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2007 Tax Return(s)

Prepared for HEAD NORTH FOUNDATION
CLIENT CODE: 3155-230

Account Number 797977
Release Number 2007.05065

Prepared by RPR PARTNERS, LLP
9171 TOWNE CENTRE DRIVE, SUITE 270
SAN DIEGO, CA
92122

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Processing Date: 08/11/2008
Time: 19:04:11

**Special
Instructions**

Messages

Return Information

CAUTION

- Form 990. Page 1, Part I, line 1d. The sum of the entries on the Schedule B worksheet, General Contributor Information section, Aggregate contributions field exceeds the total contributions on line 1d. This may be an input error and should be reviewed. Be sure that the total of all contributions for line 1d have been included on the Form 990 worksheet, Contributions, Gifts and Grants, etc. section. (20135)
- California. Form 199, Page 2, Part II. An amount is present on line 9, but the required supporting statements have not been prepared. Grants and Contributions Paid worksheet may be used to prepare the supporting statements. (23011)

INFORMATIONAL

- Form 990. Page 9. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on the Return Options worksheet, Miscellaneous Print Options section, Print preparer SSN & EIN field, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)
- Schedule A. Page 4, Part IV. The confidential large donor supporting statements have been produced in the accountant's and taxpayer's copy of the return. These are collated directly behind Schedule A and can be identified by the notation "Do Not File - Not Open to Public Inspection" that prints in the heading of each statement. Be sure that these confidential statements are not inadvertently included in any copy of the return that is being made available for public inspection. (30146)
- Schedule A. Part III, line 4. No entries have been made to answer the questions about donor advised funds on lines 4a through 4g. The assumption has been made that these do not apply to the organization and they have been answered accordingly. This should be reviewed. If the organization does have any reporting requirements for lines 4a through 4g, make the appropriate entries on the Schedule A worksheet, Statement About Activities section, Information Regarding Donor Advised Funds subsection. (36016)

Worksheet: CA Income/Deduction Overrides

Section: Income Overrides

Gross receipts - O/R.....	0
Cost of goods sold - O/R.....	0
Gross dues from members - O/R.....	0
Gross contributions, etc - O/R.....	445,739
Interest received - O/R.....	18,244
Dividends received - O/R.....	0
Gross rents received - O/R.....	0
Royalties received - O/R.....	0
Gross sales of assets - O/R.....	0
Cost or other basis - O/R.....	0
Other income - O/R.....	0

Worksheet: CA Balance Sheet Overrides

Section: Liabilities and Net Worth Overrides

Begin retained earnings - O/R.....	425,013
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2007 Return Summary

HEAD NORTH FOUNDATION

20-4387076

FORM 990:

TOTAL REVENUE	380,305.
TOTAL EXPENSES	140,733.
EXCESS <DEFICIT>	239,572.
BEGINNING NET ASSETS	425,013.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PAGE 1)	664,585.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	664,585.
ENDING TOTAL LIABILITIES	0.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	664,585.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0.

CALIFORNIA FORM 199:

GROSS RECEIPTS	463,983.
TOTAL EXPENSES	224,411.
EXCESS <DEFICIT>	239,572.
BEGINNING NET ASSETS	425,013.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (1)	664,585.
FILING FEES	10.
BALANCE DUE	10.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	664,585.
ENDING TOTAL LIABILITIES	0.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	664,585.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.



RPR PARTNERS, LLP

August 11, 2008

Mr. Steve Rosetta
Head North Foundation
3721 Valley Centre Drive, Ste.100
San Diego, CA 92130

Dear Steve:

Required IRS Disclosure: Please note that this written advice is not intended, or written by the practitioner to be used, and can not be used by the Taxpayer, for the purpose of avoiding penalties that may be imposed on the Taxpayer. In addition, there is no limitation on disclosure of the tax treatment, or tax structure, of the transaction that is the subject of this written advice.

Enclosed is the organization's 2007 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before August 15, 2008.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

Mail to - Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0701

Please sign and mail Form 199 on or before December 15, 2008.

Enclose a check for \$10.

Make check payable to Franchise Tax Board.

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)

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

and ending

<p>B Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>HEAD NORTH FOUNDATION</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>2658 DEL MAR HEIGHTS ROAD, SUITE 559</p> <p>City or town, state or country, and ZIP + 4</p> <p>DEL MAR, CA 92014</p>	<p>D Employer identification number</p> <p>20-4387076</p> <p>E Telephone number</p> <p>(858) 350-3193</p> <p>F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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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).

Hand 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: ▶ **WWW.HEADNORTH.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**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **463,983.**

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

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

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <p>a Contributions to donor advised funds 1a</p> <p>b Direct public support (not included on line 1a) 1b 201,806.</p> <p>c Indirect public support (not included on line 1a) 1c</p> <p>d Government contributions (grants) (not included on line 1a) 1d</p> <p>e Total (add lines 1a through 1d) (cash \$ 201,806. noncash \$ _____) ... 1e 201,806.</p> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2</p> <p>3 Membership dues and assessments 3</p> <p>4 Interest on savings and temporary cash investments 4</p> <p>5 Dividends and interest from securities 5</p> <p>6 a Gross rents 6a</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss). Subtract line 6b from line 6a 6c</p> <p>7 Other investment income (describe ▶ INTEREST INCOME) 7 18,244.</p> <p>8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other</p> <p>b Less: cost or other basis and sales expenses 8a</p> <p>c Gain or (loss) (attach schedule) 8b</p> <p>d Net gain or (loss). Combine line 8c, columns (A) and (B) 8c</p> <p>8d</p> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p>a Gross revenue (not including \$ 129,051. of contributions reported on line 1b) ... 9a 243,933.</p> <p>b Less: direct expenses other than fundraising expenses 9b 83,678.</p> <p>c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1 9c 160,255.</p> <p>10 a Gross sales of inventory, less returns and allowances 10a</p> <p>b Less: cost of goods sold 10b</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c</p> <p>11 Other revenue (from Part VII, line 103) 11</p> <p>12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 380,305.</p>	
Revenue		
Expenses	<p>13 Program services (from line 44, column (B)) 13 72,084.</p> <p>14 Management and general (from line 44, column (C)) 14 68,649.</p> <p>15 Fundraising (from line 44, column (D)) 15</p> <p>16 Payments to affiliates (attach schedule) 16</p> <p>17 Total expenses. Add lines 16 and 44, column (A) 17 140,733.</p>	
Net Assets	<p>18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 239,572.</p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 425,013.</p> <p>20 Other changes in net assets or fund balances (attach explanation) 20 0.</p> <p>21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 664,585.</p>	

Part II 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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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"/>			STATEMENT 2	
22b Other grants and allocations (attach schedule) (cash \$ 50,000 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	50,000.	50,000.		
23 Specific assistance to individuals (attach schedule) STATEMENT 3	22,084.	22,084.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	24,362.	0.	24,362.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	7,803.		7,803.	
30 Professional fundraising fees				
31 Accounting fees	13,556.		13,556.	
32 Legal fees	4,450.		4,450.	
33 Supplies	1,241.		1,241.	
34 Telephone	1,885.		1,885.	
35 Postage and shipping	838.		838.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	10,191.		10,191.	
39 Travel				
40 Conferences, conventions, and meetings	1,777.		1,777.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a BANK CHARGES	361.		361.	
b WEBSITE	1,432.		1,432.	
c LICENSES AND FEES	175.		175.	
d EDUCATION EXPENSES	190.		190.	
e PAYROLL EXPENSES	388.		388.	
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	140,733.	72,084.	68,649.	0.

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

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? ► SEE STATEMENT 7	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.)	
a THE HEADNORTH FOUNDATION'S MISSION IS TO PROVIDE ESSENTIAL SUPPORT AND GUIDANCE TO INDIVIDUALS AND FAMILIES AFFECTED BY SPINAL CORD INJURY, WHILE CHAMPIONING A CURE FOR PARALYSIS. THE HEADNORTH FOUNDATION HAS DISTRIBUTED FUNDS TO INDIVIDUALS MEETING THE FOUNDATION'S CRITERIA, BASED ON THE INDIVIDUAL APPLICANT'S NEEDS AND AVAILABLE RESOURCES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22,084.
b SEE STATEMENT 4	
(Grants and allocations \$ 50,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	50,000.
c SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	72,084.

Form 990 (2007)

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	175,013.	45	393,941.
	46 Savings and temporary cash investments	250,000.	46	265,644.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	5,000.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation	57b	57c	
58 Other assets, including program-related investments (describe		58		
59 Total assets (must equal line 74). Add lines 45 through 58	425,013.	59	664,585.	
Liabilities	60 Accounts payable and accrued expenses		60	
	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		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	425,013.	72	664,585.
	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)	425,013.	73	664,585.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	425,013.	74	664,585.	

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? 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.)	X	
82b	7,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	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	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	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?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	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		
87b	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			X
88 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			X
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.		
89b	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			X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			X
89g	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			X
90 a	List the states with which a copy of this return is filed CA		
90b	Number of employees employed in the pay period that includes March 12, 2007		1
91 a	The books are in care of THE ORGANIZATION Telephone no. 858-350-3193 Located at 2658 DEL MAR HEIGHTS ROAD, SUITE 559, DEL MAR, C ZIP + 4 92014		
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 (such as a bank account, securities account, or other financial account)? 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.		X
91b			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 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 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion 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 ...					
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			01	18,244.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			12	160,255.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		178,499.	0.
105 Total (add line 104, columns (B), (D), and (E))					178,499.

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).
▼	

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).

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). **N/A**

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.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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?

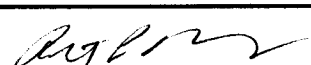
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature:  Date: **AUG 13 2008** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **RPR PARTNERS, LLP
9171 TOWNE CENTRE DRIVE, SUITE 270
SAN DIEGO, CA 92122**

Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN: _____ Phone no.: **(858) 768-3300**

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

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.)
- 11a 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.)
- 11b 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	
Total					▶

- 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.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	680,806.				680,806.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,431.				1,431.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	682,237.	0.	0.	0.	682,237.
24 Line 23 minus line 17	682,237.				682,237.
25 Enter 1% of line 23	6,822.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 13,645.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 260,256.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 682,237.
d Add: Amounts from column (e) for lines: 18 <u>1,431.</u> 19 _____ 22 _____ 26b <u>260,256.</u>					26d 261,687.
e Public support (line 26c minus line 26d total)					26e 420,550.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 61.6428%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

(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.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Part VI-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)

N/A

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.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

HEAD NORTH FOUNDATION

Employer identification number

20-4387076

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization HEAD NORTH FOUNDATION	Employer identification number 20-4387076
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>NAIOP</u> <u>2658 DEL MAR HEIGHTS #559</u> <u>DEL MAR, CA 92014</u>	\$ <u>37,221.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>ROBERT REGNERY</u> <u>2154 VISTA LA NISA</u> <u>CARLSBAD, CA 92009</u>	\$ <u>26,297.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>MARILYN & OWEN O'BRIEN</u> <u>PO BOX 5000, PMB 24</u> <u>RANCHO SANTA FE, CA 92067</u>	\$ <u>19,049.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>JOHN BAILEY</u> <u>1570 LINDA VISTA DR</u> <u>SAN MARCOS, CA 92078</u>	\$ <u>15,913.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>GREGG KNUDTEN</u> <u>PO BOX 675426</u> <u>RANCHO SANTA FE, CA 92067</u>	\$ <u>10,433.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>THRIVENT</u> <u>4321 N BALLARD RD</u> <u>APPLETON, WI 54919</u>	\$ <u>10,000.</u>	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 HEAD NORTH FOUNDATION	Employer identification number 20-4387076
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>MARTIN TOGNI</u> <u>501 WEST BROADWAY, 15TH FLOOR</u> <u>SAN DIEGO, CA 92101</u>	\$ 9,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>DAN BRODERICK</u> <u>8910 UNIVERSITY CENTER LN, STE 480</u> <u>SAN DIEGO, CA 92122</u>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>STEVE ROSETTA</u> <u>9191 TOWNE CENTRE DRIVE, STE 600</u> <u>SAN DIEGO, CA 92121</u>	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>DODDIE GILES</u> <u>18270 OLD COACH RD</u> <u>POWAY, CA 92064</u>	\$ 7,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>RANDY GREGSON</u> <u>465 COLLEGE BLVD., STE 1</u> <u>OCEANSIDE, CA 92057</u>	\$ 7,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>KNUT OLSON</u> <u>P.O. BOX 675426</u> <u>RANCHO SANTA FE, CA 92067</u>	\$ 7,260.	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 HEAD NORTH FOUNDATION	Employer identification number 20-4387076
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<u>DAIVID BARTRAM</u> <u>4911 HIBERT STREET</u> <u>SAN DIEGO, CA 92131</u>	\$ <u>6,904.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>MIKE MATHERLY</u> <u>965 DOVE SONG WAY</u> <u>OLIVENHAIN, CA 92024</u>	\$ <u>6,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>STEVE SMITH</u> <u>204 N. EL CAMINO REAL, PMB 101</u> <u>ENCINITAS, CA 92024</u>	\$ <u>6,356.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>BRIG BLACK</u> <u>10188 TELESIS CT, STE 222</u> <u>SAN DIEGO, CA 92121</u>	\$ <u>6,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<u>SAM POWERS</u> <u>7251 W LAKE MEAD AVE, #300</u> <u>LAS VEGAS NV 89128</u>	\$ <u>5,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<u>EVAN NORTHBROOK</u> <u>4835 NORTH 72ND WAY</u> <u>SCOTTSDALE, AZ 85251</u>	\$ <u>5,780.</u>	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 HEAD NORTH FOUNDATION	Employer identification number 20-4387076
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	LARRY WINTER 195 E HILLCREST, STE 110 THOUSAND OAKS, CA 91360	\$ 5,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	CHUCK HUNT 1416 VIA MATEO PALOS VERDES ESTATES, CA 90274	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	JOHN BRAND 600 WEST BROADWAY SUITE 3150 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	MAX GONZALES 4665 MACARTHUR COURT, STE 200 NEWPORT BEACH, CA 92660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	RICK HAUSMAN 3366 KURTZ ST SAN DIEGO, CA 92138	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CHRIS PASCALE 688 CAMINO EL DORADO ENCINITAS, CA 92024	\$ 5,000.	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 HEAD NORTH FOUNDATION	Employer identification number 20-4387076
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<u>MATT REID</u> <u>9171 TOWNE CENTRE DR, STE 460</u> <u>SAN DIEGO, CA 92121</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<u>DEAN ROEPER</u> <u>11455 EL CAMINO REAL, STE 300</u> <u>SAN DIEGO, CA 92130</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<u>MATT ROOT</u> <u>10188 TELESIS CT, STE 222</u> <u>SNA DIEGO, CA 92121</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<u>DAVE THOMAS</u> <u>4320 LA JOLLA VILLAGE DR, STE 200</u> <u>SAN DIEGO, CA 92121</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<u>JOHN TURNER</u> <u>111 INNOVATION</u> <u>IRVINE, CA 92617</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<u>EASTDIL SECURED</u> <u>8910 UNIVERSITY CENTER LANE, SUITE 480</u> <u>SAN DIEGO, CA 92122</u>	\$ <u>5,000.</u>	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 HEAD NORTH FOUNDATION	Employer identification number 20-4387076
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	ROEL CONSTRUCTION <hr/> P.O. BOX 80216 <hr/> SAN DIEGO, CA 92138-0216 <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	FOWLER PROPERTY ACQUISITIONS <hr/> 100 BUSH STREET, SUITE 510 <hr/> SAN FRANCISCO, CA 94104 <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)	
ANNUAL GOLF TOURNAMENT	372,984.	129,051.	243,933.	83,678.	160,255.	
TO FM 990, PART I, LINE 9	372,984.	129,051.	243,933.	83,678.	160,255.	

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS		STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS				AMOUNT
CENTER FOR NEURAL REPAIR'S SPINAL CORD REGENERATION RESEARCH PROGRAM UCSD'S CENTER FOR NEURAL REPAIR 9500 GILMAN DRIVE, #0853 LA JOLLA, CA 92093				50,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B				50,000.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS		STATEMENT	3
DESCRIPTION				AMOUNT
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED				22,084.
TOTAL TO FORM 990, PART II, LINE 23				22,084.

DESCRIPTION OF PROGRAM SERVICE TWO

SURVIVORS OF SPINAL CORD INJURY CONTINUE TO DEFY THE LIMITS OF THEIR INJURIES AND ARE REDEFINING WHAT IS POSSIBLE. BUT THE QUEST FOR A CURE FOR PARALYSIS REMAINS AN IMPORTANT GOAL. THE HEADNORTH FOUNDATION SUPPORTS THE ONGOING PURSUIT OF A CURE FOR PARALYSIS BY SPONSORING PRE-CLINICAL RESEARCH STUDIES AIMED AT DEVELOPING PRACTICAL THERAPIES FOR SPINAL CORD INJURY AND BY ENCOURAGING THE SHARING OF INFORMATION AND COLLABORATION BETWEEN LOCAL RESEARCH CENTERS. IN ADDITION, HEADNORTH SEEKS OUT CUTTING-EDGE THERAPEUTIC METHODOLOGIES AND SPECIALISTS FOR POST-INJURY REHABILITATION. LED BY DR. MARK TUSZYNSKI, THE SPINAL CORD REGENERATION RESEARCH PROGRAM CONDUCTS PRE-CLINICAL RESEARCH THAT AIMS TO DEVELOP PRACTICAL THERAPIES THAT COULD LEAD TO CLINICAL TRIALS FOR SPINAL CORD INJURY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	50,000.	50,000.
	50,000.	50,000.

DESCRIPTION OF PROGRAM SERVICE THREE

THE HEADNORTH FOUNDATION RECENTLY INTRODUCED THE RESPONSE ONE APPLICATION PROGRAM TO ASSIST WITH THE URGENT AND IMMEDIATE NEEDS OF INDIVIDUALS AND FAMILIES WHO HAVE BEEN AFFECTED BY SPINAL CORD INJURY. THE FIRST 48 HOURS FOLLOWING A TRAUMATIC INJURY CAN BE PARTICULARLY DIFFICULT AND FRIGHTENING. THE RESPONSE ONE APPLICATION PROGRAM WAS DESIGNED TO HELP GUIDE PATIENTS AND FAMILIES THROUGH THIS CHALLENGING TIME. THE RESPONSE ONE APPLICATION PROGRAM, WHICH WILL BE INTRODUCED TO HOSPITALS AND CLINICS THROUGHOUT SAN DIEGO COUNTY, WILL HELP FUND IMMEDIATE TRANSPORTATION AND LODGING REQUIREMENTS FOR FAMILIES, PROVIDE RESOURCES TO EDUCATE AND ASSIST IN THE UPCOMING TRANSITION, AND MAKE AVAILABLE IN-HOSPITAL COUNSELING BY INDIVIDUALS WHO HAVE FIRST-HAND KNOWLEDGE OF SPINAL CORD INJURY.

PURPOSE: TO SUPPORT THE IMMEDIATE PHYSICAL AND PSYCHOLOGICAL TRANSITIONAL NEEDS OF THE INDIVIDUAL AND FAMILY FOLLOWING THE SPINAL CORD INJURY. THIS INCLUDES, BUT IS NOT LIMITED TO, ASSISTANCE WITH FOOD, LODGING, TRANSPORTATION AND ACCESS TO ESSENTIAL RESOURCES.

GRANT: UP TO \$1,000.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

GRANTS	EXPENSES

DESCRIPTION OF PROGRAM SERVICE FOUR

ONCE THE CRITICAL NEEDS RELATED TO SPINAL CORD INJURY(SCI) HAVE BEEN MET, THE REHABILITATION PROCESS BEGINS. THE RESPONSE TWO APPLICATION PROGRAM WAS CREATED TO PROVIDE SURVIVORS OF SCI THE NECESSARY EQUIPMENT AND SERVICES NEEDED TO GAIN GREATER MOBILITY AND RETURN TO AN ACTIVE AND PRODUCTIVE LIFESTYLE. MANY SCI SURVIVORS WANT TO RETURN TO WORK AND PARTICIPATE IN THE SAME LEISURE-TIME ACTIVITIES THEY ONCE ENJOYED. THE RESPONSE TWO APPLICATION PROGRAM SUPPORTS THESE GOALS BY PROVIDING FINANCIAL ASSISTANCE TO PURCHASE ASSISTIVE DEVICES AND EQUIPMENT DESIGNED TO INCREASE MOBILITY AND ENHANCE QUALITY OF LIFE. HEADNORTH ALSO HAS CREATED A REGISTRY OF RESOURCES, FROM ATHLETIC TRAINERS TO MANAGE CARE SPECIALISTS, TO MAKE IT EASY FOR INDIVIDUALS TO LOCATE THE HELP THEY NEED.
 PURPOSE: TO PROVIDE FINANCIAL ASSISTANCE FOR THE PURCHASE OF NECESSARY EQUIPMENT, HOME MODIFICATIONS AND SERVICES, AND TO PROVIDE RESOURCES THAT WILL SUPPORT THE IMMEDIATE AND LONG-TERM PHYSICAL AND PSYCHOLOGICAL NEEDS OF THE SURVIVORS OF SPINAL CORD INJURY.

GRANT: UP TO \$10,000.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		

EXPLANATION

THE FOUNDATION HAS RAISED FUNDS TO BE USED FOR SPINAL CORD RESEARCH AS WELL AS TO PROVIDE ASSISTANCE FOR PERSONS WITH SPINAL CORD INJURIES IN NEED OF REHABILITATION OR ASSISTANCE WITH RECOVERY.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 8

DESCRIPTION OF OTHER PROGRAM SERVICES

GRANTS AND ALLOCATIONS EXPENSES

THE RESPONSE ONE MENTORING PROGRAM ADDRESSES THE VARIOUS REACTIONS TO A SCI INCLUDING THE PRACTICAL CONCERNS, FINANCIAL, HOUSING, WORK ETC., THE EMOTIONAL RESPONSES OF DEPRESSION, SHOCK AND FEAR AND THE NUMEROUS CHANGES THAT OCCUR WITH PERSONAL IDENTITY. HEADNORTH'S MENTORS ARE TRAINED TO PROVIDE INFORMATIONAL, EMOTIONAL AND APPRAISAL SUPPORT TO ADDRESS THE NUMEROUS NEEDS OF BOTH THE INDIVIDUAL AND FAMILY. STUDIES SUGGEST THAT ONE OF THE MOST IMPORTANT COMPONENTS OF THE MENTORING RELATIONSHIP, EMPATHIC ACCEPTANCE, IS BEST ATTAINED WITH AN INDIVIDUAL WHO HAS EXPERIENCED A SIMILAR SITUATION. ALL HEADNORTH MENTORS HAVE PRIOR PERSONAL KNOWLEDGE OF SCI AND HAVE EXPERIENCE IN IDENTIFYING AND APPLYING PERSONAL COPING STYLES.

THE HEADNORTH FOUNDATION RECEIVED THE HOPE AND FREEDOM AWARD FROM THE ABILITY CENTER ON AUGUST 23, 2007 AT THE ABILITY CENTER OF SAN DIEGO.

TOTAL TO FORM 990, PART III, LINE E

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STEPHEN A. ROSETTA 6 COUNTRY GLEN ROAD FALLBROOK, CA 92028	PRESIDENT 2.00	0.	0.	0.
RANDAL P. SCHOVER GLENMONT DRIVE SOLANA BEACH, CA 92127	EXECUTIVE DIRECTOR 50.00	24,362.	0.	0.
GEOSEF JOEY STRAZA 10051 OLD GROVE ROAD SAN DIEGO, CA 92131	VICE PRESIDENT 2.00	0.	0.	0.
ROBERT P. REGNERY 9171 TOWNE CENTRE DRIVE #270 SAN DIEGO, CA 92122	TREASURER 2.00	0.	0.	0.
CLAUDIA LAIRD OBERTREIS 4797 RUFFNER STREET SAN DIEGO, CA 92111	SECRETARY 2.00	0.	0.	0.
MIKE MACIE 4326 ACACIA AVENUE BONITA, CA 91902	BOARD MEMBER 2.00	0.	0.	0.
WILLIAM "BILL" LUNDSTROM 1764 SAN DIEGO AVENUE, SUITE 200 SAN DIEGO, CA 92110	BOARD MEMBER 2.00	0.	0.	0.
JACK BURGER 420 STEVENS, SUITE 100 SOLANA BEACH, CA 92075	BOARD MEMBER 2.00	0.	0.	0.
PAUL JACOBSON 14516 LAS HACIENDAS SAN DIEGO, CA 92127	BOARD MEMBER 2.00	0.	0.	0.
LISA KENNEDY 6131 RANCHO MISSION ROAD #204 SAN DIEGO, CA 92108	BOARD MEMBER 2.00	0.	0.	0.
CHRISTOPHER J. PASCALE 4365 EXECUTIVE DRIVE, SUITE 1600 SAN DIEGO, CA 92121	BOARD MEMBER 2.00	0.	0.	0.

HEAD NORTH FOUNDATION

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MATTHEW ROOT 10188 TELESIS COURT, SUITE 222 SAN DIEGO, CA 92121	BOARD MEMBER 2.00	0.	0.	0.
MARTIN L. TOGNI 501 WEST BROADWAY, 15TH FLOOR SAN DIEGO, CA 92101	BOARD MEMBER 2.00	0.	0.	0.
STEVE CENTER 26840 ALISO VIEJO PARKWAY, SUITE 100 SAN DIEGO, CA 92656	ADVISORY MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>24,362.</u>	<u>0.</u>	<u>0.</u>

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	18,244.00
	3	Dividends	3	00
	4	Gross rents	4	0.00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets	6	0.00
	7	Other income	7	0.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	18,244.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	50,000.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	24,362.00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	7,803.00
	15	Rents	15	00
	16	Depreciation and depletion	16	00
	17	Other	17	142,246.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	224,411.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		425,013.		659,585.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans _____)				
9	Other investments				
10	a Depreciable assets				
	b Less accumulated depreciation	()	()		
11	Land				
12	Other assets				5,000.
13	Total assets		425,013.		664,585.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		425,013.		664,585.
22	Total liabilities and net worth		425,013.		664,585.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	239,572.	
2	Federal income tax		
3	Excess of capital losses over capital gains		
4	Income not recorded on books this year		
5	Expenses recorded on books this year not deducted in this return		
6	Total Add line 1 through line 5	239,572.	
7	Income recorded on books this year not included in this return		
8	Deductions in this return not charged against book income this year		
9	Total . Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		239,572.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 1

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEPHEN A. ROSETTA 6 COUNTRY GLEN ROAD FALLBROOK, CA 92028	PRESIDENT 2.00	0.
RANDAL P. SCHOVER GLENMONT DRIVE SOLANA BEACH, CA 92127	EXECUTIVE DIRECTOR 50.00	24,362.
GEOSEF JOEY STRAZA 10051 OLD GROVE ROAD SAN DIEGO, CA 92131	VICE PRESIDENT 2.00	0.
ROBERT P. REGNERY 9171 TOWNE CENTRE DRIVE #270 SAN DIEGO, CA 92122	TREASURER 2.00	0.
CLAUDIA LAIRD OBERTREIS 4797 RUFFNER STREET SAN DIEGO, CA 92111	SECRETARY 2.00	0.
MIKE MACIE 4326 ACACIA AVENUE BONITA, CA 91902	BOARD MEMBER 2.00	0.
WILLIAM "BILL" LUNDSTROM 1764 SAN DIEGO AVENUE, SUITE 200 SAN DIEGO, CA 92110	BOARD MEMBER 2.00	0.
JACK BURGER 420 STEVENS, SUITE 100 SOLANA BEACH, CA 92075	BOARD MEMBER 2.00	0.
PAUL JACOBSON 14516 LAS HACIENDAS SAN DIEGO, CA 92127	BOARD MEMBER 2.00	0.
LISA KENNEDY 6131 RANCHO MISSION ROAD #204 SAN DIEGO, CA 92108	BOARD MEMBER 2.00	0.
CHRISTOPHER J. PASCALE 4365 EXECUTIVE DRIVE, SUITE 1600 SAN DIEGO, CA 92121	BOARD MEMBER 2.00	0.

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MATTHEW ROOT 10188 TELESIS COURT, SUITE 222 SAN DIEGO, CA 92121	BOARD MEMBER 2.00	0.
MARTIN L. TOGNI 501 WEST BROADWAY, 15TH FLOOR SAN DIEGO, CA 92101	BOARD MEMBER 2.00	0.
STEVE CENTER 26840 ALISO VIEJO PARKWAY, SUITE 100 SAN DIEGO, CA 92656	ADVISORY MEMBER 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>24,362.</u>

FORM 199	OTHER EXPENSES	STATEMENT	2
DESCRIPTION		AMOUNT	
BANK CHARGES		361.	
WEBSITE		1,432.	
LICENSES AND FEES		175.	
EDUCATION EXPENSES		190.	
PAYROLL EXPENSES		388.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		83,678.	
SPECIFIC ASSISTANCE TO INDIVIDUALS		22,084.	
ACCOUNTING FEES		13,556.	
LEGAL FEES		4,450.	
SUPPLIES		1,241.	
TELEPHONE		1,885.	
POSTAGE AND SHIPPING		838.	
PRINTING AND PUBLICATIONS		10,191.	
CONFERENCES, CONVENTIONS AND MEETINGS		1,777.	
TOTAL TO FORM 199, PART II, LINE 17		<u>142,246.</u>	

FORM 199	OTHER ASSETS	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	0.	5,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	<u>0.</u>	<u>5,000.</u>	

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>000321</u> HEAD NORTH FOUNDATION <small>Name of Organization</small> <u>2658 DEL MAR HEIGHTS ROAD, SUITE 559</u> <small>Address (Number and Street)</small> <u>DEL MAR, CA 92014</u> <small>City or Town, State and ZIP Code</small>	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2856678</u> Federal Employer I.D. No. <u>20-4387076</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2007 ending 12/31/2007) list:
 Gross annual revenue \$ 380,305. Total assets \$ 664,585.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (858) 350-3193

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
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