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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

- Sponsoring organizations 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.

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 07-01-2008

, and ending 06-30-2009

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

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

C Name of organization Pawtucket Foundation	D Employer identification number 05-0511879
Number and street (or P O box, if mail is not delivered to street address) 67 Park Place	E Telephone number (401) 725-4400
City or town, state or country, and ZIP + 4 Pawtucket, RI 02860	F Group Exemption Number ►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ). ►

G Accounting method  
► Cash  Accrual  
Other (specify) ►

I Website: ► pawtucketfoundation.org

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

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 ► \$ 145,646

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

1	Contributions, gifts, grants, and similar amounts received	1	69,045
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	547
5a	Gross amount from sale of assets other than inventory	5a	2,327
b	Less cost or other basis and sales expenses	5b	4,161
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-1,834
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	54,982
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	73,727
b	Less direct expenses other than fundraising expenses	6b	18,745
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
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	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	122,740
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	98,867
13	Professional fees and other payments to independent contractors	13	8,483
14	Occupancy, rent, utilities, and maintenance	14	9,084
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ►)	16	66,355
17	<b>Total expenses</b> (add lines 10 through 16)	17	182,789
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-60,049
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	102,428
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	42,379

## 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	25,417	22
23		41,285
24	115,247	24
25	140,664	25
26	38,236	26
27	102,428	27
		42,379

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cat No 10642I

Form 990-EZ (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
<p>What is the organization's primary exempt purpose?</p> <p>THE FOUNDATION WAS CREATED FOR THE SPECIFIC PURPOSE OF IMPROVING THE LIVES OF THE RESIDENTS OF PAWTUCKET, RI MANY PROGRAMS AND PROJECTS WILL ALSO BY EXTENSION BENEFIT RESIDENTS OF THE NEIGHBORING CITY OF CENTRAL FALLS, RI THE FOUNDATION WILL CREATE, DEVELOP AND IMPLEMENT PROGRAMS AND RESOURCES DESIGNED TO MOBILIZE THE PRIVATE SECTOR IN ECONOMIC DEVELOPMENT</p>				
<p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title</p>				
<b>28</b> The foundation sponsored an annual dinner to recognize outstanding individual(s) who have advanced the ideals of civic entrepreneurship advocated and advanced by the foundation (Grants \$ 0)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>28a</b> 138,614
<b>29</b> Hosted Pawtucket Proud Day, an annual corporate volunteer outing 43 businesses contributed volunteers and /or in-kind donations to landscape, clean up or paint seven sites around Pawtucket and Central Falls (Grants \$ 0)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>29a</b> 6,949
<b>30</b> The Foundation participated in a project to plant Cherry Trees along Roosevelt Avenue in Pawtucket and Central Falls. Rancho cherry trees funded by private donors were purchased and installed in the project area to help attract attention and spur future events and development (Grants \$ 0)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>30a</b> 5,103
<b>31</b> Other program services (attach schedule) (Grants \$ )		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)		. . . . . ► <input type="checkbox"/>		<b>32</b> 150,666
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-.)</b>	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
See Additional Data Table				

<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part VI.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> 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	<b>34</b>		No	
<b>35</b> 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				
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		No	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>			
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0	<b>37a</b>	0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>			
<b>38a</b> 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?	<b>38a</b>		No	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities				
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0	<b>40b</b>		No	
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> 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.				
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0				
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ► 0				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ►				
<b>42a</b> The books are in care of ► Thomas A Mann Jr Telephone no ► (401) 725-4400				
67 Park Place Located at ► Pawtucket, RI ZIP + 4 ► 02860				
<b>b</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)?	<b>42b</b>		No	
If "Yes," enter the name of the foreign country ►				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ►				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	<b>43</b>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>44</b>		No	
<b>45</b> 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.	<b>45</b>		No	

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ►		

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer <u>Thomas Mann Jr Executive Director</u> Type or print name and title	2010-02-10 Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature John J Abraham	Date	Check if self-employed ► <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Abraham and Company 150 Main Street Pawtucket, RI 02860		Preparer's PTIN (See Gen Inst X) EIN ► Phone no ► (401) 723-6587

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**  
Pawtucket Foundation**Employer identification number**

05-0511879

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

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

1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**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")	144,634	181,625	189,410	296,107	198,872	1,010,648
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						
<b>4 Total.</b> Add line 1-3	144,634	181,625	189,410	296,107	198,872	1,010,648
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						1,010,648

**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	144,634	257	189,410	296,107	198,872	1,010,648
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	134	257	177	663	144	1,375
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 )				1,181		1,181
<b>11 Total Support</b> (Add lines 7 through 10)						1,013,204
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	263,733

**13 First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	<b>99.750 %</b>
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 05-0511879  
**Name:** Pawtucket Foundation

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Robert Billington 175 Main Street Pawtucket, RI 02860	Board Member 0 00	0	0	0
Michael Horan 393 Armistice Blvd Pawtucket, RI 02861	Secretary 0 00	0	0	0
Morris Nathanson 189 Exchange Street Pawtucket, RI 02860	Executive Committee 0 00	0	0	0
Ron L Wierks 1005 Main street Suite 1201 Pawtucket, RI 02860	board Member 0 00	0	0	0
Thomas A Mann Jr 67 Park Place Pawtucket, RI 02860	Executive Director 40 00	56,604	7,049	0
Richard Blockson 23 Exchange Street Pawtucket, RI 02860	Board Member 0 00	0	0	0
Donna Brady 1 Citizens Plaza Providence, RI 02903	Board Member 0 00	0	0	0
Vincent S Ceglie 32 Goff Avenue Pawtucket, RI 02860	Executive Committee 0 00	0	0	0
Steven A Cronin 1110 Central Avenue Pawtucket, RI 02861	Board Member 0 00	0	0	0
Alfred P Degen 7 Buckboard Drive Cumberland, RI 02864	Board Member 0 00	0	0	0
Francis R Dietz 111 Brewster Street Pawtucket, RI 02860	Executive Committee 0 00	0	0	0
James Doyle 137 Roosevelt Avenue Pawtucket, RI 02860	Board Member 0 00	0	0	0
Gary Furtado 1005 Douglas Pike Smithfield, RI 02917	Board Member 0 00	0	0	0
Michael Gasdacko 1005 Main street Suite 1201 Pawtucket, RI 02860	Board Member 0 00	0	0	0
John C Gregory 6 Blackstone Valley Place Lincoln, RI 02865	Board Member 0 00	0	0	0
Mark House 474 Broadway Pawtucket, RI 02860	Board Member 0 00	0	0	0
James R Hoyt Jr One Moeller Place Pawtucket, RI 02860	Board Member 0 00	0	0	0
William J Hunt 100 East Avenue Pawtucket, RI 02860	Board Member 0 00	0	0	0
Dolph Johnson 1027 Newport Avenue Pawtucket, RI 02860	Board Member 0 00	0	0	0
Janice Kissenger 67 Roosevelt Avenue Pawtucket, RI 02860	Board Member 0 00	0	0	0
Karl A Kozak 1200 Central Avenue Pawtucket, RI 02860	Treasurer 0 00	0	0	0
Richard Leclerc 249 Roosevelt Avenue Pawtucket, RI 02860	Board Member 0 00	0	0	0
Elizabeth R Lewis 180 South Main Street Providence, RI 02903	Assistant Secretary 0 00	0	0	0
William McHale 775 School Street Pawtucket, RI 02860	Board Member 0 00	0	0	0
Esselton McNulty 660 Roosevelt Avenue Pawtucket, RI 02860	Executive Committee 0 00	0	0	0
Ross Nelson 9 JP Murphy HWY West Warwick, RI 02893	Board Member 0 00	0	0	0
Jack Partridge 180 South Main Street Providence, RI 02903	Co-Chairman 0 00	0	0	0
Antonio Pires 376 Newport Avenue East Providence, RI 02916	Board Member 0 00	0	0	0
Michele Roberts 29 Broadway 2nd Floor Taunton, MA 02780	Assistant Treasurer 0 00	0	0	0
Greg Scown 584 Putnam Pike Greenville, RI 02828	executive Committee 0 00	0	0	0
Stewart Steffey 25 Maple Street Pawtucket, RI 02860	executive Committee 0 00	0	0	0
Richard Sugarman 51 Fairlawn Avenue Pawtucket, RI 02860	board Member 0 00	0	0	0
Daniel J Sullivan Jr 162 Middle Street Pawtucket, RI 02860	Co-Chairman 0 00	0	0	0
Stephen Tracey 740 York Avenue Pawtucket, RI 02861	board Member 0 00	0	0	0
Kevin P Tracy 111 Westminster Street Providence, RI 02903	Vice Chairman 0 00	0	0	0

## TY 2008 Other Assets Schedule

**Name:** Pawtucket Foundation**EIN:** 05-0511879

Description	Beginning of Year Amount	End of Year Amount
Pledges receivable, net	106,650	20,700
Prepaid Expenses	1,622	1,650
Cash restricted for endowment	249	0
Other Depreciable Assets	6,726	5,208

## TY 2008 Other Expenses Schedule

**Name:** Pawtucket Foundation**EIN:** 05-0511879

Description	Amount
Payroll taxes	8,239
Office Expenses	2,338
Travel	200
Interest	1,565
Depreciation	1,519
Insurance	3,307
Event Production	17,195
Project direct expenses	12,455
Project Planning Expense	7,511
Bad debt expense	5,150
Supplies	2,352
Miscellaneous	4,524

## TY 2008 Other Liabilities Schedule

**Name:** Pawtucket Foundation**EIN:** 05-0511879

Description	Beginning of Year Amount	End of Year Amount
Accounts payable	13,536	4,335
Secured notes to unrelated third parties	24,700	22,129

## TY 2008 Transfers Personal Benefits Contracts Declaration

**Name:** Pawtucket Foundation

**EIN:** 05-0511879

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.