

**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)

**COPY 2007**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 **JUL 1, 2007** and ending **JUN 30, 2008**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**THE COLONIAL FARMHOUSE RESTORATION SOCIETY OF BELLEROSE, INC.**

**D** Employer identification number  
**11-2508369**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**73-50 LITTLE NECK PARKWAY**

City or town, state or country, and ZIP + 4  
**FLORAL PARK, NY 11004**

**E** Telephone number  
**718-347-3276**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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 **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**G** Website: **QUEENSFARM.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  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.

**I** Group Exemption Number **N/A**

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,797,073.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	13,007.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 13,007. noncash \$ )	1e		13,007.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,556,480.	
3	Membership dues and assessments	3		26,255.	
4	Interest on savings and temporary cash investments	4		9,861.	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a	191,470.		
b	Less: cost of goods sold	10b	66,516.		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 1	124,954.	
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,730,557.	
13	Program services (from line 44, column (B))	13		2,216,782.	
14	Management and general (from line 44, column (C))	14		365,741.	
15	Fundraising (from line 44, column (D))	15		11,607.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		2,594,130.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		136,427.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,310,983.	
20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMEN	-5,816.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,441,594.	

**THE COLONIAL FARMHOUSE RESTORATION  
SOCIETY OF BELLEROSE, INC.**

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**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.

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 \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	80,758.	24,227.	52,493.	4,038.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c 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) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	1,031,227.	929,765.	98,370.	3,092.
27 Pension plan contributions not included on lines 25a, b, and c 27	7,202.	6,179.	977.	46.
28 Employee benefits not included on lines 25a - 27 28	38,964.	33,428.	5,286.	250.
29 Payroll taxes 29	93,669.	80,360.	12,708.	601.
30 Professional fundraising fees 30				
31 Accounting fees 31	18,000.		18,000.	
32 Legal fees 32				
33 Supplies 33	250,867.	229,904.	20,963.	
34 Telephone 34	14,861.		14,861.	
35 Postage and shipping 35	39,525.	27,357.	10,691.	1,477.
36 Occupancy 36				
37 Equipment rental and maintenance 37	275,374.	275,374.		
38 Printing and publications 38	17,560.	14,884.	650.	2,026.
39 Travel 39				
40 Conferences, conventions, and meetings 40	50.	50.		
41 Interest 41	8,282.		8,282.	
42 Depreciation, depletion, etc. (attach schedule) 42	42,703.	34,710.	7,993.	
43 Other expenses not covered above (itemize):				
a _____ 43a				
b _____ 43b				
c _____ 43c				
d _____ 43d				
e _____ 43e				
f _____ 43f				
g SEE STATEMENT 3 43g	675,088.	560,544.	114,467.	77.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	2,594,130.	2,216,782.	365,741.	11,607.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <b>PRESERVE &amp; RESTORE HISTORIC FARMS &amp; GROUNDS FOR THE PUBLIC</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a THE WORKING FARM SITE IS OPEN TO THE GENRAL PUBLIC. THE SOCIETY PROVIDES GUIDED AND SELF GUIDED TOURS OF THE FARM TO THESE VISITORS AT NO CHARGE. APPROXIMATELY 85,000 PEOPLE TOOK PART IN THESE TOURS DURING THE CURRENT YEAR.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	186,200.
<b>b THE SOCIETY MAINTAINS A TWELVE ACRE HISTORIC FARM SITE. THE SOCIETY MAINTAINS THE FARMS GROUNDS AND PRESERVES THE VARIOUS FARM BUILDINGS AND STRUCTURES. PROJECTS ARE ONGOING, IN ORDER TO PRESERVE THE HISTORIC NATURE OF THE SITE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	55,000.
<b>c THE SOCIETY CONDUCTED 14 PUBLIC EVENTS FOR THE EDUCATIONAL BENEFIT OF ITS AUDIENCE. THE EVENTS ARE POPULAR, MAINTIAN PUBLIC AWARENESS AND FULFILL THE PUBLIC NEED TO LEARN MORE ABOUT AGRICULTURAL DEVELOPMENTS PAST AND PRESENT. DURING THE CURRENT YEAR, 73,000 PEOPLE ATTENDED THESE EVENTS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	348,700.
<b>d THE SOCIETY CONDUCTS A BROAD RANGE OF EDUCATIONAL PROGRAMS AND WORKSHOPS FOR THE GENERAL PUBLIC. THESE ACTIVITIES INCLUDE HISTORICAL, AGRICULTURAL, &amp; CULTURAL COMPONENTS. APPROXIMATELY 279,000 PEOPLE PARTICIPATED IN THESE ACTIVITIES</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,471,000.
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	155,882.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</b>	2,216,782.

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**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	173,667.	45	232,748.
	46 Savings and temporary cash investments .....	310,866.	46	245,650.
	47 a Accounts receivable .....			
	b Less: allowance for doubtful accounts .....			
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....			
	49 Grants receivable .....	81,980.	49	109,500.
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....			
	52 Inventories for sale or use .....	37,155.	52	58,759.
	53 Prepaid expenses and deferred charges .....	37,415.	53	39,423.
	54 a Investments - publicly-traded securities .....			
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	54 b Investments - other securities .....			
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55 a Investments - land, buildings, and equipment: basis .....			
	b Less: accumulated depreciation .....			
	56 Investments - other .....			
57 a Land, buildings, and equipment: basis .....	1,229,192.			
b Less: accumulated depreciation <b>STMT 4</b> .....	403,445.			
58 Other assets, including program-related investments (describe <b>▶ SEE STATEMENT 5</b> ) .....	143.	58	5,001.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	1,429,657.	59	1,516,828.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	63,523.	60	34,743.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe <b>▶ BANK LINE OF CREDIT</b> ) .....	55,151.	65	40,491.
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....	118,674.	66	75,234.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	1,310,983.	67	1,441,594.
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	1,310,983.	73	1,441,594.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	1,429,657.	74	1,516,828.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,797,073.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <b>COSTS OF GOODS SOLD</b>	b4	66,516.
	Add lines b1 through b4	b	66,516.
c	Subtract line b from line a	c	2,730,557.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d	e	2,730,557.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements	a	2,666,463.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <b>SEE STATEMENT 6</b>	b4	77,192.
	Add lines b1 through b4	b	77,192.
c	Subtract line b from line a	c	2,589,271.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <b>DEPRECIATION AND AMORTIZATION</b>	d2	4,859.
	Add lines d1 and d2	d	4,859.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d	e	2,594,130.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES TRENT 242-33 90TH AVENUE BELLEROSE, NY 11426	PRESIDENT	0.00	0.	0.
AMY FISCHETTI	EXECUTIVE DIRECTOR		0.	0.
JOHN SANDMANN 74-53 260TH STREET GLEN OAKS, NY 11004	TREASURER	0.00	0.	0.
SAMUEL SHAPIRO 29-08 139TH STREET FLUSHING, NY 11354	CHAIRMAN OF THE BOARD	0.00	0.	0.
CAROLE BUITRAGO 222-34 FAIRBURY AVENUE QUEENS VILLAGE, NY 11428	SECRETARY	0.00	0.	0.

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**Part VI Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	82b   N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members .....		
	85c   N/A		
d	Section 162(e) lobbying and political expenditures .....		
	85d   N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		
	85e   N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		
	85f   N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 .....		
	86a   N/A		
b	Gross receipts, included on line 12, for public use of club facilities .....		
	86b   N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders .....		
	87a   N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
	87b   N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
	▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
	▶ 0.		
89e			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		X
89g			
90 a	List the states with which a copy of this return is filed ▶ NY		
b	Number of employees employed in the pay period that includes March 12, 2007 .....	90b   383	
91 a	The books are in care of ▶ AMY FISCHETTI, EXECUTIVE DIRECTOR Telephone no. ▶ 718-347-3276		
	Located at ▶ 73-50 LITTLE NECK PARKWAY, FLORAL PARK, NY ZIP + 4 ▶ 11004		
b	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 (such as a bank account, securities account, or other financial account)? .....		X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			

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**Part VI Other Information** (continued)

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

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 614		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a EDUCATIONAL TOURS					1,584,795.
b GRANTS - GOVERNMENT					433,200.
c GRANTS - CORPORATE					39,400.
d GRANTS - FOUNDATIONS					35,000.
e SPECIAL EVENTS					464,085.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					26,255.
95 Interest on savings and temporary cash investments		9,861.	14		
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220				124,954.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		9,861.		0.	2,707,689.
105 Total (add line 104, columns (B), (D), and (E))					2,717,550.

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).

1 SEE STATEMENT 7

**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
N/A	%			
	%			
	%			
	%			

**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).