708				
extended due date for	Number, street, and room or suite no If a PO box, see instructions 1316 S. Riverside Drive	For IRS use only				
filing the return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions Indialantic FL 32903					
Form 99	0-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		<b>⊢</b>	Form 6069 Form 8870		
STOP! Do no	complete Part II if you were not already granted an automatic 3-month extension on a previously file	d Form 8	868.			
Telephone If the orga If this is for the whole of the who	Initial return does not have an office or place of business in the United States, check this box  r a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is roup, check this box  If it is for part of the group, check this box  The extension is for the an additional 3-month extension of time until 11/17/08  Index year 2007, or other tax year beginning  Initial return  The product of the states on the extension of time until 11/17/08  Index year is for less than 12 months, check reason in the extension the ex	nd attach	ing period	<b>▶</b> □		
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,	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			205		
	nonrefundable credits. See instructions	8a	\$	205		
	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	d tax payments made Include any prior year overpayment allowed as a credit and any	8b	s	0		
	paid previously with Form 8868	- 60	<b>-</b>			
	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	8c	•	205		
with FT	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification	1 00	\$			
	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my and complete, and that I am authorized to prepare this form	knowledge	and belief,			
Signature •	Title ▶ CPA		Date	7/22/08		

Form **8868** (Rev 4-2008)