

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)

OMB No 1545-1150

2007 200803

Department of the Treasury
 Internal Revenue Service

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.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 4/01, 2007, and ending 3/31, 2008

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C **WILBUR SPRINGS INSTITUTE OF ECOLOGY AND HEALTH**
 3375 WILBUR SPRINGS RD
 WILLIAMS, CA 95987-9709

D Employer identification number: 94-2901728

E Telephone number: 530-473-2306

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: N/A

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

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

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 the instructions.)

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

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 (See Instructions)

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

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

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Part III Statement of Program Service Accomplishments (See the instructions.)	N/A	Expenses
What is the organization's primary exempt purpose? 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.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28 a
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29 a
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30 a
31	Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31 a
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 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 and deferred compensation	(E) Expense account and other allowances
EVELYN D DAVIS 3375 WILBUR SPRINGS RD WILLIAMS, CA 95987	Sec/Treas 0	0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)	See Statement 1	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	33		X
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	34		X
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?	35 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a		0.
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a 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?	38 a		X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b		N/A
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39 a		N/A
b Gross receipts, included on line 9, for public use of club facilities	39 b		N/A

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

40 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 (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

	Yes	No
40b		X
40c		
40e		X

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 ▶ None

42 a The books are in care of ▶ EVELYN DAVIS Telephone no ▶ 530-473-2306
 Located at ▶ 3375 WILBUR SPRINGS RD WILLIAMS CA ZIP + 4 ▶ 95987-9709

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 ▶

	Yes	No
42b		X
42c		X

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 ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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: *Evelyn D Davis* Date: 10/15/10
 Name and title: EVELYN D DAVIS Sec/Treas

Paid Preparer's Use Only

Preparer's signature: *Deborah A. Brooks* Date: 10/15/10 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): 084-40-0479
 Firm's name (or yours if self-employed), address, and ZIP + 4: Deborah A. Brooks, CPA
5368 Marysville Rd PO Box 600 EIN: 68-0250382
Browns Valley, CA 95918-0600 Phone no: (530) 743-9339