

2005

Open to Public Inspection

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)
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 7/1/2005, 2005, and ending 6/30/2006, 20

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

C Name of organization: EDITH AND THEODORE PINE KNOT FOUNDATION
Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 213
Room/suite:
City or town, state or country, and ZIP + 4: Keene, VA 22946-0213

D Employer identification number: 54-2052657
E Telephone number: (434) 286-6800
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: [X] Cash [] Accrual
Other (specify):

I Website:
J Organization type (check only one): [X] 501(c)(3) (insert no.) [] 4947(a)(1) or [] 527

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

K Check [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require 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. \$ 90,507

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 85,130. Expenses total: 9,002. Net Assets total: 168,707.

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.

Table with 7 rows for Balance Sheets. Total assets: 170,823. Total liabilities: 0. Net assets or fund balances: 170,823.

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses
What is the organization's primary exempt purpose? Educational and Charitable; to educate the public & preserve historic sites.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	Restore, preserve historic "Pine Knot" cottage & site, used as a family retreat by Edith & Theodore Roosevelt during his Presidency. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 5,276
29	Publish interpretative literature, including site brochure, exhibits, collect artifacts, student guides for school trips (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	Provide tours to school groups & public, 2 educational events, 1 neighborhood event (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 2,593
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4				

Part V Other Information (Note the attachment requirement in General Instruction IV, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
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		✓
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.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		0
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		✓
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0
	d Enter amount of tax on line 40c reimbursed by the organization ▶		0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

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

42a The books are in care of ▶ George S. Howard Telephone no. ▶ 434-979-4781

Located at ▶ 3848 Carter's Mountain Rd, Charlottesville, VA ZIP + 4 ▶ 22902

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)?

	Yes	No
42b		✓
42c		✓

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

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

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

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

Please Sign Here
 ▶ Paula Pierce Beazley 12/14/07
 Signature of officer Date
 ▶ **Paula Pierce Beazley, President**
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature ▶ _____ Date _____ Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ Preparer's SSN or PTIN (See Gen. Inst. W) _____
 EIN ▶ _____ Phone no. ▶ () _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization EDITH AND THEODORE PINE KNOT FOUNDATION	Employer identification number 54-2052657
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl or ee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . . . ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services . . . ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services . . . ▶		0

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.		
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	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3
Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	28,990	27,092	27,247	29,832	113,161
16 Membership fees received	0	0	0	0	0
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	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
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	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	28,990	27,092	27,247	29,832	113,161
24 Line 23 minus line 17	28,990	27,092	27,247	29,832	113,161
25 Enter 1% of line 23	290	271	272	298	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	2,263
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	7,797
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	113,161
d Add: Amounts from column (e) for lines: 18 0 19 0 22 0 26b 7,797	26d	7,797
e Public support (line 26c minus line 26d total)	26e	105,364
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	93 %

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:

(2004) (2003) (2002) (2001)

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:

(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total, _____ and line 27b total, _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Schedule B - Part I
Contributors

EDITH AND THEODORE PINE KNOT FOUNDATION

54-2052657

Organization Type:

Filers of:

- Form 990 or 990-EZ 501(c)(3) Organizaiton
 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 527 Political Organizaiton
- Form 990PF 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 section 501(c)(7), (8) , (10) organizations 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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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.)

\$0.00

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 1 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).

Schedule B - Part I
Contributors

EDITH AND THEODORE PINE KNOT FOUNDATION

54-2052657

	Name and Address	Contribution	Type
1	The Theodore Roosevelt Association PO Box 719 Oyster Bay, NY 11771 United States	\$59,808.00	The 501 (c) (3) organiz. this* Payroll No Noncash No

*Foundation supports

Statement 1

Form: 990 EZ

Page: 1

Part: I

Question: 5

EDITH AND THEODORE PINE KNOT FOUNDATION

54-2052657

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price: \$4,033.00

Expense of Sale: \$0.00

Cost or value when acquired: \$3,235.00

Depreciation since acquisition: \$0.00

Net Sale: \$798.00

Date Sold:

Date acquired:

How acquired:

Y

Statement 2
Form: 990 EZ
Page: 1
Part: I
Question: 6

EDITH AND THEODORE PINE KNOT FOUNDATION
54-2052657

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Theo. Roosevelt Book Author	\$14,670.00	\$12,077.00	\$2,593.00	\$2,142.00	\$451.00
Total:	\$14,670.00	\$12,077.00	\$2,593.00	\$2,142.00	\$451.00

Detail Sheet

US 990 EZ

990EZ: Page 1 Line 14

2005

Description: Page 1, Line 14, Occupancy, Rent, Utilities, Maintenance

Type	Amount
MAINTENANCE (Land and Building)	\$5,276
INSURANCE	\$1,774
PROPERTY TAX	\$ 542
UTILITIES	\$ 117
BANK FEES & MISCELL	\$ 115
Total	\$7,824

Statement 3
Form: 990 EZ
Page: 1
Part: I
Question: 16

EDITH AND THEODORE PINE KNOT FOUNDATION
54-2052657

Attachment listing other expenses for Part II

<i>Description</i>	<i>Total:</i>	<i>Pgm Services</i>	<i>Mgt and General</i>	<i>Fundraising</i>
Membership Dues	\$65.00			
Purchase Podium	\$95.00			
Va State Corporate Registration Fee	\$25.00			
Total:	\$185.00			

List of Officers, Directors, Trustees and Key Employees

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US 990 EZ

Part IV

2005

Name and Address	Title	Av. Hrs. Per Wk Devoted to Position	Amount Paid	Amt. Pd. To Employee Benef. Plan	Expense & Other Allowances
Mrs. Jerome Beazley, Esmont, VA,	Director, President	1.15	0	N/A	N/A
Mr. George Howard, Charlottesville, VA	Director, Treas.	1	0	N/A	N/A
Mr. Charles Fry, Scottsville, VA	Director, Sec.	0.25	0	N/A	N/A
Mr. Roger Leclere, Esmont, VA	Director, V. Pres.	0.15	0	N/A	N/A
Mr. Robert Dalziel, Buck Hill Falls, PA	Director, Finance Chr	0.25	0	N/A	N/A
Mr. Charles S. Mott, Charlottesville, VA	Director, Publicity Chg	0.45	0	N/A	N/A
Mr. Jerome Beazley, Esmont, VA	Director, Bldg Gdrs	0.45	0	N/A	N/A
Mrs. Walter E. Morgan III, Roseland, VA	Director	0.15	0	N/A	N/A
Dr. Walter E. Morgan III, Roseland, VA	Director	0.15	0	N/A	N/A
Mrs. Robert Carter, Charlottesville, VA	Director	0.15	0	N/A	N/A
Mrs. Roger Leclere, Esmont, VA	Director	0.1	0	N/A	N/A
Mrs. David Holmes, Charlottesville, VA	Director	0.1	0	N/A	N/A
Mr. John Watterson III, Charlottesville, VA	Director	0.1	0	N/A	N/A
Mrs. James Miller, Charlottesville, VA	Director	0.05	0	N/A	N/A
Mr. Eric Wagner, Sr., Charlottesville, VA	Director	0.025	0	N/A	N/A