

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

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.	C Name of organization The Langenfeld Foundation		D Employer identification number 20-5031429
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1911 Eddy St.		E Telephone number (651) 491-8410
		City or town, state or country, and ZIP + 4 Hastings, MN 55033-3524		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶
J Organization type (check only one) — 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21									
Revenue	1 Contributions, gifts, grants, and similar amounts received																59,269																				
	2 Program service revenue including government fees and contracts																0																				
	3 Membership dues and assessments																0																				
	4 Investment income																0																				
	5a Gross amount from sale of assets other than inventory						0																														
	b Less: cost or other basis and sales expenses						0																														
	c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)								0																												
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																																				
	a Gross revenue (not including \$ 0 of contributions reported on line 1)									0																											
	b Less: direct expenses other than fundraising expenses									0																											
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a											0																										
7a Gross sales of inventory, less returns and allowances									0																												
b Less: cost of goods sold									0																												
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a																																					
8 Other revenue (describe ▶)																																					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																					
Expenses	10 Grants and similar amounts paid (attach schedule)																																				
	11 Benefits paid to or for members																																				
	12 Salaries, other compensation, and employee benefits																																				
	13 Professional fees and other payments to independent contractors																																				
	14 Occupancy, rent, utilities, and maintenance																																				
	15 Printing, publications, postage, and shipping																																				
	16 Other expenses (describe ▶)																																				
	17 Total expenses. Add lines 10 through 16																																				
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9																																				
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																				
	20 Other changes in net assets or fund balances (attach explanation)																																				
	21 Net assets or fund balances at end of year (Combine lines 18 through 20)																																				

Part II Balance Sheets — If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

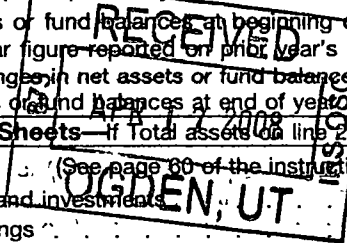
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		1,961
23	Land and buildings	0	0
24	Other assets (describe ▶)	0	0
25	Total assets	0	1,961
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	1,961

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

Cat. No. 106421

Form 990-EZ (2007)

SCANNED MAY 13 2008



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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>opening opportunities for disabled.</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>We received donations and did fund raising, using the funds to help people with disabilities engage in outdoors activities, sports, and music activities.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 52,649 .
29	<u>About 15-20 people were benefited.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	<u>We built a website and published newsletters, mailing about 600, to inform people about how we benefit the disabled.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 2,891 .
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses. Add lines 28a through 31a		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of 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	(E) Expense account and other allowances
<u>Paul Langenfeld</u> <u>1911 Eddy St, Hastings, MN 55033</u>	<u>President and treasurer,</u> <u>(30hrs)</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Mary Langenfeld</u> <u>1911 Eddy St, Hastings, MN 55033</u>	<u>Vice President</u> <u>(3 hrs)</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Jim McCarthy</u>	<u>secretary</u> <u>(3 hrs)</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:	39a	
a	Initiation fees and capital contributions included on line 9	39b	
b	Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 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

	Yes	No
40b		<input checked="" type="checkbox"/>
40c		<input checked="" type="checkbox"/>
40e		<input checked="" type="checkbox"/>

b 501(c)(3) and (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 an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶ MN

42a The books are in care of ▶ Paul Langenfeld Telephone no. ▶ (651) 491-8410
Located at ▶ 1911 Eddy St., Hastings, MN 55033 ZIP + 4 ▶ 55033-3524

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

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)? . . .

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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.

Please Sign Here

Signature of officer: Paul Langenfeld Date: 4-12-08

Type or print name and title: Paul Langenfeld, President

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no: () _____