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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ **The organization may have to use a copy of this return to satisfy state reporting requirements.**

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type See Specific instructions</p>	<p>C Name of organization HINGHAM EDUCATION FOUNDATION, INC.</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 284</p> <p>City or town, state or country, and ZIP + 4 HINGHAM, MA 02043</p>	<p>D Employer identification number 04-3148368</p> <p>E Telephone number (781) 740-8217</p> <p>F Group Exemption Number ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting method:** Cash Accrual Other (specify) ▶

I Website: ▶ HINGHAM EDUCATION FOUNDATION.ORG **H Check** if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)

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

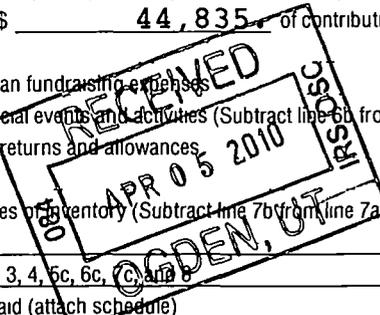
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 183,254.

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

SCANNED APR 23 2010 Revenue

	1 Contributions, gifts, grants, and similar amounts received		164,987.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		327.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>44,835.</u> of contributions reported on line 1)	6a	17,940.
	b Less: direct expenses other than fundraising expenses	6b	3,356.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,584.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	179,898.
Expenses	10 Grants and similar amounts paid (attach schedule)	10	190,794.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	7,927.
	14 Occupancy, rent, utilities, and maintenance	14	3,600.
	15 Printing, publications, postage, and shipping	15	7,246.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u>)	16	4,547.
	17 Total expenses. Add lines 10 through 16	17	214,114.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<34,216.>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	147,364.
	20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 3</u>	20	<25,001.>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	88,147.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	167,671.	138,269.
23 Land and buildings		
24 Other assets (describe ▶ <u>INVESTMENTS</u>)	104,652.	48,151.
25 Total assets	272,323.	186,420.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 2</u>)	124,959.	98,273.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,364.	88,147.

88 18

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	Section 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ MA		
42a	The books are in care of ▶ CHRISTINE FALVEY Telephone no. ▶ 781-749-4108 Located at ▶ 12 ISAAC SPRAGUE DRIVE, HINGHAM, MA ZIP + 4 ▶ 02043		
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)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.")	36,303.	46,395.	67,208.	105,026.	164,987.	419,919.
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	20,755.	51,050.	48,675.	8,960.	17,940.	147,380.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	57,058.	97,445.	115,883.	113,986.	182,927.	567,299.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,850.	2,892.	3,975.	7,500.	8,915.	26,132.
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						
c Add lines 7a and 7b	2,850.	2,892.	3,975.	7,500.	8,915.	26,132.
8 Public support (Subtract line 7c from line 6)						541,167.

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	57,058.	97,445.	115,883.	113,986.	182,927.	567,299.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273.	75.	1,575.	1,829.	327.	4,079.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	273.	75.	1,575.	1,829.	327.	4,079.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						571,378.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	94.71 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.71 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.77 %

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		ENTERTAINMENT FOR EDUCATION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	62,775.		62,775.
	2	Less: Charitable contributions	44,835.		44,835.
	3	Gross revenue (line 1 minus line 2)	17,940.		17,940.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	3,356.		3,356.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(3,356)
	9	Net income summary. Combine lines 3 and 8 in column (d)			14,584.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

		Yes	No						
13 Indicate the percentage of gaming activity operated in: <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 70%;"></td> <td style="width: 20%;">%</td> </tr> <tr> <td>13b</td> <td></td> <td>%</td> </tr> </table>	13a		%	13b		%			
13a		%							
13b		%							
a The organization's facility									
b An outside facility									
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name ► _____ Address ► _____									
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a								
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____									
c If "Yes," enter name and address:									
Name ► _____									
Address ► _____									
16 Gaming manager information Name ► _____ Gaming manager compensation ► \$ _____ Description of services provided ► _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor									
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a								
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____									

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
INSURANCE	528.
ADVERTISING	300.
MISCELLANEOUS	355.
FUNDRAISING	1,609.
TELEPHONE	584.
COMMUNICATIONS/INTERNET	659.
BANK SERVICE CHARGES	154.
STAFF RECEPTION	358.
TOTAL TO FORM 990-EZ, LINE 16	4,547.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS PAYABLE	122,159.	95,073.
ACCRUED EXPENSE	2,800.	3,200.
TOTAL TO FORM 990-EZ, LINE 26	124,959.	98,273.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
DECREASE IN UNREALIZED APPRECIATION	<25,001.>
TOTAL TO FORM 990-EZ, LINE 20	<25,001.>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANNA MARIA ANTHONY, 6 BOULDER GLEN ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
JANENE BURKE 70 HOBART STREET, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
PAM BURKE, 34 LIBERTY POLE ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
LAURA CONCANNON 6 WINDSONG WAY, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
JOHN DRISCOLL 1 WINTHROP ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
CAROL FALVEY, 7 ISAAC SPRAGUE DRIVE, HINGHAM, MA 02043	PRESIDENT 0.00	0.	0.	0.
CARYL FALVEY 32 JONES STREET, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
CHRISTINE FALVEY, 12 ISAAC SPRAGUE DRIVE, HINGHAM, MA 02043	TREASURER 0.00	0.	0.	0.
KATHERINE FORBES 20 SUNSET LANE, HINGHAM, MA 02043	VICE PRESIDENT 0.00	0.	0.	0.
MELISSA GOLDMAN, 47 LAYAYETTE AVENUE, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
ELAINE GOMEZ 7 PAUL REVERE ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
JUDY VARNEY 38 LEAVITT STREET, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
AMY HAPP 428 MAIN STREET, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
SUSIE HILL 10 BEL AIR ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.

MARY ELLEN JONES 12 STAGECOACH ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
KATHY JOYCE 11 GOLF VIEW DRIVE, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
KIM JURIC 67 MARTIN'S LANE, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
CHRIS KAY, 3 CHARLES EVERETT WAY, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
JANE MCGRATH, 28 TOWER BROOK ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
KATHLEEN MCKENNA 1 MAST HILL ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
BILL RAMSEY 55 NORTH STREET, HINGHAM, MA 02043	CLERK 0.00	0.	0.	0.
LISA TODD 5 BUTLER ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
KAREN VON LOESECKE 80 MARTINS LANE, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
SUSAN WILLISON 10 GARRISON ROAD, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
CHRISTINE WOOD, 15 ISAAC SPRAGUE DRIVE, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
SUSANNA HUNT 7 BLUE SKY DRIVE, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
DEBBIE WARREN 11 CEDAR STREET, HINGHAM, MA 02043	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>

Hingham Education Foundation
6/30/2009

Form 990-EZ Line 10:

Other Grants and Allocations (Cash)

Major Grants - 2009

The following grants were made to :
The Hingham Public Schools
Hingham, MA 02043

Universe on Wheels	3,560
K-8 Robotics	2,525
Multisensory Handwriting	2,000
Cyberbullying	4,000
After School Study Skills	2,000
PC & Snapfashun	2,000
Life Science Mobile Lab	9,000
Environmental & Medical Problems	3,400
Senteo Remotes	6,000
Lexia Licenses	5,490
SmartBoards	100,688
Total Major Grants	<u>140,663</u>

Minor Grants - 2009 28,007

The following grants were made to :
The Hingham Public Schools
Hingham, MA 02043

Superintendent's Grant - 2009 30,000

Special/Out of Cycle Grants/Overpayments FYE 2008 437

Total Grants 199,107

Less: Prior Year Grants Relinquished -8,313

Total Other Grants and Allocations (Cash) 190,794

Application for Extension of Time To File an Exempt Organization Return

JPC

▶ 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
 - 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 HINGHAM EDUCATION FOUNDATION, INC.	Employer identification number 04-3148368
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 284	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HINGHAM, MA 02043	

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

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

CHRISTINE FALVEY

- The books are in the care of ▶ **12 ISAAC SPRAGUE DRIVE - HINGHAM, MA 02043**
Telephone No ▶ **781-749-4108** 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 **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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

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	\$
b 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	\$
c 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	\$ N/A

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.