

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of the return to satisfy state ref

OMB No , 1545-0052 2008

Int	emai R	evenue Se	rvice r	tote: The Toundati	on may	be able to use a cop	y or i	inis return to s	alisiy state	rept	ing requirements	
F	or ca	lendar	year 2008, e	or tax year begi	inning	(	7/	01 , 2008,	and end	ing		06/30, <b>20</b> 09
G	Che	ck all t	hat apply	Initial retui	rn	Final return		Amended	return		Address change	Name change
		•	Name of fou	indation					-		A Employer identific	cation number
	lee ti	ne IRS										
•		el.	THE HOME	TMAE MEN V	TV EO	UNDATION, IN	_				26-	1116810
		wise,				mail is not delivered to s		address)	Room/su	ute	B Telephone number (see	
		int	Number and	Street (or P O box	Humber II	mair is not delivered to s	ou <del>ce</del> t	addiess)	1100111130		D relaphona number (see	page 10 of the disciplination
	•	ype.										
S		pecific		N STREET								8) 699-3900
lı	nstru	ctions.	City or town,	, state, and ZIP co	de						C If exemption applica pending, check here	
											D 1 Foreign organizat	ons, check here
			PLAINVII	LE, MA 027	62						2 Foreign organizat	
Н	Che	ck type	of organiza	tion X Secti	on 501(	c)(3) exempt priva	ite fo	oundation			85% test, check h	
Γ	$\neg$	• •	-	nexempt charitable	•	Other taxable			tion		,	
ī				assets at end		unting method		sh X Acc			E If private foundation under section 507(b	- L
•			m Part II, col			ther (specify)					1	
	•	► \$	,,,, dir 11, 001	4,727.	(Part I.	column (d) must be	e on	cash basis )			i -	in a 60-month termination (1)(B), check here
F:			reie of Povo	nue and Expens			1	,	· · ·			(d) Disbursements
س	alt.	total o	f amounts in c	olumns (b), (c), an	d (d)	(a) Revenue and	- 1	(b) Net inve	estment	(	c) Adjusted net	for charitable
		may n	ot necessarily	equal the amount	s ın	expenses per books	- 1	ıncom	ne		income	purposes
_		colum	n (a) (see pag	e 11 of the instruct	tions) )		-				<del></del>	(cash basis only)
	1	Contribut	ions, gifts, grants,	etc , received (attach schoundation is <b>not</b> requ	nedule) .	151,39	95.					
	2	Check		Sch B		·						
	3	Interest	on savings and	temporary cash inves	stments							
	4	Divider	nds and intere	est from securities								
	5 a	Gross r	ents									
	b	Net rent	tal income or (los	ss)			l				· <del></del>	
e	6a	Net gair	or (loss) from	sale of assets not on	line 10							
nu	þ		ales price for all on line 6a									
evenue	7			me (from Part IV, I	line 2) .							
ž	8	•	_	al gain								
	9		•	s								
		Gross sa	iles less returns									
	h		wances · · · · · · · · · · · · · · · · · · ·				$\neg \uparrow$					
			•	(attach schedule)		<del></del>						
	11			n schedule)								
	12			rough 11		151,39	35	· · · · · · · · · · · · · · · · · · ·			. —	
_	13			rs, directors, trustees,		6,00	$\overline{}$					,
	14			ries and wages .		0,00	•	<del></del>				
es	15			oyee benefits								
Su												
Expenses				hedule)								
				ach schedule)							<del></del>	
ministrative	С	Other	rotessional fo	ČĖĮVĖD	re) - ] · · ·							<del></del>
Ē												<del> </del>
ž	18			(see page 14 of the ins								
ਵੋ	19	Deprec	attach (attach)	sthedule) and de	pæton.			···				
	20	Occupa	ncy		RS							
9	21		conferences,		<u>.</u> 티	7,85	53.					
ā	21 22	Printing	and publicat	ioHis IV. U.I.	<u></u> ]							
5	23	Other 6	expenses (atta	ich schedule) STM	T.1.	54,77	77.					
at	24	Total o	perating and	administrative ex	penses.		- 1					
8	24	Add lin	es 13 through	1 23		68,63	30.			<u> </u>		
ונכ	25		•	grants paid		83,75	50.					83,750.
- 1	26			sements Add lines 2		152,38						83,750.
$\neg$	27		ct line 26 from									
				penses and disbursem	ents	-98	35.					
				ome (if negative, er					-0-			
				e (if negative, ente							-0-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. JSA 8E1410 1 000

Form 990-PF (2008)

SCANNED JAN 1 4 2010

26-1116810

JSA

Form 990-PF (2008)

(a) List an	d describe the kind(s) of property sold (sprick warehouse, or common stock, 200	e.g , real estate,	(b) How acquired P-Purchase D-Donation		(d) Date sold (mo , day, yr )
1a			D-Borianon		
b					
C					
е				J	ł
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>					
<u>b</u>					
<u>c</u>			<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
_d				<del></del>	
Complete only for posets o	house con a column (h) and our	and by the foundation on 12/21/60	<u> </u>		
(i) F M V as of 12/31/69	howing gain in column (h) and owr (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (i), if any		Gains (Col. (h) g (k), but not less t Losses (from co	than -0-) <b>or</b>
		(), , , d.i.,	1	· · · · · · · · · · · · · · · · · · ·	
<u>a</u> b					
d d					
e					
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gair	יי		-		
	, line 8, column (c) (see pages 13				
	line 8	1	3		
Part V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment Inc	ome		
	·	outable amount of any year in the b	ase perio	od?	Yes X No
		, see page 18 of the instructions be	efore ma	kına anv entries	<del></del>
(a)				(d)	<del></del>
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r	
2007	NONE	NONE		(00: (1) 0::::00 1	NONE
2006	NONE	1,01,2			1,01,12
2005					
2004					<u> </u>
2003					
2 Total of line 1, column (d)	)		2		NONE
3 Average distribution ratio	for the 5-year base period - divide				
number of years the foun	dation has been in existence if less	s than 5 years	3		NONE
4 Enter the net value of nor	ncharitable-use assets for 2008 fro	om Part X, line 5	4		NONE
5 Multiply line 4 by line 3			5		NONE
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
			7		NONE
	ons from Part XII, line 4		8		83,750.
If line 8 is equal to or g the Part VI instructions on	reater than line 7, check the box	x in Part VI, line 1b, and comple		part using a 19	

Form 6	990-PF (2008) 26-1116810			age 4
Par		ins	ructio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here		-	
	Date of ruling letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>NONE</u>
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
	Add lines 1 and 2			<u>NONE</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			<u>NONE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			NONE
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008   6a			
þ	Exempt foreign organizations-tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
	Total credits and payments Add lines 6a through 6d			<u>NONE</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8		· · · · · ·	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			NONE
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
_	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			<del></del>
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			.,
С	Did the foundation file Form 1120-POL for this year?	1 c		<u> X</u>
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 imposed on			
_	foundation managers  \$	,		х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
_	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, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	_		X
b	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
5	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			
0	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		x
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
, 8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
vu	instructions) $\triangleright$ MA <sub>L</sub>			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on			
	page 27)? If "Yes." complete Part XIV	9		Х

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

names and addresses

orm -	e90-PF (2008) 26-1116810		j	Page <b>5</b>
	t VII-A Statements Regarding Activities (continued)		,	
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11		<u>x</u>
	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
	Website address ► N/A			
14	The books are in care of ▶ RICHARD J BOWEN Telephone no ▶508-699	-399	00	
	Located at ▶2 TAUNTON STREET PLAINVILLE, MA ZIP+4 ▶ 02762	<b>_</b>		<del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del>,</del>		
	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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disquaimed person?			
	(b) Fallman goods, services, or radinase to (or about mem, a stage med person.			
	(4) Fully destribution (c), or pay of restribution and expenses of a destribution (c).			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(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			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	N/	Α
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2008?	1 c		X
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))			
a	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2008?			}
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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)	2 b	1	x
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)		<u> </u>	<del>  ^-</del>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	
3.	Did the foundation hold more than a 2% direct or indirect interest in any business			
Ja	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or		1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	1	1	
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2008 )	3 b	N/	A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	<u> </u>	<u> </u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?		<u> </u>	<u> x</u>
	F	om <b>99</b>	0-PF	(2008)

Form ,990-PF (2008)		26-11:	16810		Page <b>6</b>
Part VII-B Statements Regarding Activities f	or Which Form 47	20 May Be Requi	red (continued)		
<ul> <li>5a During the year did the foundation pay or incur any amone.</li> <li>(1) Carry on propaganda, or otherwise attempt to influe.</li> <li>(2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or of the provide a grant to an organization other than a char section 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> <li>(5) Provide for any purpose other than religious, charital educational purposes, or for the prevention of cruelty.</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transaction.</li> </ul>	nce legislation (section in (see section 4955), or ther similar purposes? Intable, etc., organization (see page 22 of the inside, scientific, literary, or to children or animals.	r to carry on,  n described in tructions)	Yes X No Yes X No Yes X No Yes X No		
Regulations section 53 4945 or in a current notice regarding disast c. If the answer is "Yes" to question 5a(4), does the found because it maintained expenditure responsibility for the off "Yes," attach the statement required by Regulations sections.	rding disaster assistani ster assistance check hi lation claim exemption f grant?	ce (see page 22 of the ere	instructions)?		N/A
<ul> <li>6a Did the foundation, during the year, receive any funds, on a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, dire if you answered "Yes" to 6b, also file Form 8870</li> <li>7a At any time during the tax year, was the foundation a path of the year, and the foundation receive any proceeds or have</li> <li>Part VIII Information About Officers, Directors</li> </ul>	actly or indirectly, on a party to a prohibited tax any net income attributed	personal benefit contraction? shelter transaction? able to the transaction	217	6b	X
and Contractors		_			
List all officers, directors, trustees, foundation n     (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (see (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, lowances
SEE STATEMENT 2		6,000.	NONE		NONE
2 Compensation of five highest-paid employees (o	ther than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, llowances
NONE	-			<del></del>	
	-				
	-				
	-				
Total number of other employees paid over \$50,000 .				Form 99	► NONE 0-PF (2008)

Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "NC	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service		pensation
NONE	<del> </del>	
	<del> </del>	
	<del> </del>	
otal number of others receiving over \$50,000 for professional services	. , ▶	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc	Ехре	enses
	+	
1_ <u>N</u> ( <u>A</u>	1	
2		
3	<del></del>	
<b>*</b>		
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	<u>.l</u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Am	ount
1 NONE		
2		
4		
All other program-related investments. See page 24 of the instructions	ļ	
All other program-related investments. See page 24 of the instructions  3 NONE		

Porm	26-1116810		- Tage Po
Pa	TEX Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1 b	
С	Fair market value of all other assets (see page 24 of the instructions)	1 c	NONE
d	Total (add lines 1a, b, and c)	1 d	NONE
е	man talah atau dalah dal		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	NONE
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	NONE
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	NONE
6	· ·	6	NONE
	Minimum investment return. Enter 5% of line 5	te operating	
_	foundations and certain foreign organizations check here > and do not complete this p	part)	
1	Minimum investment return from Part X, line 6	1	NONE
2 a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI) 2b	]	
С	Add lines 2a and 2b	2c	NONE
3	Distributable amount before adjustments Subtract line 2c from line 1	3	NONE
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	NONE
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	NONE
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		· · · · · · · · · · · · · · · · · · ·
·	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	83,750.
b	But IV B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		<u> </u>
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	83,750.
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 (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	83,750.
٠	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v	vhether the f	
	qualifies for the section 4940(e) reduction of tax in those years	== .	

Form 990-PF (2008)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
•					NONE
•	Undistributed income, if any, as of the end of 2007				
2	• •				
	Enter amount for 2007 only				
	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2008				,
	From 2003				
b	From 2004				
С	From 2005				
d	From 2006				
	From 2007				
f	Total of lines 3a through e				
4	Qualifying distributions for 2008 from Part XII,	,			
	line 4 ▶ \$ 83,750.				
а	Applied to 2007, but not more than line 2a				
ь	Applied to undistributed income of prior years (Election				
_	required - see page 26 of the instructions)				<u> </u>
c	Treated as distributions out of corpus (Election				
٠	required - see page 26 of the instructions)				
d	Applied to 2008 distributable amount				NONE
	Remaining amount distributed out of corpus	83,750.			
5	Excess distributions carryover applied to 2008	NONE			NONE
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as	*			
0	indicated below:	4	•		
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	83,750.			
	' · · · · · · · · · · · · · · · · · · ·				
D	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed	· , · - · · · · · · · · · · · · · · · ·			
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions	,			
е	Undistributed income for 2007 Subtract line			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	4a from line 2a Taxable amount - see page				
	27 of the instructions				<del> </del>
f	Undistributed income for 2008 Subtract lines	•			
	4d and 5 from line 1. This amount must be			ļ	NONE
7	distributed in 2009				NONE
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			1	
8	instructions)		<u></u>		
•	applied on line 5 or line 7 (see page 27 of the				
	instructions)				<del></del>
9	Excess distributions carryover to 2009.	02 750		1	
	Subtract lines 7 and 8 from line 6a	83,750.			<del>                                     </del>
	Analysis of line 9				
	Excess from 2004			1	
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
е	Excess from 2008 83,750.				

Forn	1-090-PF (2008)			26-1	116810	Page 10
		ating Foundations	(see page 27 of the	e instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
	If the foundation has r					
1 0	foundation, and the ruling			_	•·····•	
	Check box to indicate who				4942()	)(3) or 4942(J)(5)
b	Check box to indicate with		a private operating four		49420	1
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	T	(e) Total
	justed net income from Part	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
	return from Part X for each					
	year listed					<u></u>
b	85% of line 2a	<u></u>				
С	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					
e	Qualifying distributions made					
_	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying			<del></del>	<del>                                     </del>	
	under section					
h	4942(j)(3)(B)(i)	· · · · · · · · · · · · · · · · · · ·				
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" atternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties toans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more	1				
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					<u> </u>
Pa				only if the foundati	on had \$5,000 or mo	ore in assets at any
	time during	the year - see pag	e 27 of the instruct	ions.)		
1	Information Regarding					
а	List any managers of	the foundation who	have contributed mo	re than 2% of the total	al contributions received	red by the foundation
	before the close of any	tax year (but only if t	hey have contributed	more than \$5,000) (\$	See section 507(d)(2))	
	RICHARD BO	WEN				
	List any managers of		own 10% or more	of the stock of a corp	oration (or an equally	/ large portion of the
~	ownership of a partner	ship or other entity) o	of which the foundation	on has a 10% or greate	rinterest	, , ,
	• · · · · · · · · · · · · · · · · · · ·	,,		•		
	NI / 7\					
2	N/A Information Regarding	Contribution. Gran	t, Gift, Loan, Scholars	ship, etc., Programs:		
_	Check here ► if ti					and does not accent
	unsolicited requests for	or funds if the four	inakes contributions	grants etc (see pag	e 28 of the instruction	ons) to individuals or
	organizations under oth	ner conditions, comp	ete items 2a. b. c. an	d d		,
					be addressed	
а	The name, address, ar	nd telephone numbel	of the person to who	om applications should i	be addressed	
	N/A					
b	The form in which appl	ications should be st	ibmitted and informa	tion and materials they	/ snoula include	
_					<u></u>	<del></del>
C	Any submission deadli	nes				
	N/A Any restrictions or hi					
d		mitations on awards	s, such as by geog	raphical areas, charit	able fields, kinds of	institutions, or other
	factors					
	N/A					

Part XV Supplementary Information (c 3 Grants and Contributions Paid Duri	ontinued)	oved for F	uture Payment	
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial Continuator			
<b>3</b> . ,				
SEE STATEMENT 3				
				!
		:		
Total	<u></u>	<del></del>	<u>▶</u> 3a	83,750
<b>b</b> Approved for future payment				
		-		
	}			
	+			
		ļ		
		İ		
		į		
	1			
	<u></u>			<del> </del>
Total			<b>▶</b> 3h	i

	-A Analysis of Income-Produ			1		(e)
Ü	amounts unless otherwise indicated	Unrela (a) Business code	(b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	Related or exempt function income (See page 28 of the instructions)
•	n service revenue.		Amount	L'yarajou code	Amount	the instructions)
	<del></del>	<del></del>	<del>-</del>	<del></del>		
			-	+		
f						
	and contracts from government agencies					
•	ship dues and assessments					
	on savings and temporary cash investments					
Dividend	ds and interest from securities					
Net rent	al income or (loss) from real estate					
a Deb	t-financed property					
<b>b</b> Not	debt-financed property					<del></del>
	i income or (loss) from personal property					
	vestment income					
	loss) from sales of assets other than inventory					-
	ome or (loss) from special events			<del> </del>		<del> </del>
	rofit or (loss) from sales of inventory					
	evenue a			<del> </del>		
				<del></del>		
		<u> </u>				
e	I Add columns (b), (d), and (e)			-		
Total. A	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28				13	
art XVI				xempt Purp	oses	
ine No. ▼	Explain below how each active the accomplishment of the for page 28 of the instructions.)	ity for whi oundation's	ch income is report exempt purposes	ed in colum (other than	n (e) of Part XVI-A cor by providing funds for	ntributed importantl r such purposes)
	, , , , , , , , , , , , , , , , , , , ,					·····
			<del></del>	<del> </del>		
			<u></u>			
		···	NOT APPLICAB	LE		
						<del></del>
				···-	<del></del> .	
		<del> </del>				
			· · · · · · · · · · · · · · · · · · ·		···	
	·		<del></del>			
			<del></del>		16-	
			<u> </u>			
					<u></u>	
-						
	<u>L</u>			<del></del>		- 000 DE

	belief,	it is true, confect/and complet	that I have examined this return, including Declaration of preparer (other than tax	ing accompanying schedu payer or fiduciary) is base	les and statemed on all inform	nation of w	to the best of my knowledge a thich preparer has any knowleds
Sign Here	er's aly	Preparer's signature	de	Date 07/20/2009	Check if self-employe	<del></del>	Preparer's identifying numb (See Signature on page 30 of t instructions) P00088202
	Paid Prepare Use Or	Firm's name (or yours if self-employed), address, and ZIP code	COHEN + ASSOCIATES 151 TREMONT STREET S BOSTON, MA	SUITE PH 021	11	Phone no	04-3062602 0 617-542-2122 Form <b>990-PF</b> (200

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Name of the organization	Employer identification number
THE HONEY DEW FAMILY FOUNDATION, INC.	26-1116810
Organization type (check one)	,
Filers of: Section:	
Form 990 or 990-EZ	
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation
527 political organization	
Form 990-PF	
4947(a)(1) nonexempt charitable trust treated as a private founda	tion
501(c)(3) taxable private foundation	
General Rule  X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or property) from any one contributor Complete Parts I and II	more (in money or
Special Rules	
For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % sup under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the ye greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount 1 Complete Parts I and II	ear, a contribution of the
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for scientific, literary, or educational purposes, or the prevention of cruelty to children or animals of	r religious, charitable,
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive during the year, some contributions for use exclusively for religious, charitable, etc., purposes, not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions to the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts applies to this organization because it received nonexclusively religious, charitable, etc., contributions the year.)	but these contributions did hat were received during unless the <b>General Rule</b> butions of \$5,000 or more
Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Sch 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of 990-EZ, or 990-PF)	the heading of their
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  Schedule for Form 990. These instructions will be issued separately.	B (Form 990, 990-EZ, or 990-PF) (2008

ame of o	rganization THE HONEY DEW FAMILY FOUNDATI	ION, INC.	Page of of F Employer identification number
		·	26-1116810
art I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	RICHARD BOWEN 47 STONE MEADOW LANE	\$ 100,000.	Person X Payroll Noncash
	HANOVER, MA 02339		(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b></b> \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b> \$</b>	Person Payroll Noncash (Complete Part II if there a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person

(Complete Part II if there is a noncash contribution )

Noncash

FORM 990PF, PART I - OTHER EXPENSES \_\_\_\_\_\_

		REVENUE AND
		EXPENSES
DESCRIPTION		PER BOOKS
COMMITTEE MEETINGS		2,313.
LEGAL AND ACCOUNTING		20,301.
MEALS		12,149.
OFFICE EXPENSES		1,896.
PROFESIONAL FEES		7,650.
PROMOTIONAL ITEMS		4,996.
SUPPLIES		1,383.
TELEPHONE		908.
MISC		3,181.
	TOTALS	54,777.

\* 8

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD J BOWEN 47 STONE MEADOW LANE HANOVER, MA 02339	DIRECTOR / PRESIDENT	NONE	NONE	NONE
KARA J BOWEN 47 STONE MEADOW LANE HANOVER, MA 02339	DIRECTOR / CLERK	1,000.	NONE	NONE
STACY L DEMARIA 121 BELMONT STREET EVERETI, MA 02149	DIRECTOR	1,000.	NONE	NONE
KELLY A SOFRONAS 119 HARRISON AVENUE WAKEFILED, MA 01880	DIRECTOR	1,000.	NONE	NONE
TRACIE L POND 115 OLD WOOD DRIVE NORTH ATTLEBORO, MA 02760	DIRECTOR	1,000.	NONE	NONE
JENNIFER A BOWEN 47 STONE MEADOW LANE HANOVER, MA 02339	DIRECTOR	1,000.	NONE	NONE
AMANDA J BOWEN 47 STONE MEADOW LANE HANOVER, MA 02339	DIRECTOR	1,000.	NONE	NONE
	GRAND TOTALS	6,000.	NONE	NONE

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION	SCHOLARSHIPS FOR STUDENTS ATTENDING COLLEGE	CHARITABLE DONATION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NO RELATIONSHIP STUDENT	NO RELATIONSHIP NON PROFIT ORG	NO RELATIONSHIP NON PROFIT ORG	NO RELATIONSHIP NON PROFIT ORG
RELATIONSHIP RECIPIENT NAME AND ADDRESS	83 SCHOLARSHIPS TO 76 STUDENTS SEE ATTACHED LIST	HANOVER PERMANENT SCHOLARSHIP FUND HANOVER, MA	MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE ST BOSTON, MA 02114	BRAIN ANEURYSM FOUNDATION 269 HANOVER ST

25,250.

AMOUNT

500.

2,500.

500.

ST MARY'S WOMEN AND CHILDREN'S CENTER 90 CUSHING AVENUE DORCHESTER, MA 02125	NO RELATIONSHIP NON PROFIT ORG	CHARITABLE CONTRIBUTION	15,000.
NEW HOPE INC 140 PARK ST ATTLEBORO, MA 02703	NO RELATIONSHIP NON PROFIT ORG	CHARITABLE CONTRIBUTION	15,000.

HANOVER, MA 02339

15,000.

CHARITABLE CONTRIBUTION

NO RELATIONSHIP

NON PROFIT ORG

ONE FAMILY SCHOLARS, INC 186 SOUTH ST BOSTON, MA 02111

STATEMENT 3

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

83,750.

STATEMENT 4



# (இன்கு) Scholarship Recipient List

		ספווסומו שווים וופכווסופוור בוש	_					
LASI	LEST	SIREET	TOWN	STATE	ZIP	SCHOOL	CHECK #	AMOUNT
Abbatangelo	Anna-Lisa	825 Plymouth Street	Abington	MA	02351	Abington	1065	\$250 00
Allen	Amy	4 Cobblestone Lane	Gloucester		01930	Framingham	1091	\$250 00
Askew	Devin	36 Woodward Street	Norton	MA	02766	Norton	1114	\$250.00
Atrı	Jaishri	84 Barbara Street	Lowell	MA	01854	Lowell	1100	\$250.00
Avery	Rebecca	60 Tiffany Circle	West Bridgewater	MA	02379	West Bridgewater	1131	\$250.00
Barrett-Wood	Daniel	16 Turning Mill Lake	Randolph	MA	02368	Randolph	1117	\$250.00
Barrett-Wood	Daniel	16 Turning Mill Lake	Randolph	MA	02368	Randolph	1139	\$1,500.00
Bilodeau	Krysta	22 Autumn Way	Seabrook	HN	03874	Winnacunnet High School	1134	\$250 00
Boger	Corey	P O. Box 1899	Coturt	MA	02635	Barnstable	1070	\$250 00
Bourdeau	Alicia	676 Park Street	Attleboro		02703	Attleboro	1068	\$250.00
Bourdeau	Alicia	676 Park Street	Attleboro		02703	Attleboro	1140	\$1,000 00
Brown	Robert	221 High Street	Canton	\	02021	Canton	1075	\$250 00
Brown	Amber	161 Vincent Avenue	North Providence		02904	North Providence	1113	\$250 00
Burke	Ron	12 Edward Drive	Ashland		01721	Ashland	1067	\$250 00
Cannon	Devin	пие	Mashpee		02649	Mashpee	1106	\$250.00
Carey	Alyson		Dudley		01571	Shepherd Hill Regional High	1123	\$250 00
Carner	Jaclyn		Franklin	MA	02038	Franklin	1148	\$250.00
Coen	Chelsea	60 Winthrop Street Apt #2	Woonsocket		02895	Woonsocket	1136	\$250 00
Cronin	Stephanie	24 Murphy Road	Hudson		01749	Hudson	1095	\$250.00
Cullivan	Andrew	48 Dwight Avenue	Plymouth	MA	02360	Plymouth	1149	\$250 00
Deleon	Jose	237 Chatham Street	Lynn	MA	01902	Lynn English	1103	\$250.00
DelGreco	Stefan	53 Keayne Street	Revere		02151	Revere	1119	\$250 00
DelGreco	Stefan				02151	Revere	1141	\$1,000.00
Doolan	Kasey		Foxboro	MA	02035	Foxboro	1090	\$250.00
Elliot	Jason	2 Sunset Drive			02838	Lincoln	1099	\$250 00
Fahey	Samantha	64 School Street	Middleboro		02346	Middleboro	1107	\$250.00
Flores	Karen	3 Freeland terrace #3	Worcester		01603	Bartlett	1071	\$250 00
Fonseca	Sophia	30 Narragansett Blvd	7		02719	Fairhaven	1087	\$250 00
Frauenfeldr	Allyson		Ŋ	MA	01952	Triton High	1127	\$250.00
Geary	Kate				01757	Milford	1108	\$250 00
Getchell	David	et.			02056	King Phillip	1096	\$250.00
Golebiowski	Zofia	96 Illinois Street	Central Falls		02863	Central Falls	1076	\$250.00
Gover	Michael	678 Main Street	Wakefield		01880	Wakefield	1129	\$250 00
Hagos	Hintsa	235 Bainbridge Street	Malden		02148	Malden	1104	\$250 00
Hardman	Mackenzie	60 Foch Ave	Seekonk		02771	Seekonk	1121	\$250 00
Hixon	Leah		Raynham		02767	Raynham	1118	\$250 00
Hossain	Raheeq Ameed	410 Massachusetts Ave Apt 1	Lexington		02420	Lexington	1098	\$250 00
Johnson	Kelly	375 F.W Harfrord Drive	Portsmouth		03801	Portsmouth	1116	\$250 00
Kessell	Brian		Plymouth		02360	Plymouth	1151	\$250 00
Klots	Martin		Natick		01760	Natick	1109	\$250.00
Kourembanas	Nikki		Lynn		01905	Lynn Classical	1102	\$250 00
Ledoux	Thomas	200 Wilson Street	New Bedford		02740	New Bedford	1110	\$250 00
1	Gabrielle	320 Mechanic Street	Marlboro	_	01752	Marlboro	1142	\$250 00
Lıma	Cortney	10 lvy Street	Pawtucket		02860	Charles E. Shea High	1077	\$250 00
Lima	Cortney	10 lvy Street	Pawtucket		02860	Charles E Shea High	1143	\$500 00
Maione	Graham	(9	Kıngstown		02852	North Kingstown	1112	\$250 00
Malatesta	Jonathan				03304	Bow	1073	\$250 00
Malloy	Lauren	Street		RI	02908	Classical High	1078	\$250 00
Medeiros	Mary Ashley		Dartmouth		)2748	Dartmouth	1082	\$250.00
						!		





# \$250 00 \$250.00 \$250 00 \$250.00 \$500.00 \$250.00 \$250.00 \$1,500 00 \$250 00 \$250 00 AMOUNT CHECK 1092 1158 1128 1120 1122 1122 1085 1144 1125 1083 1083 1073 1089 1074 1145 1194 1135 1126 1130 1132 1097 Warwick Veterans Memorial B.M.C. Durfee of Fall River B M C Durfee of Fall River Hope Leadership High SCHOOL Wachusett Regional Lee Cranston High East E-Cubed Academy Dighton-Rehoboth Dighton-Rehoboth Dennis-Yarmouth North Attleboro Hope Arts High West Warwick E Providence Cumberland Oliver Ames Southbridge Fewksbury Stoughton Mansfield Coventry Bourne Rockland **Falmouth** Norwood Feinstein Gateway Winthrop Brockton Westerly Ludlow Sutton Aburn ZIP 02723 02723 01590 02048 02375 01520 01550 02370 02072 22904 02864 02673 02540 02816 02532 02909 02190 02764 02764 02905 01876 STATE ¥¥ ¥≅ææ MΑ A E A A E A W W W W W MA M ğ ž ¥E 峦 TOWN East Providence West Yarmouth North Attleboro Coventry Buzzards Bay West Warwick North Dighton North Dighton Cumberland Southbridge Providence Providence Providence Weymouth Stoughton **Fewksbury** Fall River S Easton Mansfield Westfield Rockland Fall River Winthrop Norwood Cranston **Featicket** Nesterly Warwick Ludlow Auburn Holden Sutton Scholarship Recipient List 170 Worcester Street PO Box 1074 STREET 26 Lonesome Pine Road 2251 Fieldstone Drive 21 Robin Hollow Lane 433 Hopkins Hill Road 56 Chartwell Drive 2251 Fieldstone Drive 876 Providence Stree 28 May Street Apt #3 72 Homestead Road 15 Fitzpatrick Street 133 Hendnck Street 41 Oak Street Apt 3 267 Swan Street #1 155 Knollwood Ave 1 L. Wall Drive 175 Second Street 62 Cypress Street 197 Chapin Street 21 Bay Path Lane 64 Hentage Drive 16 Oakwood Ave 15 Myrtle Avenue 83 Beattle Street 83 Beattie Street 74 Dudley Road 7070 Trull Road 11 Village Lane 54 Hull Avenue 33 Cross Street 11 Neck Street 28 High Street 42 Port Circle 21 Hodges **FIRST** James Mackenzie Samantha Christoffer Anastasia Deandrea Dananna Ceyanea Kathleen Thoung Amanda Jessica Celena lesslyn Michael Colleen Marina Patrick Patrick Lauren Ashley Ashley Sarah Bruna Sarah Jaden Jason Kevin Emily Hda Rose ga Holly LAST Versackas Villeneuve Parkinson Riendeau Merrifield Vasquez Walstad Peucker Romero Sutcliffe Wagner Orciuch Stafford reacy Rosen Farullo reacy Wright Meyers Szwed Xiong Rose Monty Rose orre ran Orta Susi Urey ey

(Rev April 2008)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S		▶ File a separate application for each return	ļ		
		n Automatic 3-Month Extension, complete only Part I and check this box			x
		n Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	e 2 of this	s form)	بت
Do not comple	te Part II ι	inless you have already been granted an automatic 3-month extension on a prev	nously file	d Form 8868	
Part I Auto	matic 3	-Month Extension of Time. Only submit original (no copies needed)			
•		to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and co	mplete	
Part I only · ·					
All other corpo		including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to r aturns	equest ar	n extension of	
Electronic Fili	ng (e-file)	. Generally, you can electronically file Form 8868 if you want a 3-month auto	omatic ex	xtension of time t	o file
one of the re	turns not	ed below (6 months for a corporation required to file Form 990-T). However	er, you c	annot file Form t	8868
electronically	if (1) you	want the additional (not automatic) 3-month extension or (2) you file Forms	990-BL,	6069, or 8870, g	Jroup
R868 For mor	omposite re details	or consolidated From 990-T Instead, you must submit the fully completed and on the electronic filing of this form, visit www irs gov/efile and click on e-file for C	harities &	Nonprofits	FUIIII
Type or		Exempt Organization		er identification num	ber
print	1	E HONEY DEW FAMILY FOUNDATION, INC.	26-	1116810	
•		, street, and room or suite no. If a P.O. box, see instructions		1110010	
File by the due date for		FAUNTON STREET			
filing your return See		vn or post office, state, and ZIP code. For a foreign address, see instructions			
instructions	PT.	AINVILLE, MA 02762			
Check type o		to be filed (file a separate application for each return)			
Form 990		r====	m 4720		
Form 990	)-BL	Form 990-T (sec 401(a) or 408(a) trust) For	m 5227		
Form 990	)-EZ	Form 990-T (trust other than above)	m 6069		
X Form 990	)-PF	Form 1041-A For	m 8870		
Telephone	No ▶_	508 699-3900 FAX No ▶			
		oes not have an office or place of business in the United States, check this box		▶	
If this is for	r a Group	Return, enter the organization's four digit Group Exemption Number (GEN)		If this is	
for the whole	group, ch	eck this box ▶ ☐ If it is for part of the group, check this box ▶ ☐	and attac	ch a list with the	
names and Ell	Ns of all i	members the extension will cover			
1 I request	an auton	natic 3-month (6 months for a corporation required to file Form 990-T) extension			
untıl		02/15 ,2010 to file the exempt organization return for the organization r	named at	pove The extension	า เร
for the or	ganızatıo	n's return for			
	aalaada	s voor			
		r year or beginning 07/01, 2008 , and ending	06/3	0,2009	
<b>X</b>	tax year	077011 and chang	00/3	0,2005	
2 If this tax	year is f	or less than 12 months, check reason Initial return Final return	] Chang	ge in accounting pe	∍rıod
3a If this ap	plication	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	,	
		dits See instructions			ONE
b If this ap	plication	is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	payments		
		prior year overpayment allowed as a credit			ONE
		stract line 3b from line 3a Include your payment with this form, or, if required			
	•	n or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	m) See		
instructio					NONE
		g to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	o and Fo	orm 8879-EO	
for payment in		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5 BCC (5	4.0000
For Privacy A	ct and Pa	perwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev	4-2008)