

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)

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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning _____, and ending _____

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

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

C Name of organization **SAVE OUR LAND, SAVE OUR TOWNS ENTE**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
222 CHESTNUT STREET
 City or town, state or country, and ZIP + 4
POTTSTOWN PA 19464-5508

D Employer identification number
23-3017901

E Telephone number
(610) 323-6837

F Name and address of principal officer:
Thomas Hylton 222 Chestnut Street, Pottstown, PA 19464

G Gross receipts \$ **227,416**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **saveourlandsavourtowns.org**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1999** **M** State of legal domicile: **PA**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Preservation of traditional schools, town and landscapes through out the United States.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	20,215	50,000
	9 Program service revenue (Part VIII, line 2g)	0	16,940
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,599	10,606
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,031	1,523
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,845	79,069
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,000	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		10,000	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		56,921	32,091
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	76,921	32,091	
19 Revenue less expenses. Subtract line 18 from line 12	-38,076	46,978	
Not Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 124,620	End of Year 157,575
	21 Total liabilities (Part X, line 26)	0	1,000
	22 Net assets or fund balances. Subtract line 21 from line 20	124,620	156,575

Part II Signature Block

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.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date **5/8/2009** Check if self-employed Preparer's identifying number (see instructions) **P00233847**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Rakowski and Company** EIN ▶ _____
2081 E. High Street, Pottstown, PA 19464 Phone no. ▶ **(610) 970-7026**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

Dedicated to the preservation and enhancement of traditional cities and towns and natural landscapes such as farms and forests through out the United States, but especially Pennsylvania.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30,678 including grants of \$ 0) (Revenue \$ 16,940)

Neighborhood Schools Project to preserve historic schools instead of replacing. Planning consultants, study and engineering

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

Walkable Pottstown program - to make the neighborhoods more beautiful

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

Provide books, videos, teaching guides and lectures for the preservation and enhancement of traditional cities, town and of ntral landscapes

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses \$ 30,678 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 27 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

- 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:
 - a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
 - b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
 - c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
			X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 11 rows and 3 columns (1a, 1b, Yes, No). Row 1a: 6, Row 1b: 0, Row 2: X, Row 3: X, Row 4: X, Row 5: X, Row 6: X, Row 7a: X, Row 7b: X, Row 8: X, Row 8a: X, Row 8b: X, Row 9a: X, Row 9b: X, Row 10: X, Row 11: X.

Section B. Policies

Table with 12 rows and 3 columns (12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b, Yes, No). Row 12a: X, Row 12b: X, Row 12c: X, Row 13: X, Row 14: X, Row 15a: X, Row 15b: X, Row 16a: X, Row 16b: X.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THOMAS HYLTON (610) 323-6837 222 CHESTNUT ST., POTTSTOWN, PA 19464-5508

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	50,000				
	g	Noncash contributions included in lines 1a-1f: \$		0				
	h	Total. Add lines 1a-1f ▶		50,000				
Program Service Revenue			Business Code					
	2a	Speaking honorariums, travel reimbursements	511190	16,940	16,940			
	b	.....		0			
	c	.....		0			
	d	.....		0			
	e	.....		0			
	f	All other program service revenue		0				
g	Total. Add lines 2a-2f ▶		16,940					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		7,609	7,609			
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
	6a			(i) Real				
				(ii) Personal				
		b	Less: rental expenses		0			
		c	Rental income or (loss)		0			
	d	Net rental income or (loss) ▶		0				
	7a			(i) Securities				
				(ii) Other				
		b	Less: cost or other basis and sales expenses		137,849	0		
		c	Gain or (loss)		134,428	424		
	d	Net gain or (loss) ▶		3,421	-424			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a		0				
	b	Less: direct expenses b		0				
c	Net income or (loss) from fundraising events ▶		0					
9a								
	b	Less: direct expenses b		0				
	c	Net income or (loss) from gaming activities ▶		0				
10a								
	b	Less: cost of goods sold b		15,018				
	c	Net income or (loss) from sales of inventory ▶		13,495				
Miscellaneous Revenue			Business Code					
11a	.....		0				
b	.....		0				
c	.....		0				
d	All other revenue		0					
e	Total. Add lines 11a-11d ▶		0					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		79,069	24,549	0	0		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	870		870	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	2,751	2,751		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	2,221	2,221		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	4,403	3,963	440	0
23	Insurance	1,162	1,162		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Telephone	2,058	1,955	103	
b	CONSULTANTS	14,737	14,737		
c	DUES AND SUBSCRIPTIONS	3,780	3,780		
d	LICENSES	109	109		
e	. . . . .			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	32,091	30,678	1,413	0
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	3,611	1	2,080	
	2	Savings and temporary cash investments	31,037	2		
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	2,816	8	25,208	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost basis	10a	18,142		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b	15,955	10c	2,187
	11	Investments—publicly traded securities	83,625	11	128,100	
	12	Investments—other securities. See Part IV, line 11	0	12	0	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)	124,620	16	157,575		
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	1,000	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable	0	24	0	
	25	Other liabilities. Complete Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	0	26	1,000	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	99,620	27	131,575	
	28	Temporarily restricted net assets	25,000	28	25,000	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	124,620	33	156,575		
34	Total liabilities and net assets/fund balances	124,620	34	157,575		

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

Name(s) shown on return

SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.

Identifying number

23-3017901

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 Gateway Computer	8/30/2003	2/2/2008	0	2,157	2,157	0
Monitor - Dell	7/21/2005	2/2/2008	0	593	1,017	-424
						0

3 Gain, if any, from Form 4684, line 45 3
 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
 6 Gain, if any, from line 32, from other than casualty or theft 6
 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 **-424**

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) 8
 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9 **0**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11 Loss, if any, from line 7 11 **(424)**
 12 Gain, if any, from line 7 or amount from line 8, if applicable 12
 13 Gain, if any, from line 31 13
 14 Net gain or (loss) from Form 4684, lines 37 and 44a 14
 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15
 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16
 17 Combine lines 10 through 16 17 **-424**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a
 b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18b **0**

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return: SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISE INC. Business or activity to which this form relates: 990 Identifying number: 23-3017901

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows: 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service. 3 Threshold cost of section 179 property before reduction in limitation. 4 Reduction in limitation. 5 Dollar limitation for tax year.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Row 6: Monitor, Laptop, hard drive. Cost: 3,483. Elected cost: 3,483.

Table with 13 rows: 7 Listed property. Enter the amount from line 29. 8 Total elected cost of section 179 property. 9 Tentative deduction. 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562. 11 Business income limitation. 12 Section 179 expense deduction. 13 Carryover of disallowed deduction to 2009.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows: 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. 15 Property subject to section 168(f)(1) election. 16 Other depreciation (including ACRS).

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows: 17 MACRS deductions for assets placed in service in tax years beginning before 2008. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, Nonresidential real property.

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows: 20 a Class life, b 12-year, c 40-year. Columns include (b) Month and year placed in service, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows: 21 Listed property. Enter amount from line 28. 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.** Employer identification number: **23-3017901**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 6 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test-2008; 16b 33 1/3% support test-2007; 17a 10%-facts-and-circumstances-test-2008; 17b 10%-facts-and-circumstances test-2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,255	72,000	41,250	20,215	66,940	210,660
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,290	35,478	18,117	18,132	15,018	112,035
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	35,545	107,478	59,367	38,347	81,958	322,695
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						322,695

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	35,545	107,478	59,367	38,347	81,958	322,695
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,764	3,083	3,208	5,978	7,609	21,642
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,764	3,083	3,208	5,978	7,609	21,642
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	-379	2,997	2,618
13 Total support. (Add lines 9, 10c, 11, and 12.)						346,955
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	93.01%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.91%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	6.24%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.09%

- 19a **33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b **33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.

23-3017901

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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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 answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

(HTA)

Name of organization SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.	Employer identification number 23-3017901
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Louis Appell ----- 140 E Market ----- York PA 17401 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Henry Jordan ----- 1465 Horseshoe Trail ----- Chester Springs PA 19425 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.	Employer identification number 23-3017901
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
2

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
.....
For. Prov. Country	

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.

23-3017901

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions of other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

2 Provide the estimated percentage of the year-end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	18,142	15,955	2,187
e Other	0	0	0	0
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,187

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	79,069
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,091
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	46,978
4	Net unrealized gains (losses) on investments	4	-12,384
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-12,384
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	34,594

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	92,564
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	13,495
e	Add lines 2a through 2d	2e	13,495
3	Subtract line 2e from line 1	3	79,069
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	79,069

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	45,586
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	13,495
e	Add lines 2a through 2d	2e	13,495
3	Subtract line 2e from line 1	3	32,091
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	32,091

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part VII Line 2d Video sales shown net on 990

Part VIII Line 2d Video expenses shown net on 990

Part XIV Supplemental Information *(continued)*

CLIENT COPY

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Name of the organization

Employer identification number

SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.

23-3017901

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ 0
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ 0

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Thomas Hylton cover cash flow	X		1,000	1,000		X	X			X
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
Total				\$ 1,000						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
		0			
		0			
		0			
		0			
		0			
		0			

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

Employer identification number

SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.

23-3017901

CLIENT COPY

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	<u>Cash</u>		<u>Non Cash</u>
1 Federated Campaigns		1	
2 Membership dues		2	
3 Fundraising events		3	
4 Related organizations		4	
5 Government grants (contributions)		5	
6 All other contributions, gifts, grants, and similar amounts not included above:			
Contributions	50,000		
Other contributions total	50,000	6	0
7 Total	50,000	7	0

CLIENT COPY

Part VIII, Line 10 (990) - Gross Sales of Inventory

15,018

13,495

1,523

Category		Gross Sales	Cost of Goods Sold	Net
1	Sales of Books and videos	15,018	13,495	1,523
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

CLIENT COPY

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

		4,403	3,963	440	0
Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation of office equipment & furniture	4,403	3,963	440	
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

CLIENT COPY

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Computer Equipment, Office furniture				X				18,142	14,302	15,955	0	3,531	2,187
2									0	0	0		0	0
3									0	0	0		0	0
4									0	0	0		0	0
5									0	0	0		0	0
6									0	0	0		0	0
7									0	0	0		0	0
8									0	0	0		0	0
9									0	0	0		0	0
10									0	0	0		0	0
11									0	0	0		0	0
12									0	0	0		0	0
13									0	0	0		0	0
14									0	0	0		0	0
15									0	0	0		0	0
16									0	0	0		0	0
17									0	0	0		0	0
18									0	0	0		0	0
19									0	0	0		0	0
20									0	0	0		0	0

CLIENT COPY

COPY

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported:

- Cost
- End of year market value (FMV)

Securities at end of year		Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Vanguard - Inflation Protection	X			5,663.12	90,000	83,625	128,100
2					0.00	0	0	0
3					0.00	0	0	0
4					0.00	0	0	0
5				X	0.00	0	0	0
6					0.00	0	0	0
7					0.00	0	0	0
8					0.00	0	0	0
9					0.00	0	0	0
10					0.00	0	0	0
11					0.00	0	0	0
12					0.00	0	0	0
13					0.00	0	0	0
14					0.00	0	0	0
15					0.00	0	0	0
16					0.00	0	0	0
17					0.00	0	0	0
18					0.00	0	0	0
19					0.00	0	0	0
20					0.00	0	0	0

Part X, Line 22 (990) - Payables to Officers, Directors, Trustees, etc

			1,000	0	1,000		
	Name of lender	Title	Original amount	Balance due beginning of year	Balance due end of year	Security provided	Date of note
1	Thomas Hylton	Secretary	1,000	0	1,000	None	11/24/2008
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

CLIENT COPY

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Washington
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	New York		
<input type="checkbox"/>	Iowa	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

CLIENT COPY

Assets by Classification - 990

12/31/2008 SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC. 23-3017901

Item No.	Description of Property **** indicates SOLD	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum. Deprec., 179, Bonus	2008 Deprec.	2008 Accum. Deprec.
3-yr Software (qual 179 property)															
9	Website	4/23/2007	F-1	100.00%	695	0	0	0	695	3	SL	FM	174	232	406
Total: 3-yr Computer software (qualified 179 property)					695	0	0	0	695				174	232	406
5-yr Computers (not listed)															
3	** Gateway Computer	8/30/2003	F-5	100.00%	2,157	0	0	0	2,157	5	200DB	HY	2,157	0	2,157
4	Laptop / projector	10/25/2003	F-5	100.00%	4,379	0	0	0	4,379	5	200DB	HY	4,379	0	4,379
6	** Monitor - Dell	7/21/2005	F-5	100.00%	1,017	0	0	0	1,017	5	SL	HY	491	102	593
7	Gateway Computer	5/18/2006	F-5	100.00%	2,490	0	0	0	2,490	5	200DB	HY	1,295	478	1,773
10	Monitor, Laptop, hard c	8/22/2008	F-5	100.00%	3,483	3,483	0	0	0	5	200DB	HY	0	0	3,483
Total: 5-yr Computers and peripherals (not listed property)					13,526	3,483	0	0	10,043				8,322	580	12,385
5-yr Office mach (data handling)															
1	Digital Camera	5/30/2000	F-6	100.00%	1,062	0	0	0	1,062	5	200DB	HY	1,062	0	1,062
2	Copier	1/22/2003	F-6	100.00%	3,473	0	0	0	3,473	5	200DB	HY	3,473	0	3,473
5	Printer	11/7/2003	F-6	100.00%	938	0	0	0	938	5	200DB	HY	938	0	938
8	Elph camer / copier	12/17/2006	F-6	100.00%	564	0	0	0	564	5	200DB	HY	293	108	401
Total: 5-yr Office machinery (data-handling equipment, etc)					6,037	0	0	0	6,037				5,766	108	5,874
SubTotals					20,258	3,483	0	0	16,775				14,262	920	18,665
Less: Assets Sold					(3,174)	(0)	(0)	(0)	(3,174)				(2,648)	(102)	(2,750)
Ending Totals					17,084	3,483	0	0	13,601				11,614	818	15,915

Detail Report

12/31/2008 SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC. 23-3017901

990													20,258	3,483	0	0	16,775	14,262
Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Less Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus				
1	Digital Camera	5/30/2000	F-6	100.00%	1,062	0	0	0	1,062		5	200DB	HY	1,062				
2	Copier	1/22/2003	F-6	100.00%	3,473	0	0	0	3,473		5	200DB	HY	3,473				
3	Gateway Computer	8/30/2003	F-5	100.00%	2,157	0	0	0	2,157		5	200DB	HY	2,157				
4	Laptop / projector	10/25/2003	F-5	100.00%	4,379	0	0	0	4,379		5	200DB	HY	4,379				
5	Printer	11/7/2003	F-6	100.00%	938	0	0	0	938		5	200DB	HY	938				
6	Monitor - Dell	7/21/2005	F-5	100.00%	1,017	0	0	0	1,017		5	SL	HY	491				
7	Gateway Computer	5/18/2006	F-5	100.00%	2,490	0	0	0	2,490		5	200DB	HY	1,295				
8	Elph camer / copier	12/17/2006	F-6	100.00%	564	0	0	0	564		5	200DB	HY	293				
9	Website	4/23/2007	F-1	100.00%	695	0	0	0	695		3	SL	FM	174				
10	Monitor, Laptop, hard drive	8/22/2008	F-5	100.00%	3,483	3,483	0	0	0		5	200DB	HY	0				

Detail Report

990		920		18,665	
Item No.	Description of Property	Date Placed in Service	2008 Current Deprec.	2008 Accum. Deprec.	
1	Digital Camera	5/30/2000	0	1,062	
2	Copier	1/22/2003	0	3,473	
3	Gateway Computer	8/30/2003	0	2,157	
4	Laptop / projector	10/25/2003	0	4,379	
5	Printer	11/7/2003	0	938	
6	Monitor - Dell	7/21/2005	102	593	
7	Gateway Computer	5/18/2006	478	1,773	
8	Elph camer / copier	12/17/2006	108	401	
9	Website	4/23/2007	232	406	
10	Monitor, Laptop, hard drive	8/22/2008	0	3,483	

(717) 783-1720
1-800-732-0999 (WITHIN PA)
FAX (717) 783-6014

Charitable Organization Registration Statement – Form BCO – 10

For the Fiscal Year Which Ended : 12/31/2008

Employer Identification # 23-3017901 Certificate # _____

(Renewal Registrants Only)

Check if registering voluntarily. (See note under "Important Information".)

1. Legal name of organization: SAVE OUR LAND, SAVE OUR TOWNS ENTERPRISES, INC.

Check if name change. Previous name: _____

2. Principal address of organization: _____

222 CHESTNUT STREET

City POTTSTOWN State PA Zip Code 19464-5508

County Montgomery County

Phone # (610) 323-6837 800 # _____ Fax # (610) 323-6841

3. All other names used to solicit contributions: n/a

4. Organizations described in Section 162.7(a) of the Act, check section which describes organization (See footnote #2 of Instructions. Volunteer registrants do not respond.):

162.7(a)(1) 162.7(a)(2) 162.7(a)(3) 162.7(a)(4) Not Applicable

5. List type of organization (e.g. corporation, association, etc.), where established, and date established. Corporation, Montgomery County, Pottstown, PA 19464, Est. 10/04/1999

(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

6. Is any person compensated or do you intend to compensate any person for soliciting contributions from Pennsylvania? Yes No If "yes", give date person started or will start soliciting contributions from Pennsylvania residents. _____ (Do not check "yes" if you only use or intend to only use a professional fund raising counsel.)

Items 7, and 8 need only be completed by initial registrants

7. Date organization first solicited contributions from Pennsylvania residents: _____

8. If organization solicited Pennsylvania residents and received gross national contributions totaling more than \$25,000 during the fiscal year covered by this registration statement or during its current fiscal year, give date contributions first totaled more than \$25,000.

9. Has organization been granted IRS tax-exempt status? Yes No (If "yes", please submit copy of IRS exemption letter if not previously submitted.) If "yes", were you required to file an IRS 990 Return and Schedule A for your immediate preceding fiscal year? Yes No . (If "no", attach explanation of why organization is exempt from filing an IRS 990 Return.)

10. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No (If "yes", attach copy of denial, revocation, or modification.)

11. Purposes and programs for which contributions are, or will be, used:

The preservation and enhancement of traditional cities, towns and of natural landscapes such as farms and forests throughout the United States, but especially in Pennsylvania.

12. Manner in which contributions are solicited (eg. direct mail, telephone, etc.):

Mail and direct solicitation to foundations and people.

13. Is organization registered to solicit contributions in any other state or municipality?

Yes No (If "yes", list all states and municipalities. Attach separate sheet if necessary.)

14. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited. (Attach separate sheet if necessary.)

None

15. Names, addresses, and telephone numbers of all professional fund raising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents. (Attach separate sheet if necessary.)

None

16. Attach names, addresses, and telephone numbers of any commercial coventurers under contract with your organization.

17. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates? Yes No Not Applicable (See note under "Important Information".)

18. Are you a Pennsylvania affiliate of a parent organization which has elected to file a combined registration on your behalf? Yes No (If "yes", give the name and, if available, certificate # of your parent organization. See note under "Important Information".)

(Legal name of parent organization)

(Certificate #)

19. Does your organization share revenue or formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "yes", attach explanation listing name, address, type of organization, and relationship to your organization.)

20. Does any other domestic or foreign organization own a 10% or greater interest in your organization or does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

21. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary.)

None

22. Names and addresses for: (Attach separate sheet if necessary.)

Individual(s) responsible for the custody and/or distribution of contributions:

Thomas Hylton - President

Individual(s) responsible for solicitation activities:

Thomas Hylton - President

Individual(s) responsible for custody of financial records:

Thomas Hylton - President

23. Attach names and addresses of all officers, directors, trustees, and executive staff officers.

24. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Any other officer, director, trustee, or employee? Yes No

Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

Any supplier or vendor providing goods or services? Yes No

25. If you answer "Yes" to any of the following, please attach full written explanations and copies of all relevant documents. Has organization or any of its officers, directors, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as an assurance of voluntary compliance or discontinuance with any District Attorney, Office of Attorney General, or local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 Pa. C.S. § 4904.

Signature of Chief Fiscal Officer

Date _____

Thomas Hylton - President

Type or Print Name and Title of Chief Fiscal Officer

Signature of Another Authorized Officer

Date _____

Type or Print Name and Title of Another Authorized Officer