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A Check box if address changed

B Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year

Name of organization (Check box if name changed and see instructions)
COYDOG FOUNDATION

Number, street, and room or suite no. If a P O box, see page 9 of instructions
C/O BANK OF NEW YORK MELLON
P O BOX 185

City or town, state, and ZIP code
PITTSBURGH, PA 15230-0001

D **Employer identification number**
 (Employees' trust, see instructions for Block D on page 9)
36-3479461

E **Unrelated business activity codes**
 (See instructions for Block E on page 9)
523000

F Group exemption number (See instructions for Block F on page 9) **44,308,584.**

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity **PARTNERSHIP PASS THROUGH ACTIVITY**

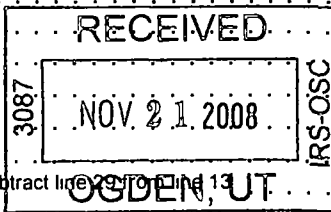
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of **BANK OF NEW YORK MELLON** Telephone number **617-722-3509**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
	Cost of goods sold (Schedule A, line 7)	2		
	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a	145,362.	145,362.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-6,296.	STMT 1
	Rent income (Schedule C)	6		
	Unrelated debt-financed income (Schedule E)	7		
	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	139,066.	139,066.

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions)
 (Except for contributions, deductions must be directly connected with the unrelated business income)

4	Compensation of officers, directors, and trustees (Schedule K)	14	NONE
5	Salaries and wages	15	
6	Repairs and maintenance	16	
7	Bad debts	17	
8	Interest (attach schedule)	18	
9	Taxes and licenses	19	
10	Charitable contributions (See page 14 of the instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b NONE
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	NONE
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	139,066.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	139,066.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	138,066.



Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44f), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2008 estimated tax (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5).

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Thaddeus J. Ziel), Date (11/5/08), Title (Vice President). Includes checkbox for IRS discussion.

Paid Preparer's Use Only: Preparer's signature (Cheryl S. S. S.), Date (11/4/08), Firm's name (PRICEWATERHOUSECOOPERS LLP), EIN (13-4008324), and address (600 GRANT STREET, PITTSBURGH, PA 15219).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

Table with 4 rows for property descriptions (1) through (4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)

Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Totals

Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 2			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14 ▶ NONE

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS
=====

LOSSES FROM VARIOUS PARTNERSHIPS

-6,296.

INCOME (LOSS) FROM PARTNERSHIPS

-6,296.
=====

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
=====	=====	=====	=====
BORDMAN LLOYD 191 N WACKER DRIVE, SUITE 1500 CHICAGO, IL 60606-1899	VICE PRES/ SEC/DIRECTOR		NONE
DAVID HARRIS 191 N. WACKER DRIVE SUITE 1500 CHICAGO, IL 60606-1899	VICE PRESIDENT/ DIRECTOR		NONE
JACK POLSKY 191 N. WACKER DRIVE SUITE 1500 CHICAGO, IL 60606-1899	VICE PRESIDENT		NONE
MICHAEL MCQUINN 191 N. WACKER DRIVE SUITE 1500 CHICAGO, IL 60606-1899	TREASURER		NONE
ROBERTA HARRIS 191 N. WACKER DRIVE SUITE 1500 CHICAGO, IL 60606-1899	VICE PRESIDENT/DIRECTOR		NONE
WILLIAM H HARRIS 191 N WACKER DRIVE SUITE 1500 CHICAGO, IL 60606-1899	PRESIDENT/ASST TREASURER/DIREC		NONE
TOTAL COMPENSATION			----- NONE =====

Schedule K-1

Schedule K-1

Schedule K-1

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||
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||
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Schedule K-1

Schedule K-1

HIGHMOUNT OLYMPIC FUND, LLC
SCH K-1 SUPPORTING SCHEDULES PARTNER #

6 COYDOG FOUNDATION

13-4148646

**WHI Multi Strategy Fund, LLC
36-4357452**

COYDOG FOUNDATION
36-3479481

11 THE FOLLOWING INFORMATION IS PROVIDED TO YOU FOR THE PURPOSE OF COMPLYING WITH IRC SECTION 6038B AND FORM 926 PLEASE CONSULT WITH YOUR TAX ADVISOR REGARDING THE INFORMATION BELOW

TYPE OF NON-RECOGNITION TRANSFER IRC SECTION 351 CASH/CAPITAL CONTRIBUTION
ANSWER TO QUESTIONS 7 CORPORATION
ANSWER TO QUESTIONS 12-14B NO

NAME AND ADDRESS OF TRANSFEREE	TAX ID	COUNTRY	AMOUNT	DATE	CFC
TIERS BEACH STREET 6 SYNTHETIC CLO FLOATING RATE CREDIT LINKED TRUST SERIES 2007-33E US BANK NATIONAL ASSOCIATION AS TRUSTEE C/O ROYAL BANK OF CANADA TRUST COMPANY LTD ROYAL BANK 40 BUILDING 4TH FLOOR, 24, SHEDDEN ROAD P O BOX 1586 GT GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS, B W I	N/A	CAYMAN ISLANDS	\$2,246	VARIOUS	NO
TIERS BEACH STREET 6 SYNTHETIC CLO FLOATING RATE CREDIT LINKED TRUST SERIES 2007-33F US BANK NATIONAL ASSOCIATION AS TRUSTEE C/O ROYAL BANK OF CANADA TRUST COMPANY LTD ROYAL BANK 40 BUILDING 4TH FLOOR, 24, SHEDDEN ROAD P O BOX 1586 GT GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS, B W I	N/A	CAYMAN ISLANDS	\$7,170	VARIOUS	NO
DUNE CAPITAL LLC MITCHELL HOUSE, THE VALLEY, ANGUILLA BWI	65-1255476	ANGUILLA	\$15,089	VARIOUS	NO
ARCO CAPITAL CORPORATION LTD WALKERS SPV LIMITED WALKERS HOUSE 87 MARY STREET GEORGE TOWN GRAND CAYMAN KY1-9002 CAYMAN ISLANDS	N/A	CAYMAN ISLANDS	\$8,831	VARIOUS	NO
PERU AGRARIAN REFORM BOND COMPANY LTD WALKERS SPV LIMITED WALKERS HOUSE 87 MARY STREET GEORGE TOWN GRAND CAYMAN KY1-9002 CAYMAN ISLANDS	N/A	CAYMAN ISLANDS	\$3,780	12/31/2007	NO
BUSINESS PARK SOFIA EOOD CITY OF SOFIA, MLADOST MUNICIPALITY, MLADOST 4 RESIDENTIAL DISTRICT, BUSINESS PARK SOFIA STR , BLDG 13	N/A	BULGARIA	\$553	1/16/2007	NO

Sanford C. Bernstein & Co. Delaware Business Trust
32-0130629

Coydog Foundation
Boardman Lloyd, VP

36-3479461

THE PARTNERSHIP OWNS A DIRECT INTEREST IN PASSIVE FOREIGN INVESTMENT COMPANIES (PFIC) WHICH HAVE BEEN MARKED TO MARKET PURSUANT TO IRC SECTION 1296. YOUR SHARE OF INCOME FROM THESE ENTITIES WHICH IS INCLUDED IN LINE 11 IS

<u>NAME AND ADDRESS</u>	<u>FEIN</u>	<u>TAX YEAR</u>	<u>ORDINARY INCOME</u>
ORIX CORP MITA NN BLDG , 4-1-23 SHIBA MINATO-KU TOKYO, 108-0014 JAPAN	N/A	APR 1 - MAR 31	\$ (4,934)
3I GROUP PLC 19 PALACE ST LONDON, SW1E5JD UNITED KINGDOM	N/A	APR 1 - MAR 31	\$ 391
			<u>\$ (4,544)</u>

COMPLETE A FORM 8621 FOR EACH OF THE PFICs LISTED ABOVE. ATTACH FORMS 8621 TO YOUR FEDERAL TAX RETURN FOR 2007.

HIGHMOUNT OLYMPIC FUND, LLC
SCH K-1 SUPPORTING SCHEDULES PARTNER #

6 COYDOG FOUNDATION

13-4148646

HIGHMOUNT OLYMPIC FUND, LLC

13-4148646

SCH K-1 SUPPORTING SCHEDULES PARTNER #

6 COYDOG FOUNDATION

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy

Type or print	Name of Exempt Organization COYDOG FOUNDATION	Employer identification number 36-3479461
	Number, street, and room or suite no. If a P.O. box, see instructions C/O BANK OF NEW YORK MELLON	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PITTSBURGH, PA 15230-0001	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input checked="" type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **BANK OF NEW YORK MELLON**
Telephone No **412 234-0023** FAX No

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15/2008
- 5 For calendar year 2007, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO COMPLETE THIS RETURN IS UNAVAILABLE AT PRESENT TIME

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <u>3,500.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <u>3,500.</u>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature <input checked="" type="checkbox"/>	Title <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
PRICEWATERHOUSECOOPERS LLP 600 GRANT STREET PITTSBURGH, PA 15219		

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only []

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print Name of Exempt Organization COYDOG FOUNDATION Employer identification number 36-3479461
Number, street, and room or suite no If a P O box, see instructions C/O BANK OF NEW YORK MELLON P O BOX 185
City, town or post office, state, and ZIP code For a foreign address, see instructions PITTSBURGH, PA 15230-0001

Check type of return to be filed (file a separate application for each return)

- Form 990 [] Form 990-T (corporation) [] Form 4720 []
Form 990-BL [] Form 990-T (sec 401(a) or 408(a) trust) [] Form 5227 []
Form 990-EZ [] Form 990-T (trust other than above) [X] Form 6069 []
Form 990-PF [] Form 1041-A [] Form 8870 []

The books are in the care of BANK OF NEW YORK MELLON

Telephone No 412 234-0023 FAX No

- If the organization does not have an office or place of business in the United States, check this box []
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box [] If it is for part of the group, check this box [] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above The extension is for the organization's return for.

- [X] calendar year 2007 or
tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason [] Initial return [] Final return [] Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 3a \$ 3,500.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$
3c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 3,500.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.