

# Return of Organization Exempt From Income Tax

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2007 calendar year, or tax year beginning 2007, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>THE CHARLES A. AND ANNE MORROW LINDBERGH FOUNDATION</u> Number and street (or P.O. box if mail is not delivered to street address) <u>2150 THIRD AVENUE NORTH</u> Room/suite <u>310</u> City or town, state or country, and ZIP + 4 <u>ANOKA, MN 55303</u>	<b>D</b> Employer identification number <u>13-2882090</u>	<b>E</b> Telephone number <u>(763) 576-1596</u>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: WWW.LINDBERGHFOUNDATION.ORG

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 984,021.

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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
		<b>a</b>	Contributions to donor advised funds		<b>1a</b>	
		<b>b</b>	Direct public support (not included on line 1a)		<b>1b</b>	388,720.
		<b>c</b>	Indirect public support (not included on line 1a)		<b>1c</b>	
		<b>d</b>	Government contributions (grants) (not included on line 1a)		<b>1d</b>	
		<b>e</b>	Total (add lines 1a through 1d) (cash \$ <u>356,533.</u> noncash \$ <u>32,187.</u> )		<b>1e</b>	388,720.
		<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			
		<b>3</b>	Membership dues and assessments			
		<b>4</b>	Interest on savings and temporary cash investments			
		<b>5</b>	Dividends and interest from securities			
		<b>6</b>				
		<b>a</b>	Gross rents		<b>6a</b>	
	<b>b</b>	Less: rental expenses		<b>6b</b>		
	<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a				
	<b>7</b>	Other investment income (describe )				
	<b>8</b>					
	<b>a</b>	Gross amount from sales of assets other than inventory		<b>8a</b>		
		(A) Securities		(B) Other		
		551,442.	<b>8a</b>			
	<b>b</b>	Less: cost or other basis and sales expenses		<b>8b</b>		
		435,113.	<b>8b</b>			
	<b>c</b>	Gain or (loss) (attach schedule) <u>STMT 25</u>		<b>8c</b>		
		116,329.	<b>8c</b>			
	<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)				
				<b>8d</b>	116,329.	
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>	Gross revenue (not including \$ <u>53,745.</u> of <u>STMT 1</u> contributions reported on line 1b)		<b>9a</b>		
		STMT 2.	<b>9a</b>		8,100.	
	<b>b</b>	Less: direct expenses other than fundraising expenses		<b>9b</b>		
		1,673.	<b>9b</b>			
	<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a				
				<b>9c</b>	6,427.	
	<b>10</b>					
	<b>a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>		
	<b>b</b>	Less: cost of goods sold		<b>10b</b>		
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				
				<b>10c</b>		
	<b>11</b>	Other revenue (from Part VII, line 103)				
				<b>11</b>	773.	
	<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				
				<b>12</b>	547,235.	
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B))				
				<b>13</b>	301,157.	
	<b>14</b>	Management and general (from line 44, column (C))				
				<b>14</b>	74,220.	
	<b>15</b>	Fundraising (from line 44, column (D))				
			<b>15</b>	101,299.		
<b>16</b>	Payments to affiliates (attach schedule)					
			<b>16</b>			
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)				
				<b>17</b>	476,676.	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12				
				<b>18</b>	70,559.	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))				
				<b>19</b>	1,651,794.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <u>STMT 3</u>					
			<b>20</b>	-25,898.		
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20					
			<b>21</b>	1,696,455.		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part I Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 145,988. noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	145,988.	145,988.	STMT 4	STMT 20
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	75,000.	11,250.	15,000.	48,750.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	101,982.	78,377.	23,125.	480.
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a-27	7,338.	3,713.	1,581.	2,044.
29	Payroll taxes	12,519.	6,335.	2,695.	3,489.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	2,846.	970.	323.	1,553.
34	Telephone	3,224.	2,914.	310.	
35	Postage and shipping	2,053.	2,053.		
36	Occupancy	17,407.	9,027.	3,750.	4,630.
37	Equipment rental and maintenance	330.		330.	
38	Printing and publications	9,434.	7,224.		2,210.
39	Travel	23,194.	2,753.	2,549.	17,892.
40	Conferences, conventions, and meetings	6,973.	2,995.	470.	3,508.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	3,406.	1,766.	734.	906.
43	Other expenses not covered above (itemize):				
43a	a STMT 5	64,982.	25,792.	23,353.	15,837.
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	476,676.	301,157.	74,220.	101,299.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 8,840. ; (ii) the amount allocated to Program services \$ 6,630;  
 (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ 2,210.



**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	4,115.	45	2,382.	
	46 Savings and temporary cash investments	124,553.	46	139,556.	
	47a Accounts receivable	15,121.			
	b Less: allowance for doubtful accounts		47b		
			794.	47c	15,121.
	48a Pledges receivable	85,580.			
	b Less: allowance for doubtful accounts		48a		
			48b		75,580.
	48c		48c		85,580.
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)		51a		
	b Less: allowance for doubtful accounts		51b		51c
	52 Inventories for sale or use	9,210.	52		5,740.
53 Prepaid expenses and deferred charges	3,818.	53		16,820.	
54a Investments - publicly-traded securities <small>S,T,M,T</small> 10. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,425,796.	54a		1,430,906.	
b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b			
55a Investments - land, buildings, and equipment: basis		55a			
b Less: accumulated depreciation (attach schedule)		55b		55c	
56 Investments - other (attach schedule)		56			
57a Land, buildings, and equipment: basis	67,789.	57a			
b Less: accumulated depreciation (attach schedule) <small>S,T,M,T</small> 22	32,692.	57b			
	37,978.	57c		35,097.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58			
59 Total assets (must equal line 74). Add lines 45 through 58	1,681,844.	59		1,731,202.	
Liabilities	60 Accounts payable and accrued expenses	3,522.	60	8,747.	
	61 Grants payable	26,528.	61	26,000.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> )		65		
66 Total liabilities. Add lines 60 through 65	30,050.	66		34,747.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	-27,313.	67	14,054.	
	68 Temporarily restricted	171,086.	68	174,380.	
	69 Permanently restricted	1,508,021.	69	1,508,021.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,651,794.	73		1,696,455.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,681,844.	74		1,731,202.





Part VII Other Information (continued)

Table with columns for question number, description, and Yes/No columns. Rows include 82a-82b, 83a-83b, 84a-84b, 85a-85f, 86a-86b, 87a-87b, 88a-88b, 89a-89g.

90a List the states with which a copy of this return is filed MN, NY,
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 5

91a The books are in care of ORGANIZATION Telephone no. 763-576-1596
Located at 2150 THIRD AVENUE NORTH #310 ANOKA, MN ZIP +4 55303

Table with columns for question number, description, and Yes/No columns. Row 91b: At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country... Yes No X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  91c  Yes  No  
 If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year  92  N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,316.	
96 Dividends and interest from securities			14	32,670.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	116,329.	
101 Net income or (loss) from special events					6,427.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b BOOK & OTHER MISC.			01	773.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				152,088.	6,427.
105 Total (add line 104, columns (B), (D), and (E))					158,515.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
16	STMT 16

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No  
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No  
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No  
N/A

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 **CBIZ ACCTG, TAX & ADV SERVICES, LLC** EIN **34-1863018**

**222 S 9TH ST, #1700** Phone no. **612-339-7811**

**MINNEAPOLIS, MN 55402**

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization **THE CHARLES A. AND ANNE MORROW  
LINDBERGH FOUNDATION** Employer identification number  
**13-2882090**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 17				
Total number of other employees paid over \$50,000 . . . ▶	NONE			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	NONE	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 10g regarding lobbying activities, grants, and donor advised funds.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					<input type="checkbox"/>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

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

Part IV Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

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

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

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows 45-50.

Part V.B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Table with 3 columns: Yes, No, Amount. Rows for items a-i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule of Contributors**

**2007**

Supplementary Information for  
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization <b>THE CHARLES A. AND ANNE MORROW LINDBERGH FOUNDATION</b>	Employer identification number <b>13-2882090</b>
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE CHARLES A. AND ANNE MORROW LINDBERGH FOUNDATION** Employer identification number **13-2882090**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 9,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 10,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 11,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE CHARLES A. AND ANNE MORROW  
LINDBERGH FOUNDATION**

Employer identification number  
**13-2882090**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 22,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **THE CHARLES A. AND ANNE MORROW LINDBERGH FOUNDATION** Employer identification number **13-2882090**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE CHARLES A. AND ANNE MORROW LINDBERGH FOUNDATION</b>	Employer identification number <b>13-2882090</b>
---	---

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	570 SHARES OF TALISMAN ENERGY, INC. 189 SHARES OF PROCTER & GAMBLE	\$ 22,413.	12/31/2007
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

LINDBERGH AWARD EVENT

53,745.  
-----

TOTAL

53,745.  
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
LINDBERGH AWARD EVENT	8,100.	1,673.	6,427.
TOTALS	8,100.	1,673.	6,427.

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

DESCRIPTION  
-----

AMOUNT  
-----

UNREALIZED LOSSES ON INVESTMENTS  
UNREALIZED LOSS ON INVENTORY

19,458.  
6,440.

TOTAL

-----  
25,898.  
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

SEE ATTACHED LIST

145,988.

TOTAL CONTRIBUTIONS PAID

145,988.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACT SERVICES	9,536.	2,119.	942.	6,475.
AWARD PROGRAM	23,433.	15,306.	1,283.	6,844.
PROFESSIONAL FEES	7,275.		7,275.	
INVESTMENT MANAGEMENT FEES	11,087.		11,087.	
INSURANCE	6,459.	4,061.	2,398.	
PHOTOGRAPHY AND PUBLICITY	5,037.	2,519.		
BOOK PROGRAM & SPECIAL PROJECT	1,787.	1,787.		2,518.
BANK CARD FEES	368.		368.	
TOTALS	64,982.	25,792.	23,353.	15,837.

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

THE ORGANIZATION WAS ESTABLISHED FOR THE PURPOSE OF FURTHERING A  
BALANCE BETWEEN TECHNOLOGICAL ADVANCEMENT AND ENVIRONMENTAL  
PRESERVATION.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====PROGRAM SERVICE ACCOMPLISHMENT A  
-----

LINDBERGH GRANTS - EACH YEAR, THE CHARLES A. AND ANNE MORROW LINDBERGH FOUNDATION PRESENTS LINDBERGH GRANTS TO PEOPLE WHO ARE CONDUCTING RESEARCH OR EDUCATIONAL PROJECTS THAT WILL CONTRIBUTE TO IMPROVING THE QUALITY OF LIFE THROUGH THE BALANCE BETWEEN THE PRESERVATION OF THE ENVIRONMENT AND THE ADVANCEMENT OF TECHNOLOGY. AWARDED IN AMOUNTS UP TO \$10,580 EACH, THE GRANTS ARE MADE IN NUMEROUS AREAS OF SPECIAL INTEREST TO CHARLES AND ANNE MORROW LINDBERGH INCLUDING: AVIATION/AEROSPACE, AGRICULTURE, ARTS AND HUMANITIES, CONSERVATION OF NATURAL RESOURCES, EXPLORATION, HEALTH, AND WASTE MINIMIZATION AND MANAGEMENT. APPLICATIONS FOR LINDBERGH GRANTS ARE VIEWED AND EVALUATED BY TWO INDEPENDENT VOLUNTEER PANELS - ONE CONSISTING OF 43 INDIVIDUALS KNOWLEDGEABLE IN THE LINDBERGH'S PHILOSOPHY OF BALANCE AND THE OTHER MADE UP OF 75 TECHNICAL EXPERTS IN THE VARIOUS FIELDS IN WHICH LINDBERGH GRANTS ARE MADE. THE GRANTS SELECTION COMMITTEE OF THE BOARD MAKES FURTHER EVALUATIONS AND RECOMMENDATIONS TO THE LINDBERGH FOUNDATION BOARD OF DIRECTORS FOR THEIR FINAL SELECTION. DURING 2007, FOURTEEN GRANTS, TOTALING \$145,988 WERE AWARDED. THE RECIPIENTS OF THESE GRANTS WERE CHOSEN FROM APPLICANTS FROM AROUND THE WORLD. THEIR PROJECTS WERE CONDUCTED IN SEVEN DIFFERENT COUNTRIES AND INCLUDED THE SUBJECTS OF AGRICULTURE, WASTE MANAGEMENT, ANIMAL CONSERVATION, WATER CONSERVATION, BIOMEDICAL, AVIATION AND PLANT CONSERVATION. THEIR EFFORTS RAISE AWARENESS OF THE URGENT NEED FOR BALANCING NATURE AND TECHNOLOGY TO IMPROVE QUALITY OF LIFE FOR ALL.

PROGRAM SERVICE ACCOMPLISHMENT B  
-----

LINDBERGH AWARD - PRESENTED ANNUALLY, THE HONORARY LINDBERGH AWARD RECOGNIZES PEOPLE WHOSE WORK HAS MADE SIGNIFICANT CONTRIBUTIONS TOWARD PROMOTING OR IMPLEMENTING THE BALANCE BETWEEN THE PRESERVATION OF THE ENVIRONMENT AND THE ADVANCEMENT OF TECHNOLOGY. THOSE WHO SUPPORT THE FOUNDATION'S MISSION GATHER ANNUALLY AT AN EVENT WHERE THE AWARD RECIPIENT IS THE FEATURED SPEAKER. THE OCCASION SERVES AS AN OPPORTUNITY TO HONOR THE AWARD RECIPIENT, COMMUNICATE A COMMON VISION AND INSPIRE THOSE IN ATTENDANCE. AMONG THOSE HONORED IN PREVIOUS YEARS ARE: JACQUES COUSTEAU, SIR EDMUND HILLARY, SAMUEL C. JOHNSON,

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
 =====

DR. SYLVIA EARLE, DR. ROBERT BALLARD, HARRISON FORD, JIM FOWLER AND WILL STEGER. IN KEEPING WITH OUR LEGACY OF HONORING INDIVIDUALS FOR BRINGING BALANCE TO OUR WORLD THROUGH THEIR WORK, DR. J. MICHAEL FAY OF NATIONAL GEOGRAPHIC RECEIVED THE 2007 LINDBERGH AWARD.

STATEMENT 8

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES  
 =====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	16,820.
	-----
TOTALS	16,820. =====

STATEMENT 9

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES  
 =====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
BOND FUNDS	221,965.	FMV
EQUITY FUNDS	1,208,941.	FMV
	-----	
TOTALS	1,430,906. =====	

STATEMENT 10

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN  
 =====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVENTORY	-6,440.
	-----
TOTAL	-6,440. =====

STATEMENT 11

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KNOX BRIDGES 2150 THIRD AVENUE NORTH, SUITE 310 ANOKA, MN 55303	PRESIDENT AND CEO 40.00	75,000.	NONE	NONE
REEVE LINDBERGH 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	HONORARY CHAIRMAN 1.00	NONE	NONE	NONE
JOHN KING 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	CHAIRMAN 1.00	NONE	NONE	NONE
GREGG E. MARYNIAK 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	VICE CHAIRMAN 1.00	NONE	NONE	NONE
DAVID E. TREINIS 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	VICE CHAIRMAN 1.00	NONE	NONE	NONE
MARTHA KING 2150 THIRD AVENUE NORTH 310	SECRETARY 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANOKA, MN 55303				
DANIEL E. STOLTZ 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	TREASURER 1.00	NONE	NONE	NONE
DANIEL BENNETT 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
LINDEN S. BLUE 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
SHAWN A. DORSCH 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
GREG HERRICK 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KRISTINA LINDBERGH 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
LARS LINDBERGH 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
MILES O'BRIEN 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL PARFIT 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
JOHN L. PETERSEN 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
JUDITH A. SCHIFF	DIRECTOR 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303				
STEVEN WHITLEY 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
LARRY WILLIAMS 2150 THIRD AVENUE NORTH 310 ANOKA, MN 55303	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		75,000.	NONE	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

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

-----

101	AN AWARD EVENT IS HELD ANNUALLY TO PRESENT THE LINDBERGH AWARD, WHICH RECOGNIZES PEOPLE WHOSE WORK HAS MADE SIGNIFICANT CONTRIBUTIONS TOWARD PROMOTING OR IMPLEMENTING THE BALANCE BETWEEN NATURE AND TECHNOLOGY. THE OCCASION SERVES AS AN OPPORTUNITY TO HONOR THE AWARD RECIPIENT, COMMUNICATE A COMMON VISION AND INSPIRE THOSE IN ATTENDANCE.
-----	---

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KELLEY WELF 2150 THIRD AVENUE NORTH #310 ANOKA, MN 55303	DIR OF COMMUNICATION 40.00	50,820.	4,105.	NONE
TOTAL COMPENSATION		50,820.	4,105.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A  
=====

SEE ATTACHED GRANT APPLICATION FORM. - *Statement 24*

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER REVENUE	4,378.		104.		4,482.
TOTALS	4,378.		104.		4,482.

The Charles A. and Anne Morrow Lindbergh Foundation  
Form 990, Part II, line 22 Grants and Allocations  
December 31, 2007

EIN #: 13-2882090

<b>Donee's Name:</b>	Dr. Peter Girguis
<b>Donee's Address:</b>	Department of Organismic & Evolutionary Biology, Bio. Lab 3085A Harvard University Cambridge, MA 02138
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	General Conservation/Energy "Developing Microbial Fuel Cells as Light Systems for Rural Areas"
<b>Amount Given:</b>	\$10,580
<b>Donee's Name:</b>	Kimberly Ritchie, Ph.D.
<b>Donee's Address:</b>	Center for Coral Reef Research, Mote Marine Laboratory 1600 Ken Thompson Parkway Sarasota, FL 34236
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	Animal Conservation "Harnessing the Potential of Coral-Associated Beneficial Bacteria for Sustainable Biological Control of Coral Diseases"
<b>Amount Given:</b>	\$9,990
<b>Donee's Name:</b>	Mr. Jason Edens
<b>Donee's Address:</b>	Rural Renewable Energy Alliance 2024 12th Street SW Backus, MN 56435
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	General Conservation/Waste Management "Determining the Financial and Social Costs and Benefits for Using Solar Heat for Public Assistance in the Midwest United States"
<b>Amount Given:</b>	\$10,350
<b>Donee's Name:</b>	Dr. Margaret A. Coffman
<b>Donee's Address:</b>	2020 Collegewood Dr. Ypsilanti, MI 48197
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	Education "Empowering Students in Ecology, Music, and Computer Science: an Elementary Bird Song Curriculum Utilizing Sound Software for Artistic Composition and Scientific Analysis"
<b>Amount Given:</b>	\$10,575
<b>Donee's Name:</b>	Dr. Peter H. Wrege
<b>Donee's Address:</b>	Bioacoustics Research Program, Cornell University 159 Sapsucker Woods Road Ithaca, NY 14850
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	Animal Conservation "Using Acoustics to Monitor Poaching and Elephant Abundance at Forest Clearings in Central Africa"
<b>Amount Given:</b>	\$10,580

The Charles A. and Anne Morrow Lindbergh Foundation  
Form 990, Part II, line 22 Grants and Allocations  
December 31, 2007

EIN #: 13-2882090

**Donee's Name:** Catherine T. Cloud  
**Donee's Address:** P.O. Box 72482  
Davis, CA 95617  
**Donee/Recipient Relationship:** None  
**Activity Classification:** Agriculture  
"Promoting Agro-Ecological Knowledge in Developing Countries  
Using Collaborative Video"  
**Amount Given:** \$10,500

**Donee's Name:** Dr. Amy Lang  
**Donee's Address:** University of Alabama  
Box 870280  
Aerospace Engineering & Mechanics  
Tuscaloosa, AL 35487-0280  
**Donee/Recipient Relationship:** None  
**Activity Classification:** Aviation  
"Reducing the Drag Over Aircraft by Mimicry of the Shark Skin"  
**Amount Given:** \$10,580

**Donee's Name:** Dr. Zhiqiang Zhai  
**Donee's Address:** University of Colorado at Boulder  
UCB 428, ECOT 441  
Boulder, CO 80309  
**Donee/Recipient Relationship:** None  
**Activity Classification:** General Conservation/Energy  
"Developing Comfortable, Healthy and Energy Efficient Buildings:  
Modern Implication and Application of Ancient Building Technologies"  
**Amount Given:** \$10,000

**Donee's Name:** Mr. Thomas Ehresman  
**Donee's Address:** 616 N. Colorado Ave.  
Loveland, CO 80537  
**Donee/Recipient Relationship:** None  
**Activity Classification:** Aviation  
"Spark Ignition Direct Injection Fuel Nozzle Eliminating Use of Leaded  
Fuels While Enabling Continued Use of Current High Power Density  
Aircraft Piston Engines"  
**Amount Given:** \$10,550

**Donee's Name:** Dr. William Knecht  
**Donee's Address:** Maneuver Space Technologies, LLC  
529 County Road 1250  
Pocasset, OK 73079  
**Donee/Recipient Relationship:** None  
**Activity Classification:** Aviation  
"Reducing Upper Atmospheric Fuel Burn Through Direct Routing Air  
Traffic Technology"  
**Amount Given:** \$9,993

<b>Donee's Name:</b>	Dr. Andres Gonzalez
<b>Donee's Address:</b>	Laboratory of Chemical Ecology, Organic Chemistry Department Facultad de Quimica, Universidad de la Republica Gral. Flores 2124 CC 1157 Montevideo, Uruguay CP 11000
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	Agriculture "Developing Tools for the Reduction of Pesticide Use in the Management of Soybean Pest from South America: Chemical Identification of its Sex Pheromone and Host Attractants"
<b>Amount Given:</b>	\$10,550
<b>Donee's Name:</b>	Dr. James Smith
<b>Donee's Address:</b>	Department of Civil and Environmental Engineering University of Virginia P.O. Box 400742 Charlottesville, VA 22904-4742
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	Water Conservation "Purifying Drinking Water with Ceramic Filters made from Local Materials"
<b>Amount Given:</b>	\$10,580
<b>Donee's Name:</b>	Dr. Angela R. Bielefeldt
<b>Donee's Address:</b>	428 UCB Boulder, CO 80309-0428
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	Water Conservation "Pathogen Removal by a Sustainable Point-of-Use Water Treatment Filter"
<b>Amount Given:</b>	\$10,580
<b>Donee's Name:</b>	Kristina Cackle
<b>Donee's Address:</b>	4082 West 39th Avenue Vancouver, BC, V6N 3B2, Canada
<b>Donee/Recipient Relationship:</b>	None
<b>Activity Classification:</b>	Animal Conservation "Using New Technology and Traditional Knowledge to Determine Nest-Side Requirements of Cavity-Nesting Birds in the Atlantic Forest in Argentina"
<b>Amount Given:</b>	\$10,580
<b>Total Grants and Allocations</b>	<b>\$145,988</b>

The Charles A. and Anne Morrow Lindbergh Foundation  
Depreciation Schedule  
Form 990, Part II, Line 42  
12/31/2007

EIN : 13-2882090

	<u>Accumulated Depreciation</u>			
	<u>Beginning</u>	<u>Expense</u>	<u>Disposals</u>	<u>Ending</u>
	<u>Balance</u>			<u>Balance</u>
	<u>1/1/2007</u>			<u>12/31/2007</u>
Furniture and Equipment	\$ 34,192	\$ 3,406	\$ 4,906	\$ 32,692

Lindbergh Foundation  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment  
12/31/2007

EIN #13-2882090

	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Equipment	\$ 67,789	\$ 32,692	\$ 35,097

Statement 22

The Charles A. and Anne Morrow Lindbergh Foundation  
Form 990, Part V-A, Line 75b  
12/31/07

EIN# 13-2882090

Name and Relationship

Kristina Lindbergh – Member of the Board of Directors is a member of the Lindbergh family. No compensation was paid in 2007.

Lars Lindbergh – Member of the Board of Directors is a member of the Lindbergh family. No compensation was paid in 2007.

Reeve Lindbergh – Honorary chairman of the Board of Directors is a member of the Lindbergh family. No compensation was paid in 2007.

The Foundation was not created by the Lindbergh family but in honor of Charles and Anne Morrow Lindbergh by unrelated individuals.

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The Charles A. and Anne Morrow Lindbergh Foundation  
Form 990, Part I, Line 8  
12/31/2007

EIN# 13-2882090

Publicly Traded Securities

Purchased and sold on various dates.

Gross Sales Price:	\$551,442
Cost or Other Basis:	\$435,113
Total Gain (Loss) Publicly Traded Securities	<u>\$116,329</u>