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Form: 990-PF

Department of the Treasury Internal Revenue Service (77)

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2007

Ford	alend	ar year 2007, or tax yea	r beginning DEC	1, 2007	, and	ending	NOV 30, 2008	
G C	heck a	all that apply: In	nitial return	Final return	Amended re	turn	Address change	Name change
Hea	the IF	Name of foundation					A Employer identification	number
	abel.	10						
		, SOUTHANSON	N TRUST				77-6256995	
	print	Number and street (or P	O box number if mail is not di	elivered to street address)		Room/suite	B Telephone number	
	type.	LIGHT ANDONE	VAY			<u> </u>	NONE	
	Speci ruction		nd ZIP code				C if exemption application is p	ending, check here
	beller	"JAMAICA PI	LAIN, MA 02	130			D 1. Foreign organizations	
H C	heck t	ype of organization:	X Section 501(c)(3) ex	cempt private foundation			Foreign organizations me check here and attach co	eting the 85% test, mputation
] Sec	tion 4947(a)(1) nonexem	npt charitable trust 🔲	Other taxable private for	indation		E If private foundation sta	tus was terminated
I Fa	ır mar	ket value of all assets at 6	end of year J Account	ng method; 🔼 Cas	h Ac	crual	under section 507(b)(1)	(A), check here
(fr	om P	art II, col. (c), line 16)		ther (specify)			F If the foundation is in a	60-month termination
_				mn (d) must be on ca	sh basis)		under section 507(b)(1)	(B), check here
Pa	ırt I	Analysis of Revenue an (The total of amounts in columecessarily equal the amount	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net	investment come	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grant		<u> </u>				
		Check X If the foundation						
		Interest on savings and tempo cash investments		2,290) .	2,290.		STATEMENT 1
		Dividends and interest fro	om securities					
		Gross rents	,,,,,					
		Net rental income or (loss)						
	_	Net gain or (loss) from sale of	assets not on line 10	-33,494	1.	-		
چ		Gross sales price for all assets on line 6a	assets flot off lifto 10	00,123	-			
7 r20eM e		Capital gain net income (from			0.			
, <u>"</u>		Net short-term capital gai						
<u>~</u>		Income modifications	•••					
	40-	Gross sales less returns and allowances						
JAN		Less Cost of goods sold						
_		Gross profit or (loss)						
		Other income						
\mathbb{R}	1	Total Add lines 1 throug	ıh 11	-31,20	1.	2,290.	0.	
CANNED		Compensation of officers, dire).	0.	0.	0.
S	l '	Other employee salaries a	and wages					
ഗ	15	Pension plans, employee	benefits					
penses	l	Legal fees	STMT 2	1,664	1.	0.	0.	1,664.
ě	l	Accounting fees	STMT 3	2,000		0.	0.	2,000.
Ž	l	Other professional fees	·					
		Interest						
rati	18	Taxes						
ist	19	Depreciation and depletio	on					
Ē	20	Occupancy						
Ad	21	Travel, conferences, and	meetings					
ď	22	Printing and publications						
g	23	Other expenses	STMT 4	1,44	3.	0.	0.	1,443.
Operating and Administrative	24	Total operating and adm						
per		expenses. Ad d lines 1<u>3</u> t	hrough 23	5,10	7 .	0.	0.	5,107.
0	25	Contributions gifts, gran	ECEIVED					
	26	Total expenses and disb	oursements.	*				
		Add lines 24 and 25 r	EC & 8 2009	5,10	7.	0.	0.	5,107.
		Subtract line 26 from line	12:	\$				
	a	Excess of revenue over expen	ises and dispursements	-36,31	1.			
	b	Excess of revenue over expen Net investment income	Managarlia - Ly			2,290.		
	C	Adjusted net income (if n	egative, enter -0-)				0.	

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UF

Beginning of year Attached schedules and amounts in the description Part II Balance Sheets column should be for end-of-year amounts only (b) Book Value (a) Book Value (c) Fair Market Value 185,462. 4,144 4,244. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated degreciation 12 Investments - mortgage loans 0. 145,007. 145,007. 13 Investments - other STMT 5 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ► 149,151 185,462. 149,251. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **▶** 🗓 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 185,462. 29 Retained earnings, accumulated income, endowment, or other funds 185,462. 30 Total net assets or fund balances 185,462 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 185,462 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 149,151 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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SOUTHANSON TRUST

		SON TRUST	· · · · · · · · · · · · · · · · · · ·				77	<u>7-625</u>	6995	Page 3
(a) List and descr	be the k	osses for Tax on Inventors of property sold (e.g., or common stock, 200 shs.	real estate,	Income	(b) How acqu P - Purcha	ured (c	c) Date a		(d) Date (mo., da	
	cilouse,	TO COMMON Stock, 200 Shs.	. IVILO GU.)		D - Donatio	ווע	<u> </u>			
1a MF GLOBAL b MF GLOBAL					P P		ARIC ARIC		VARIO VARIO	
					<u>F</u>		WILL	705	VALUE	JUS
<u>c</u> d			•							
e					<u> </u>			-		
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss) (e) plus (f) minus (g)			
a				20,09	7.				-20	,097.
b				13,39						,397.
С										
d										
e										
Complete only for assets showing	g gain in	column (h) and owned by t	he foundation	on 12/31/69		(1) (Sains (Co	l (h) gain	minus	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		ccess of col. (I) col. (J), if any		col. (I	k), but no	ot less tha from col (n -0-) or	
a									-20	,097.
b		·							-13	,397.
С										
d										
e										
2 Capital gain net income or (net cal 3 Net short-term capital gain or (los		7 11 (1033), Citter 0		7 }	2				-33	,494.
If gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	column ((c)	` ,		} 3			N/A		
Part V Qualification U						ent inco	me			
(For optional use by domestic private if section 4940(d)(2) applies, leave th	ıs part b	lank.			·					TT 11-
Was the foundation liable for the sect if "Yes," the foundation does not qual	fy under	section 4940(e). Do not coi	mplete this pa	art.					Yes	X No
1 Enter the appropriate amount in e	ach colu	· · · · · · · · · · · · · · · · · · ·	ictions before	making any entrie					(d)	
(a) Base period years Calendar year (or tax year beginnir	ng in)	(b) Adjusted qualifying dist		Net value of no			(Distri col. (b) di	(d) bution ratio vided by col.	
2006		4	<u>6,603.</u>		189	<u>,839.</u>	<u> </u>		. 2	<u>45487</u>
2005							<u> </u>			
2004						<u>. </u>				
2003							 			
2002			_	L			 			
2 Total of line 1, column (d)	·			h Abo h.o	-6		2		. 2	<u>45487</u>
3 Average distribution ratio for the 5 the foundation has been in exister			on line 2 by 5,	or by the number	or years		3		. 2	<u>45487</u>
4 Enter the net value of noncharitab	le-use as	ssets for 2007 from Part X, I	ıne 5				4		164	,797.
5 Multiply line 4 by line 3							5		40	<u>,456.</u>
6 Enter 1% of net investment incom	ne (1% o	f Part I, line 27b)					6			23.
Add lines 5 and 6					7		40	,479.		

5,107.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940		948 - see	instru	Ctior	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on li					
	Date of ruling letter: (attach copy of ruling letter if necessary-see instruction					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and eight	nter 1%	1			<u>46.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line					•
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-	-)	2			0.
_	Add lines 1 and 2		3			<u>46.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0)-)	4			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5			46.
	Credits/Payments:					
	2007 estimated tax payments and 2006 overpayment credited to 2007					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					•
	Total credits and payments. Add lines 6a through 6d		7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			4.5
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			<u>46.</u>
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	\\	10			
	Enter the amount of line 10 to be: Credited to 2008 estimated tax	Refunded >	11			
	art VII-A Statements Regarding Activities			<u> </u>	Voo	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	t participate or intervene	: IN		Yes	
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instru			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any materials publis	hed or	1		
	distributed by the foundation in connection with the activities					••
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed on foundation				
	managers. ▶ \$0.			_		.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, are	rticles of incorporation,	or		ĺ	v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		37 / 3	4a		<u> </u>
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or	h-4	a la			
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state of th	nat conflict with the stat	e iaw		v	
_	remain in the governing instrument?			6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	_
_	If "Yes," complete Part II, col (c), and Part XV.					
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			.		
	MA (5 coo PSA H AH)					
t	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	rai (or designate)		1	۱ ۷٫۰	1
	of each state as required by General Instruction G? If "No," attach explanation	(0) 404044554		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)		enoar	1 _		
	year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If "Yes," complete Pa			9_	 -	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their n	ames and addresses		10		<u> </u>

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Pa	rt VII-A Statements Regarding Activities (continued)				
11a	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)	(13)?			
	If "Yes," attach schedule. (see instructions)		11a		<u>X</u>
b	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and				
	annuities described in the attachment for line 11a?	N/A	11b		
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?		12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► NONE				
14	The books are in care of ► CRAIG MORGAN Telephone no.			<u> 205</u>	
	Located at ► 501 ARBORWAY, JAMAICA PLAIN, MA	ZIP+4 ▶ <u>02</u>	130		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				Ш
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	<u>/A</u>	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1 1.		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
		es 🗶 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		es X No			
		es X No	1		
		es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	[]			
		es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after	[]			
		es 🗶 No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	27 / 2			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		١. ١	ļ	**
	before the first day of the tax year beginning in 2007?		1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
		es X No			
	If "Yes," list the years , , , , , , , . , . ,				
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac	N/A	1		
	statement - see instructions.)	N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
38		es X No			
	• /				
	of "Yes," did it have excess business holdings in 2007 as a result of (1) any purchase by the foundation or disqualified persons at				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to of holdings accounted by gift or hopping the lapse of the 10. 15- or 20-year first phase holding period? (I to School le 1)		[
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule (, N/A	3ь		
4.	Form 4720, to determine if the foundation had excess business holdings in 2007)	TA / TA	4a		X
	a. Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? In Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that	74		
		o mai	4b		х
	had not been removed from jeopardy before the first day of the tax year beginning in 2007?	Fn	rm 990	-PF	
		10	,. 550	1	

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		<u>-</u>			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?	• • • • • • • • • • • • • • • • • • • •		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru		Ü	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi			▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?		. —	s 🗆 No		
If "Yes," attach the statement required by Regulations section 53 4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				1	
a personal benefit contract?	ouy promisimo on	[v	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	··	· I	6b	x
If you answered "Yes" to 6b, also file Form 8870	orsonar benefit contract.		-		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v _e	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	-
I C. II Alex A Office on Discrete or Toront		nagers Highly		10	
Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors	ccs, i canadion inc	inagers, riigini	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.	****			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		ount, other owances
	to position	Circle 0 /	compensation		
SEE STATEMENT 6		0.	0.		0.
DEE CHILDRENT C		<u> </u>	<u> </u>		
				 	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
2 Obniperisation of five riightest-paid employees (other trial) those inc	(b) Title and average	enter NONE.	(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	` hours per week `	(c) Compensation	employee benefit plans and deferred	acco	ount, other
NOVE	devoted to position		compensation	alle	owances
NONE	11 12				
	,			├	
		<u> </u>		 	
		 		 	
				 	
		<u> </u>	L	L	
Total number of other employees paid over \$50,000			▶ .		0

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statinumber of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
2		
3		
4		- ,
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total Add lines 1 through 3	>	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	72,503.
	Average of monthly cash balances	1b	94,804.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	167,307.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	167,307.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,510.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	164,797.
6	Minimum investment return. Enter 5% of line 5	6	8,240.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	8,240.
2a	Tax on investment income for 2007 from Part VI, line 5		
b	Income tax for 2007. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	46.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,194.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,194.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,194.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,107.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		-
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,107.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	5,107.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e foundation	qualifies for the section

Form **990-PF** (2007)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
1 Distrib	utable amount for 2007 from Part XI,				8,194.
2 Undistri	buted income, if any, as of the end of 2006				
a Enter a	mount for 2006 only			0.	
b Total fo	or prior years:				
	,		0.		
3 Excess	distributions carryover, if any, to 2007:				
a From 2	2002				
b From 2	2003				
c From 2	2004				
d From 2	2005				
e From 2	2006 38,038.				
f Total (of lines 3a through e	38,038.			
4 Qualify	ring distributions for 2007 from				
Part X	II, line 4: ►\$5,107.				
a Applie	d to 2006, but not more than line 2a			0.	
b Applie	d to undistributed income of prior				
years ((Election required - see instructions)	·- ·- · · · · · · · · · · · · · · · · ·	0.	·	
c Treate	d as distributions out of corpus				
(Election	on required - see instructions)	0.		<u> </u>	
d Applie	d to 2007 distributable amount				5,107.
e Remai	ning amount distributed out of corpus	0.			
(If an an	distributions carryover applied to 2007 nount appears in column (d), the same amount e shown in column (a))	3,087.			3,087.
6 Enter 1	the net total of each column as				
	Add lines 3f, 4c, and 4e Subtract line 5	34,951.			
	rears' undistributed income. Subtract				
-	from line 2b	1	0.		
	the amount of prior years'				
undist deficie	ributed income for which a notice of incy has been issued, or on which ction 4942(a) tax has been previously		0.		
d Subtra	act line 6c from line 6b. Taxable				
	nt - see instructions	j	0.		j
-	ributed income for 2006. Subtract line				
4a froi	m line 2a. Taxable amount - see instr.			0.	
f Undist	tributed income for 2007. Subtract				
lines 4	d and 5 from line 1. This amount must				
be dis	tributed in 2008				0.
7 Amou	nts treated as distributions out of				
corpus	s to satisfy requirements imposed by				
sectio	n 170(b)(1)(F) or 4942(g)(3)	0.			
	s distributions carryover from 2002				
not ap	plied on line 5 or line 7	0.			
-	s distributions carryover to 2008.				
	act lines 7 and 8 from line 6a	34,951.			
0 Analys	sis of line 9:				
	s from 2003				
b Excess	s from 2004	Í			
c Exces	s from 2005				
d Exces	s from 2006 34,951.				
e Exces	s from 2007				<u> </u>

	SON TRUST				156995 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2007, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operation	ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		İ			
e Qualifying distributions made directly			-		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
• •			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,			1		
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public	İ				
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			-		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ntributions received by th	e foundation before the clo	ose of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 50/(d)(2).)			
NONE					
b List any managers of the foundation wh			ı (or an equally large port	tion of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater intere	SL			
NONE			, <u> </u>		
2 Information Regarding Contribut			-		
Check here ► ☐ If the foundation of					
the foundation makes gifts, grants, etc.				complete items 2a, b, c, an	<u>u u.</u>
a The name, address, and telephone num			e addressed:		
CRAIG MORGAN C/O SOU					
501 ARBORWAY, JAMAIC					
b The form in which applications should I	oe submitted and informa	ition and materials they	should include:		
SEE ATTACHED					
c Any submission deadlines: SEE ATTACHED					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable field	s, kinds of institutions. or	other factors:	- · · · · · · · · · · · · · · · · · · ·
SEE ATTACHED	,	,			
_					

723601/02-20-08

Form **990-PF** (2007)

Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or							
	or substantial contributor	recipient					
a Paid during the year NONE	or substantial contributor	recipient	Contribution	Amount			
	,						
total b Approved for future payment	<u> </u>		<u>▶ 3a</u>	0.			
NONE							
Total	<u> </u>	L	<u></u> 3h	0.			

Part XVI	I-A Analysis of Income-Prod					
nter gross a	amounts unless otherwise indicated.	(a) Business	ousiness income (b)	(C) Exclu-	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program	service revenue.	Business	Amount	sion code	Amount	function income
=						
		1 1				
d						
e		_		 		
f		_				
-	and contracts from government agencies		····	 		
	ship dues and assessments			 		
ınvestmei	n savings and temporary cash			14	2,290.	
	ins s and interest from securities			+ + +	2,290.	
=	I income or (loss) from real estate:			+ -		
	financed property					
	ebt-financed property					
	I income or (loss) from personal					
property	, , ,		_			
7 Other invi	estment income					
8 Gain or (I	oss) from sales of assets other				į	
than inve				14	-33,494.	
	ne or (loss) from special events					
•	ofit or (loss) from sales of inventory					
1 Other rev						
		-		+		
		1 1				
		1				
e						
2 Subtotal.	Add columns (b), (d), and (e)		0		-31,204.	0
	Id line 12, columns (b), (d), and (e)				13	
	eet in line 13 instructions to verify calculations	.)				
Part XV	I-B Relationship of Activitie	s to the Accor	nplishment of E	xempt P	urposes	
	Explain below how each activity for which i					nlichment of
Line No.	the foundation's exempt purposes (other th			A communic	importantly to the accom	pusimient of
		3,,	<u> </u>			
			···-			
	······································					
+						
		·				
		·				
-						
		 -				
	*			·		
+						

			<u> HANSON</u>	TRUST			77	-6256995	Page 13
Pa	art X	VII Information R Exempt Organ		Transfers To a	and Transactions	and Relation	onships With N	loncharitable	
1	Did th	ne organization directly or ind	lirectly engage	in any of the following	g with any other organiza	tion described in	section 501(c) of	1	Yes No
		ode (other than section 501(
а		sfers from the reporting found	dation to a noi	ncharitable exempt or	ganization of:				
	(1) (1a(1)	X
L	• •	Other assets						1a(2)	X
b		transactions.							
		Sales of assets to a noncharit		-				1b(1)	X
	٠,	Purchases of assets from a no		, ,				1b(2)	X
	٠,	Rental of facilities, equipment	•	eis				1b(3)	X
	. ,	Reimbursement arrangements	S					1b(4)	X
		oans or loan guarantees. Performance of services or m	amharahin ar	fundraioina paliaitatia				1b(5)	X
^		ng of facilities, equipment, m	•	•				1b(6)	X
		answer to any of the above is				alwaye chow the	fair market value of th	lc	X X
u	or se	rvices given by the reporting	foundation If	the foundation receiv	ed less than fair market va	aiways siluw ille Illie in anv transa	idii iiidiket value oi tii iction or charing arran	ie guuus, uillei asst Jaamant show in	:15,
		nn (d) the value of the goods,			ou icos man ian market ve	ilue ili aliy ilalise	iction of Sharing arran	igeniem, snow in	
a) ı	ine no	(b) Amount involved			e exempt organization	(d) Desc	ription of transfers, transa	ctions, and sharing arra	angements
				N/A					
			ļ	·					
			-		······································				
									
			+						
	<u> </u>								
									
22	Is the	foundation directly or indirec	ctly affiliated v	with or related to one	or more tax-exempt orga	nizations describ	ned		
		ction 501(c) of the Code (othe	-			mzadono acocho		Yes	X No
b		s," complete the following sch						103	
		(a) Name of or			(b) Type of organization		(c) Description of	f relationship	-
		N/A							
_									
								<u> </u>	
		penalties of perjury, I dectare that I nplete Declaration of preparer (oth			empanying schedules and state			belief, it is true, correc	:t,
	, O) A	man raxpayer	G. Huddia y/15 based Off	an information of which prepar	3			
	> =		<u> </u>	4	12/4/0		STEE		
2	▼ Si	gnature of officer or trustee	_/_	} >	Date 1 /	Title	1 Oback of		DTIN
5	ς° >	Preparer's	ナノノ	Y		Date	Check if self-	Preparer's SSN or	
ַ פֿ	Paid Preparer's Use Only	signature	1/1/			12.7.09	employed	P00.9410	300
1	eps Se (Firm's name (or yours RSM	MCGLAI	•	MTITE DADI	G11TE 2 2 2	EIN ►		
	ᇫᄀ	rf setf-employed), address, and ZIP code			TIVE PARK,	SULTE32	I	/701\ 601	5 3500
\perp		BURI	TNGLOI	<u>1, MA 0180</u>	<u> </u>		Phone no.	<u>(781) 685</u>	<u>5-3500</u>

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	VESTMENTS S	STATEMENT 1			
SOURCE	OURCE						
F GLOBAL F GLOBAL				1,959.			
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	_	2,290.			
FORM 990-PF	LEGAL FEES		2	STATEMENT 2			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
LEGAL -	1,664.	0.	0 .	1,664.			
TO FM 990-PF, PG 1, LN 16A =	1,664.	0.	0	1,664.			
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
ACCOUNTING	2,000.	0.	0	2,000.			
TO FORM 990-PF, PG 1, LN 16B	2,000.	0.	0	2,000.			
FORM 990-PF	OTHER E	XPENSES		STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
BANK FEES IRS FEES	16. 1,427.	0.	0				
TO FORM 990-PF, PG 1, LN 23	1,443.	0.	0	. 1,443.			

FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT	5 	
DESCRIPTION	VALUATION METHOD	BOOK VALU		FAIR MARKET VALUE		
MF GLOBAL	FMV	145,0	07.	145,007.		
TOTAL TO FORM 990-PF, PART I	I, LINE 13	145,007.		145,007.		
	- LIST OF OFFICERS, I S AND FOUNDATION MANA		STAT	EMENT	6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENS		
JENNIFER M. PETERSON 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.		0.	
VICENT J. MORGAN 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.		0.	
VICENT J. MORGAN JR. 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.		0.	
CRAIG A. MORGAN 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.		0.	
CHRISTINA E. MORGAN 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.		0.	
TOTALS INCLUDED ON 990-PF, P.	AGE 6, PART VIII	0.	0.		0.	

Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright $ $\boxed{\mathbf{X}}$
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		0000	
Do not c	omplete Part II unless you have already been granted an automatic 3 month extension on a previously fil	ed For	m 8868 	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corpora	ation required to file Form 990-T and requesting an automatic 6 month extension - check this box and com	plete		
Part I only	· -			ightharpoons
All other i	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time	
	ome tax returns	CATC.		
noted bel (not autor you must	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990 T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file pov/efile and click on e-file for Charities & Nonprofits.	cally if isolida	(1) you want th ited Form 990 1	e additional
Type or	Name of Exempt Organization	Empl	oyer identifica	tion number
print		_	g 605606	_
File by the	SOUTHANSON TRUST		<u>7-625699</u>	5
due date for filing your return See	Number, street, and room or suite no. If a PO box, see instructions 501 ARBORWAY			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JAMAICA PLAIN, MA 02130			
	UAMAICA FEATN, MA UZIJU			· · · · · · · · · · · · · · · · · · ·
Check ty	pe of return to be filed (file a separate application for each return)			
For	m 990 Form 990 T (corporation) Form 47	20		
For	m 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52	27		
For	m 990 EZ Form 990-T (trust other than above) Form 60	69		
X For	m 990-PF	70		
	boks are in the care of CRAIG MORGAN			
Teleph	none No ► 617-393-7205 FAX No ►			
	organization does not have an office or place of business in the United States, check this box			
• If this i	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this			
box ► [If it is for part of the group, check this box 🕨 🔝 and attach a list with the names and EINs of all	memb	ers the extension	n will cover
	· · · · · · · · · · · · · · · · · · ·			
1 re	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt			
	JULY 15, 2009 , to file the exempt organization return for the organization named a	bove	The extension	
ıs fo	or the organization's return for			
▶l	calendar year or			
►l	X tax year beginning DEC 1, 2007 , and ending NOV 30, 2008		_	
		$\overline{}$		
2 If th	nis tax year is for less than 12 months, check reason Initial return Final return		Change in acco	unting period
0- 10:	A STATE OF THE COURT OF THE COU			
	nis application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any			٥
	nrefundable credits. See instructions	3a	\$	0.
	nis application is for Form 990 PF or 990-T, enter any refundable credits and estimated			0.
	payments made Include any prior year overpayment allowed as a Credit	3b	\$	
	ance Due Subtract line 3b from line 3a Include your payment with this form, or, if required,	1 mm		
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	\vdash		0
See	einstructions	3c	\$	
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
LHA F	or Privacy Act and Paperwork Reduction Act Notice, see Instructions		Form 88	68 (Rev 4-2008
F	OF FIVELY ACTORD FADELWORN DEDUCTION ACTIVATES, SEE 1130 OCTOVA		00	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form 8	868 (Rev 4-2008)				Page 2	
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox		▶ [X	
•	Only complete Part II if you have already been granted an automatic 3 month extension on a previously file		3868			
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)					
Part		d one c	эру			
Туре	Name of Exempt Organization	Employer identification number				
print	SOUTHANSON TRUST	77-6256995				
File by the extended due date filing the	Number, street, and room or suite no. If a PO box, see instructions	For If	RS use	only		
return S	ee City, town or post office, state, and ZIP code For a foreign address, see instructions					
	type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 522 orm 606		m 8870	
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly file	d Form	8868.		
• The	e books are in the care of CRAIG MORGAN					
	ephone No ► 617-393-7205 FAX No ►					
	ne organization does not have an office or place of business in the United States, check this box			▶ [
o If th	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	his is fo	r the wh	ole group, che	eck this	
box 🕨	If it is for part of the group, check this box F and attach a list with the names and EINs of a	l memb	ers the	extension is fo)r	
4	request an additional 3-month extension of time until OCTOBER 15, 2009					
5	For calendar year, or other tax year beginning DEC 1, 2007, and ending NOV 30, 2008					
6	If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period					
	State in detail why you need the extension					
:	ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCU	RATE	RET	'URN.		
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	\$		0.	
-	If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	7 12 1				
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid		ĺ			
	previously with Form 8868	8b	\$		0.	
-	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	\$		0.	
	Signature and Verification	•				
Under p it is trui	penalties of perjuly, I declare that I have examined this form, including accompanying schedules and statements, and to t e, correct, and complete, and that I am authorized to prepare this form.	he best o	f my kno	wledge and beli	ef,	
Signatu		Date		7.15.0	9	
			ſ	orm 8868 (Rev	√ 4-2008)	

Southhanson Trust Supplement to Form 990PF November 30, 2008

Page 10, Part XV lines 2b-d

The Trust will use funds from Bicon, LLC, the general public and other sources to distribute to individuals who reside, or resided, or are/were employed in Jamaica Plain, Massachusetts, or members of their families, or to members of religious communities who worked or volunteered in Jamaica Plain, Massachusetts. The Trust will grant assistance to such individuals to address education, health, or welfare needs. The trustees may also make grants for educational, health, or welfare purposes to 501(c)(3) not-for-profit organizations located in Jamaica Plain, Massachusetts or to charitable organizations which provide or have provided services or benefits to a present or former resident of Jamaica Plain, Massachusetts, or to present or former persons working in Jamaica Plain, Massachusetts. The trustees shall serve as a board to review requests or applications from the eligible beneficiaries of the Trust and to make such awards to individual applicants in their full discretion.