

# 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





# 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



Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

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

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

OMB No 1545-0052

For	calendar year 2008, or tax year beginning, OCT	1, 2008	and ending	SEP 30, 2009	
		ınal return 🔲	Amended return	Address change	Name change
Use	e the IRS Name of foundation		<del>-</del>	A Employer identification	number
	nerwise PINNACLE LEADERSHIP FO	OUNDATION		26-1536108	
	print Number and street (or P O box number if mail is not deli		Room/suite	B Telephone number	
	1 type. 347 CONGRESS STREET			617-790-39	74
	Specific City or town, state, and ZIP code			C If exemption application is p	ending, check here
mst	BOSTON, MA 02210			D 1. Foreign organizations	, check here
H (	Check type of organization: X Section 501(c)(3) exe  Section 4947(a)(1) nonexempt charitable trust C	mpt private foundation Other taxable private found	ation	Foreign organizations me check here and attach co     If private foundation state	
I Fa	air market value of all assets at end of year   J   Accounting		Accrual	under section 507(b)(1)	
(fi	rom Part II, col. (c), line 16)	er (specify)		F If the foundation is in a 6	60-month termination
	\$ 3,878,337. (Part I, colun	nn (d) must be on cash	basis.)	under section 507(b)(1)	
Pá	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	181,337.			
	2 Check I if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				- <del> </del>
	5a Gross rents				
	b Net rental income or (loss)				
<u>ம</u>	6a Net gain or (loss) from sale of assets not on line 10				
Revenue	b Gross sales price for all assets on Ine da				
ě	7 Capital gair net income (from Part IV, line 2)		0.		
ш	8 Net short-frerm capital gain 1001			0.	
	8 Net short-term capital gain 9 Income mpdfications 10 Gross sales less returns 10 and allowances				
	b Less Cost of goods sold	· <del></del> , ,			
	c Gross profit or (loss)			11-000	
	11 Other income	115,008.	0.		STATEMENT 1
	12 Total Add lines 1 through 11	296,345.	0.	115,008.	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
S	15 Pension plans, employee benefits	7,873.	0.	1,653.	6,220.
benses	16a Legal fees STMT 2	1,013.		1,055.	0,220.
		<del></del>			
e E	c Other professional fees				
aţi	17 Interest STMT 3	43,984.	0.	9,079.	34,155.
stra	19 Depreciation and depletion	89,805.	0.	89,805.	
Ē	20 Occupancy	03,0031	<del></del>	03,003.	
Agr	21 Travel, conferences, and meetings				
Ę	22 Printing and publications				
Operating and Administrative Ex	23 Other expenses STMT 4	212,488.	0.	58,157.	154,331.
atin	24 Total operating and administrative				
per	expenses. Add lines 13 through 23	354,150.	0.	158,694.	194,706.
ō	25 Contributions, gifts, grants paid				
	26 Total expenses and disbursements				
	Add lines 24 and 25	354,150.	0.	158,694.	<u> 194,706.</u>
	27 Subtract line 26 from line 12;				
	Excess of revenue over expenses and disbursements				
	b Net investment income (if negative, enter -0-)		0.		
	c Adjusted net income (if negative, enter -0-)		<u> </u>	0.	F 000 DE (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30
(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ►

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ►

5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

1 3, 936, 142.

2 -57,805.

3 0.

4 3,878,337.

5 Decreases not included in line 2 (itemize) ►

5 0.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2-story brick v	cribe the kind(s) of property sold (e.g varehouse; or common stock, 200 sh	., real estate, s. MLC Co.)	(	b) How acquired P - Purchase D - Donation	(c) Date a		(d) Date sold (mo., day, yr.)
<u>1a</u>							
	ONE						
d d				· <del></del>	<del></del>		
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			in or (loss) (f) minus (	
<u>a</u>					<del>_</del>		
<u>b</u>	<del>                                     </del>			<del> </del>	<del></del>		
<u>d</u>							
<u>e</u>							
Complete only for assets show	ring gain in column (h) and owned by	1		_	(I) Gains (Co		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(K) Exces	ss of col. (ı) l. (j), ıf any	1	Losses (	from col. (I	h))
a					-		
b							
<u>c</u>					_		
d e			<del></del>				
	( If nam, also ente	r in Part I line 7		1			<del></del>
2 Capital gain net income or (net o	capital loss) { If gain, also enter of the loss of the	- in Part I, line 7	,	2			
	oss) as defined in sections 1222(5) ar	nd (6):					
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8				<b>}</b>			
Part V Qualification	Under Section 4940(e) for	Reduced T	ax on Net Ir	nvestment	ncome	<del>-</del>	
(For optional use by domestic priva	te foundations subject to the section	4940(a) tax on ne	t investment inco	me.)			
If section 4940(d)(2) applies, leave	this part blank.						
	ction 4942 tax on the distributable an	acount of any year	in the base neve	40			Yes X No
	alify un <u>der s</u> ection 4940(e). Do not co		iii tiie base perio	u'			165A NO
	each column for each year; see instr		akıng any entries.				
(a) Base period years	(b) Adjusted qualifying dis	1					
Calendar year (or tax year beginn	ing in)   Aujusteu quaniying uis	tributions		(c)	note .	Dıştrıb	(d) ution ratio
2007			Net value of nonc	haritable-use as:		Dıstrıb col. (b) dıvı	ided by col. (c))
2006		tributions				Dıstrıb col. (b) dıvı	ided by col. (c))
2006				haritable-use as:		Dıstrıb col. (b) dıvı	ided by col. (c))
				haritable-use as:		Distrib col. (b) divi	ided by col. (c))
2005				haritable-use as:		Distrib col. (b) divi	ided by col. (c))
2005 2004 2003				haritable-use as:	97.	Distrib col. (b) divi	. 455685
2005 2004 2003 2 Total of line 1, column (d)	34	4,542.	Net value of nonc	756,0		Distrib col. (b) divi	. 455685
2005 2004 2003 2 Total of line 1, column (d)	e 5-year base period - divide the total of	4,542.	Net value of nonc	756,0	97.	Distrib col. (b) divi	. 455685
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist	e 5-year base period - divide the total ence if less than 5 years	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	97.	Distrib col. (b) divi	. 455685
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist	e 5-year base period - divide the total of	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	97.	Distrib col. (b) divi	. 455685
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita	e 5-year base period - divide the total ence if less than 5 years	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	2 3 4	Distrib col. (b) divi	.455685 .455685 .455685 .809,201.
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita	e 5-year base period - divide the total ence if less than 5 years	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	2 3	Distrib col. (b) divi	.455685 .455685 .455685 .809,201.
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3	e 5-year base period - divide the total dence if less than 5 years able-use assets for 2008 from Part X,	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	2 3 4	Distrib col. (b) divi	.455685 .455685 .455685 .455685 .809,201.
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment inco	e 5-year base period - divide the total dence if less than 5 years able-use assets for 2008 from Part X,	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	2 3 4 5	Distrib col. (b) divi	.455685 .455685 .455685 .455685 .809,201. 368,741.
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3	e 5-year base period - divide the total dence if less than 5 years able-use assets for 2008 from Part X,	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	2 3 4 5	Distrib col. (b) divi	.455685 .455685 .455685 .455685 .809,201.
2005 2004 2003  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment inco	e 5-year base period - divide the total ence if less than 5 years able-use assets for 2008 from Part X, me (1% of Part I, line 27b)	<b>4</b> , <b>5 4 2</b> .	Net value of nonc	756,0	2 3 4 5	Distrib col. (b) divi	.455685 .455685 .455685 .455685 .809,201. 368,741.

_				
_	990-PF (2008) PINNACLE LEADERSHIP FOUNDATION 26-1	536108		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see instru	Ctioi	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)			^
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			0.
_	of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
i n	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			0.
J	Subtrile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
	2008 estimated tax payments and 2007 overpayment credited to 2008  6a 2,790.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld  6d			
	Total credits and payments. Add lines 6a through 6d		2.7	90.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		<del></del>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		-	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2.7	90.
	Enter the amount of line 10 to be: Credited to 2009 estimated tax			0.
	nrt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$O.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities.	1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			3.5
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	A 48		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	A 4b 5		<u>x</u>
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- 3		
c	If "Yes," attach the statement required by General Instruction T.  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?	7	X	42
'	If "Yes," complete Part II, col. (c), and Part XV.			
R۶	Enter the states to which the foundation reports or with which it is registered (see instructions)			
Ud	NH	-		
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
•	of each state as required by General Instruction G? If "No," attach explanation	86		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)? 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	10	Х	
		Form <b>990</b>	-PF(	2008)

823531 01-02-09

b If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or 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 of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2008.)

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2008)

X

3b

4a

N/A

823551

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	9,131.
	Fair market value of all other assets	1c	812,393.
	Total (add lines 1a, b, and c)	1d	821,524.
	Reduction claimed for blockage or other factors reported on lines 1a and	-10	
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	821,524.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,323.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	809,201.
6	Minimum investment return. Enter 5% of line 5	6	40,460.
	Distributed Amount ( 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		<del></del>
Р	foreign organizations check here $\mathbf{X}$ and do not complete this part.)	o contain	
1	Mınımum investment return from Part X, line 6	1	
2a	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.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
$\equiv$	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		104 706
_	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	194,706.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	104 706
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	194,706.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	194,706.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies f	or the section

2

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2007	2007	2008
1 Distributable amount for 2008 from Part XI,				0
line 7		<del></del>		0.
2 Undistributed income, if any, as of the end of 2007 a Enter amount for 2007 only			0.	
b Total for prior years:			0.	
b rotarior prior years.		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003			İ	
<b>b</b> From 2004	-			
c From 2005				
d From 2006	]			
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ N/A				
a Applied to 2007, but not more than line 2a			0.	· · · · · · · · · · · · · · · · · · ·
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	ĺ			
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		<u></u>
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2009				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	····		
8 Excess distributions carryover from 2003	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.	0.			
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9: a Excess from 2004				
b Excess from 2005				
c Excess from 2006		İ		
d Excess from 2007				
e Excess from 2008				_
	<del></del>	•		Form <b>990-PF</b> (2008)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Page 11

823611 01-02-09

Part XVI-A Analysis of Income-Produ					
Enter gross amounts unless otherwise indicated.		usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c			<del>                                     </del>		
d					
e	I I				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash		_			
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	<del></del>				<del></del>
than inventory					
9 Net income or (loss) from special events	<del></del>				<del></del>
	<del></del>		+ +-	·	
10 Gross profit or (loss) from sales of inventory	<del>  -</del>	<u></u>			<del></del>
11 Other revenue:					115 000
a OTHER USER FEES		<del></del>			115,008
b		<del></del>			
c					<del> </del>
d					
e			_		445 000
12 Subtotal. Add columns (b), (d), and (e)		0	•	0.	115,008.
13 Total. Add line 12, columns (b), (d), and (e)				13	115,008.
(See worksheet in line 13 instructions to verify calculations.)		····		<del></del>	
Part XVI-B Relationship of Activities 1	to the Accom	plishment of E	Exempt P	urposes	
Line No. Evelon below how each activity for which made	me is reported in a	olumn (a) of Part V/I	- A contributor		Just mont of
Explain below how each activity for which income the foundation's exempt purposes (other than			-A contributed	importantly to the accomp	distillent of
11A OTHER RECEIPTS RELATING	<del></del>		PROGRA	MS	
	0 10 02111				
		<del></del>			
<del></del>					
<del></del>					
<del></del>				<del></del>	<del></del>
			<del></del>		<del></del>
				<del></del>	
					<del></del>
			<del> </del>	<del> </del>	
			<del> </del>		
			<del></del>	<u> </u>	

823621 01-02-09

09120128 803222 5200000

the Code (follow than sections 501(c)) of the Code (other than section 501(c)) of genaturation or section 527 relating to political organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  b Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or Grain guarantees  (5) Loans or Grain guarantees  (5) Loans or Grain guarantees  (6) Performance of services or membership or fundasing solicitations  (6) Loans or Grain guarantees  (7) Sales of seas the section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (8) Loans or Grain purchases  (9) Loans or Grain guarantees  (10) Loans or Grain guarantees  (11) Sales of Grain guarantees  (12) Loans or Grain guarantees  (13) Loans or Loans guarantees  (14) Loans or Sales of Sales (Sales (	P	art X	VII Information Re Exempt Organ		and Transactions a	and Relationships With Nonch	aritable		<u>190 10</u>
The Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  1 Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash  (2) Other inseasches:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Rental organization of facilities, equipment, or other assets  (5) Loans or fast guarantees  (6) Performance of services or ormetheship or fundrissing solicitations  (7) Sales of assets to a noncharitable exempt organization  (8) Performance or services or ormetheship or fundrissing solicitations  (9) Performance or services or ormetheship or fundrissing solicitations  (1) Sales of assets to a noncharitable exempt organization  (1) Loans or fast guarantees  (1) Cash  (1) Performance or services or ormetheship or fundrissing solicitations  (2) Purchase guarantees  (3) Rental of facilities, equipment, mailing lists, other assets, or paid employees  (3) It assets to the above is "Yes," complete the following schedulis. Column (1) should always show the far market value of the goods, other assets, or services generally organization or services given by the reporting fundation received will see that market value in any transaction or sharing arrangements or services given by the reporting fundation received will see that market value in any transaction or sharing arrangements arrangements or services given by the reporting fundation received will be exempt organization  (4) Loans or fundation directly or indirectly affidated with, or related to, one or more tax-exempt organization or sharing arrangements are section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) If the following schedule.  (a) Name of inontaritable exempt organization  (b) Type of organization or become of invariant value or any transaction, and sharing arrangements or any transaction or transaction or invariant valu	1	Did tl	ne organization directly or indi	rectly engage in any of the follow	ing with any other organizati	on described in section 501(c) of		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other asserts  b Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Remoturement arrangements  (5) Loans or foat guarantees  (5) Loans or foat guarantees  (6) Performance of services or membership or fundasing solicitations  (6) Performance of services or membership or fundasing solicitations  (7) Sales of the answer to any of the above is "Vis." complete the following schedule. Column (p) should always show the fair market value of the goods, other assets, or services growing by the reporting foundation. If the fundation received stan fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services growing by the reporting foundation received stan fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services growing the transaction of the poods, other assets, or services growing the transaction of the poods, other assets, or services growing the properties of the goods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or services growing the properties of the poods, other assets, or ser									
(i) Sales of assets to a noncharitable exempt organization (ii) Sales of assets to a noncharitable exempt organization (iii) Sales of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iii) Loans or loan guarantees (iii) Loans or loans of the sales, or sale express received. (iii) Loans or loans or loans of the sales, or services received. (iii) Loans or loans or loans or loans of the sales, or services received. (iii) Loans or loans or loans or loans or loans of loans or loans	1						-		
(2) Purchases of assets to a noncharitable exempt organization (3) Rental of tackless, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or hordrasing solicitations (6) Performance of services or membership or hordrasing solicitations (7) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or said employees (8) Loans or loan guarantees (9) Loans or loan guarantees (15) Loans or loan guarantees (15) Loans or loan guarantees (15) Loans or loan guarantees (16) Loans or loan guarantees (16) Loans or loans are stated to the goods, other assets, or paid employees (17) Loans or loans are stated to the goods, other assets, or said employees (18) Loans or loans are stated to the goods, other assets, or said employees (19) Amount involved (19) Amount		(1) (	Cash				1a(1)		_ X
(1) Sales of assets to a nonchartable exempt organization (2) Purchases of assets from a nonchartable exempt organization (3) Retail of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Sales of loan guarantees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (16) It as solicities, equipment, analign lasts, other assets, or paid employees (16) It as solicities, equipment, analign lasts, other assets, or and employees (17) It as an according to the above is "Yes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) hardount involved (19) Amount		(2)	Other assets				1a(2)		
192   Purchases of assets from a noncharfable exempt organization   192   X   193   X   193   X   193   X   194   X   194   195   X   194   X   195   X	1	Other	transactions:					]	
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) International control of the above is Yes, Complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharfable exempt organization (d) Description of transfers, transactions, and arrangements in section 50 (f) of the Code (other than section 50 (f) of t		(1) 5	Sales of assets to a noncharita	ble exempt organization			1b(1)		_X
(4) Leas or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or services or services or services or services or services or services. (9) Lines no loan (1) Performance of the special services or services. (1) Lines no loan (1) Performance of the special services or services. (1) Lines no loan (1) Performance of the special services or services. (1) Lines no loan (2) Performance of the special services or services. (1) Lines no loan (2) Performance of the special services or services. (2) Lines no loan (3) Performance of the special services. (2) Lines no loan (3) Performance of the special services. (3) Lines no loan (4) Performance of the special services. (4) Lines no loan (4) Performance of the special services. (4) Lines no loan (4) Performance of the special services. (5) Amount involved loan (6) Name of nonchartable exempt organization (4) Description of treatments, and sharing arrangements, and so the best of my knowledge and belief, it is true, correct, and completely Contraction of prepare pulsary than typic byte fidelously is based on all information of phylograpise has any knowledge and belief, it is true, correct, and completely Contraction of prepare pulsary than typic byte fidelously is based on all information of phylograpise has any knowledge and belief, it is true, correct, and completely Contraction of prepare pulsary than typic byte fidelously is based on all information of phylograpise has any knowledge and belief, it is true, correct, and completely Contraction of these prepares is performed by the phylograpise has any knowledge and belief, it is true, correct, and completely Contraction of these prepares is performed by the phylograpise has any knowledge and belief, it is true, correct, and		(2) F	Purchases of assets from a no	ncharitable exempt organization			1b(2)	_	X
(6) Performance of services or membership or fundraising solicitations  6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees  4) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation develved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Amount involved  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  N/A  (a) Market of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  (b) Type of organization  (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (d) Description of relationship  (e) Description of relationship  (e) Description of relationship  (f) Description of relationship  (g) Rame of organization  (h) Type of organization		(3) F	Rental of facilities, equipment,	or other assets			1b(3)		_X
(6) Performance of services or membership or fundrasing solicitations  Sharing of facilities, equipment, mailing lists, other assets, or paid employees  Interest and the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  (a) Line no (b) the value of the poods, other assets, or services received.  (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  b) If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Unique penalties enjoyery, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bested, if is true, correct, and complety observation of precise judge that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bested, if is true, correct, and complety observation of precise judge that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bested, if is true, correct, and complety observation of precise judge that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bested, if is true, correct, and complety observation of precise judge that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bested, if is true, correct, and complety observation of precise judge that have examined this return, nocked a accompanying schedules and statements, and to the best of my knowledge and bested, if is true, correct, and complety of the complety of the comple		(4) F	Reimbursement arrangements				1b(4)		X
c. Starring of facilities, equipment, mailing lists, other assets, or paid employees  d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received lies than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no.  (b) Amount involved  (c) Name of nonchartable exempt organization  (d) Description of transfers, transactions, and sharing arrangements.  N/A.  (d) Description of transfers, transactions, and sharing arrangements in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description of transfers, transactions, and sharing arrangements.  If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (f) Description of relationship  (g) Type of organization  (h) Type of organization  (h) Type of organization  (g) Type of organization  (h) Type of organization  (h) Type of organization  (g) Type of organization  (h) Type of organization		(5) L	oans or loan guarantees				1b(5)		_X_
d if the answer to any of the above is "es," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received tess than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X  No   If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    Linder penaling of persyry, I diecter that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, if its five, correct, and complety observations of preserve takes the household of the including accompanying schedules and statements, and to the best of my knowledge and belief, if its five, correct, and complety observations of preserve takes the household of the including exceptions of preserve intensitying number of the personal received from the documents of the property in the section of the core of the cor		(6) F	Performance of services or me	mbership or fundraising solicitati	ions		1b(6)		_X_
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or in sect	(	Shari	ng of facilities, equipment, ma	uling lists, other assets, or paid er	mployees		1c		_X_
column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c) 3) or in section 52??    Yes   X   No	(	1 If the	answer to any of the above is	"Yes," complete the following sch	nedule. Column (b) should al	ways show the fair market value of the goods	s, other as:	sets,	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and aftering strangaments    N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?						ue in any transaction or sharing arrangement	, show in		
N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b if Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties experiency, 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 Configuration of preparer locking in the state of which preparer has any knowledge and belief, it is true, correct, and complete Configuration of preparer locking in the state of this preparer has any knowledge and belief, it is true, correct, and complete Configuration of preparer locking in the state of the best of my knowledge and belief, it is true, correct, and complete Configuration of preparer locking in the state of the best of my knowledge and belief, it is true, correct, and complete Configuration of preparer as dentifying number of the best of my knowledge and belief, it is true, correct, and complete Configuration of preparer as dentifying number of the section of the configuration of preparer as dentifying number of the correct of the configuration of preparer as dentifying number of the correct of the co		colun	nn (d) the value of the goods,	other assets, or services received	<u>.                                    </u>				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties, rhyseyry, I declave that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, if is true, correct, and completely organization of preparer subject than bappagage fiduciary) in based on all information of philophypequare has any knowledge.  Signature of officer or there  Signature of officer or there  Date  TREASURER  Check if Self- Self	<u>(a)</u>	Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, ar	nd sharing ar	rangeme	nts
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature	_				<u> </u>				
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature						<u> </u>			
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature	_		<u> </u>						
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature			· · · · · ·	<u> </u>					
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									-
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									_
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature						<u> </u>			_
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature				- <del></del>					_
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature				<del></del>					
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									
Under penalties experior, 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 taxpa) prof riduciary) is based on all information of which preparer has any knowledge    Victor   Preparer's signature									
b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties enperjury, 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 Obstigration of preparer (other than taxpalge or fiduciary) is based on all information of which preparer has any knowledge  TREASURER SOLVE Title  Preparer's signature  Preparer's signature  Rim's name (or yours it self-employed).  3 NEWTON EXECUTIVE PARK  NEWTON, MA 02462-1433  Phone no. (617) 965-5955	28	l is the	foundation directly or indirect	tly affiliated with, or related to, on	e or more tax-exempt organi	zations described			_
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties experiory, 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 backpalance) in seased on all information of which preparer has any knowledge  TREASURER SOLVETIVE  Preparer's identifying number self- in self- employed   RODMAN & RODMAN, P.C.  3 NEWTON EXECUTIVE PARK NEWTON, MA 02462-1433  Phone no. (617) 965-5955					ction 527?		Yes	X	_ No
Under penalities 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 taxpalsor) fiductary) is based on all information of which preparer has any knowledge  TREASURER SOLVE To the preparer's signature of officer or truefee  Preparer's signature  Preparer's signature  RODMAN & RODMAN, P.C.  Firm's name (or yours if self-employed), address, and ZIP code  NEWTON, MA 02462-1433  Phone no. (617) 965-5959	t	If "Ye			T				
Under penalties emperiury, 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 taxpayor) riduciary) is based on all information of which preparer has any knowledge  TREASURER SOCIETATU  Tritle  Preparer's  Signature  Preparer's identifying number selfi- selfi- firm's name (or yours if self-employed).  3 NEWTON EXECUTIVE PARK NEWTON, MA 02462-1433  Phone no. (617) 965-5959			<del></del>	anization	(b) Type of organization	(c) Description of relation	iship		
and complete Declaration of preparer (other than taxpatency fiduciary) is based on all information of which preparer has any knowledge  TREASURER SOLVE  Title  Preparer's signature  Preparer's identifying number signature  Preparer's signature  NEWTON, MA 02462-1433  Phone no. (617) 965-5959	_		N/A						
and complete Declaration of preparer (other than taxpatency fiduciary) is based on all information of which preparer has any knowledge  TREASURER SOLVE  Title  Preparer's signature  Preparer's identifying number signature  Preparer's signature  NEWTON, MA 02462-1433  Phone no. (617) 965-5959					<u> </u>				
and complete Declaration of preparer (other than taxpatency fiduciary) is based on all information of which preparer has any knowledge  TREASURER SOLVE  Title  Preparer's signature  Preparer's identifying number signature  Preparer's signature  NEWTON, MA 02462-1433  Phone no. (617) 965-5959	_	_							
and complete Declaration of preparer (other than taxpatency fiduciary) is based on all information of which preparer has any knowledge  TREASURER SOLVE  Title  Preparer's signature  Preparer's identifying number signature  Preparer's signature  NEWTON, MA 02462-1433  Phone no. (617) 965-5959	_								
and complete Declaration of preparer (other than taxpatency fiduciary) is based on all information of which preparer has any knowledge  TREASURER SOLVE  Title  Preparer's signature  Preparer's identifying number signature  Preparer's signature  NEWTON, MA 02462-1433  Phone no. (617) 965-5959	_	1 landar a	analtica afractica I declara that I b	ave averaged this nature, wall does a con-		ponts, and to the heat of my knowledge and heliof it	ie trie come		
Signature of officer or tribetee    Signature of officer or tribetee   Sate   Title							is ude, corre	Ct,	
Signature of officer or tribetee    Signature of officer or tribetee   Sate   Title			Charles	(1/2)	12/0/10		h er	,	
Him's name (or yours RODMAN & RODMAN, P.C.  3 NEWTON EXECUTIVE PARK address, and ZIP code NEWTON, MA 02462-1433  Phone no. (617) 965-5959	ē	<u>c.</u>	parture of officer or trivales	- Sur	77/10	TREASURER SOLLY	wy	<b></b>	
Him's name (or yours RODMAN & RODMAN, P.C.  3 NEWTON EXECUTIVE PARK address, and ZIP code NEWTON, MA 02462-1433  Phone no. (617) 965-5959	He	<b>V</b> 31	<del></del>				rer's identif	vina num	ber
Him's name (or yours RODMAN & RODMAN, P.C.  3 NEWTON EXECUTIVE PARK address, and ZIP code NEWTON, MA 02462-1433  Phone no. (617) 965-5959	B	\ <u>\</u>		\ / /		1 / 2 9 / 1 O self-		-	
address, and 21P code NEWTON, MA 02462-1433   Phone no. (617) 965-5959	เช	으로 라	2027	AN C PODMANT T			-10/	vij	
address, and 21P code NEWTON, MA 02462-1433   Phone no. (617) 965-5959		eps Se Se				EIN P			
MEWICH, MA 02402-1433		ᇫᄀ				Dhana no /61	71 06	5 <u>-</u> E	0 E 0
	_		MEMI	ON, FER 02402-14	±JJ				

#### Schedule B (Form 990, 990-EZ, or 990-RF)

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

	PINNACLE LEADERSHIP FOUNDATION	26-1536108
Organization type(check	s one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note</b> . Only a section 501(c)(7), (and a Special Rule See instructions.)	8), or (10) organization can check boxes
General Rule		
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in nplete Parts I and II.	money or property) from any one
Special Rules		
509(a)(1)/170(b)	1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support te (1)(A)(vi), and received from any one contributor, during the year, a contribution of the 1990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, fine 1. Complete Parts I	greater of (1) \$5,000 or (2) 2% of the
aggregate contr	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from an abutions or bequests of more than \$1,000 for use exclusively for religious, charitable, a prevention of cruelty to children or animals. Complete Parts I, II, and III	
some contribution \$1,000. (If this betc., purpose. D	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from an ons for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions ox is checked, enter here the total contributions that were received during the year for onot complete any of the parts unless the <b>General Rule</b> applies to this organization lible, etc., contributions of \$5,000 or more during the year.)	s did not aggregate to more than or an exclusively religious, charitable,
	hat are not covered by the General Rule and/or the Special Rules do not file Schedule on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-	

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

**Employer identification number** 

### PINNACLE LEADERSHIP FOUNDATION

26-1536108

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LFVC LLC  347 CONGRESS STREET  BOSTON, MA 02210	\$\$ <u>181,337.</u>	Person X Payroll
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Aggregate contributions  \$	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
		. \$	Person Payroli 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
		\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF	OTHER I	NCOME	S	TATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER USER FEES		115,008.	0.	115,008.
TOTAL TO FORM 990-PF, PART I	, LINE 11	115,008.	0.	115,008.
FORM 990-PF	LEGAL	FEES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	7,873.	0	1,653.	6,220.
TO FM 990-PF, PG 1, LN 16A =	7,873.	0	1,653.	6,220.
FORM 990-PF	TAX	ŒS	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REAL PROPERTY TAXES FEDERAL TAXES	43,234. 750.			34,155.
TO FORM 990-PF, PG 1, LN 18	43,984.	0	9,079.	34,155.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESIGN MEETING MATERIALS OFFICE POSTAGE MANAGEMENT FEES OFFSITES	1,100. 1,849. 5,376. 203. 16,500. 2,095.	0 0 0 0	. 388. 1,129. . 43. . 16,500.	869. 1,461. 4,247. 160. 0. 1,156.

BOSTON, MA 02116  JAMES J. O'BRIEN  SECRETARY 2.50  0.  ROBERT WEILER  TRUSTEE 2.50  O.  TRUSTEE	TELEPHONE 5.897. 0. 1.238. 4.56 FEES 90. 0. 19. 7 FUEL 11,117. 0. 2.335. 8,78 FEES 90. 0. 19. 7 FUEL 11,117. 0. 2.335. 8,78 FUEL 11,117. 0. 2.335. 8,78 FUEL 2,026. 0. 425. 1,66 FUEL 12,026. 0. 425. 1,66 FUEL 14,00 FUEL 1	PINNACLE LEADERSHIP FOUNDA	rion			2	6-15361
TELEPHONE 5,897. 0. 1,238. 4,65 FEES 90. 0. 19. 7 FORES 90. 0. 2,335. 8,78 ELECTRICITY 2,026. 0. 425. 1,60 ELECTRICITY 2,026. 0. 425. 1,60 ELECTRICITY 2,026. 0. 425. 1,60 EXTERNINATING 1,439. 0. 302. 1,13 EXTERNINATING 1,439. 0. 302. 1,13 EXTERNINATING 1,439. 0. 302. 1,13 EXTERNINATING 1,439. 0. 158. 54 EXECUTEDISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 54 EXECUTEDISH 1,422. 0. 299. 1,12 EXECUTEDISH 1,422. 0. 299. 1,12 EXPELIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 18,353. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 EXTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 EXTERNING 3,086. 0. 644. 2,31 LODGING 845. 0. 177. 66 EXTERNING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33 TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXPENDED TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT TRUSTEES AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS EXAMENT  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS ON O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	TELEPHONE FEES 90. 0. 1,238. 4,65 FEES 90. 0. 19. 7 FUEL 11,117. 0. 2,335. 8,76 ELECTRICITY 2,026. 0. 425. 1,66 ELECTRICITY 2,026. 0. 425. 1,66 EXTERNINATING 1,439. 0. 302. 1,13 EXTERNINATING 1,439. 0. 302. 1,13 EXTERNINATING 1,439. 0. 302. 1,13 EXTERNINATING 1,439. 0. 158. 55 EXTERNINATING 1,439. 0. 158. 55 EXTERNINATING 1,420. 0. 158. 55 EXTERNING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLEANING 1,422. 0. 299. 1,12 EXPERIES 18,353. 0. 1,568. 5,58 SUPPLIES 18,353. 0. 1,568. 5,58 SUPPLIES 18,353. 0. 1,568. 5,58 EXTERNING 1,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 EXTERNING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTERES AND FOUNDATION MANAGERS   TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS  NAME AND ADDRESS AVEG HRS/WK SATION  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS  TRUSTEES AND FOUNDATION MANAGERS   TITLE AND COMPENBER END END END END END END END END END END	CONSULTING	82.893.	0.	17	7.408.	65.48
FEES	FEES 90. 0. 19. 77 FUEL 11,117. 0. 2,335. 8,78 ELECTRICITY 2,026. 0. 425. 1,66 TRANSPORTATION 7,975. 0. 1,675. 6,30 TRANSPORTATION 7,975. 0. 1,675. 6,30 EXTERMINATING 1,439. 0. 302. 1,13 RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 55 LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLEANING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,558. 5,89 SUPPLIES 18,353. 0. 3,854. 14,45 SUPPLIES 863. 0. 181. 68 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 EXTERTING 3,086. 0. 648. 2,42 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- AVRG HRS/WK SATION CONTRIB ACCOUNT ALAN E. LEWIS PRESIDENT 400 BEACON STREET 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE  DAMES J. O'BRIEN SECRETARY 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE  TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.						
TUEL 11.1.7. 0. 2,335. 8,78 ELECTRICITY 2,026. 0. 425. 1,60 TRANSPORTATION 7,975. 0. 1,675. 6,30 EXTERMINATING 1,439. 0. 302. 1,13 RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 59 LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 EXPERING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,89 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS DAVEG HRS/WK SATION  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS DAVEG HRS/WK SATION  TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS DAVEG HRS/WK SATION  TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS  TRUSTEES AND FOUNDATION MANAGERS  TRUSTEES AND FOUNDATION MANAGERS  TRUSTEES AND FOUNDATION MANAGERS  TRUSTEES DO 0. 0.  ROBERT WEILER  TRUSTEE  2.50 0. 0.  BRUCE CILLEY TRUSTEE  2.50 0. 0.  0.  0.	TUEL 11,117. 0. 2,335. 8,78 ELECTRICITY 2,026. 0. 425. 1,66 ELECTRICITY 2,026. 0. 1,675. 6,30 EXTERNINATING 1,439. 0. 302. 1,13 ENUBRISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 59 SNOW REMOVAL 750. 0. 158. 59 CLEANING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,89 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 68 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT  NAME AND ADDRESS AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS CONTRIB ACCOUNT  ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  BEACON STREET 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE  TRUSTEES TRUSTEE  TRUSTEE 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE  2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE  2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE  2.50 0. 0. 0.  EMPLOYEE SEMPLAIN EXPENSE  AUGUST TRUSTEE  2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE  2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE  2.50 0. 0. 0.		•		_		
ELECTRICITY 2,026. 0. 425. 1,60 TRANSPORTATION 7,975. 0. 1,675. 6,30 EXTERMINATING 1,439. 0. 302. 1,13 RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 59 LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLEANING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,89 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT  TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- BEN PLAN EXPENS NAME AND ADDRESS AVEG HRS/WK SATION CONTRIB ACCOUN ALAN E. LEWIS PRESIDENT 400 BEACON STREET 2.50 0. 0. 0.  BALAN E. LEWIS SECRETARY 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.	ELECTRICITY 2,026. 0. 425. 1.66 TRANSPORTATION 7,975. 0. 1,675. 6,30 EXTERMINATING 1,439. 0. 302. 1,13 RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 55 LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLEANING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,83 SUPPLIES 863. 0. 18,533. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 66 INSURANCE 11,543. 0. 2,424. 9,11 LODGING 845. 0. 614. 2,31 LODGING 845. 0. 614. 2,31 LODGING 845. 0. 648. 2,42 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TO FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- AVER HRS/WK SATION COMPEN- BEN PLAN EXPENS TO BEACON STREET 2.50 0. 0. 0.  ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  ENDARCH SINGTON, NH 03833  EDWARD B.R. LEWIS TRUSTEE				2		
TRANSPORTATION 7,975. 0. 1,675. 6,30 EXTERMINATING 1,439. 0. 302. 1,13 RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 59 LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33 FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS    TITLE AND COMPEN- BEN PLAN EXPENSION AVEG HRS/WK SATION CONTRIB ACCOUNTED SOSTON, MA 02116   SECRETARY 2.50 0. 0. 0.	TRANSPORTATION 7,975. 0. 1,675. 6.36 EXTERMINATING 1,439. 0. 302. 1,13 RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 55 CLEANING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,88 SUPPLIES 18,353. 0. 3,854. 14,45 ROPE SUPPLIES 863. 0. 181. 68 ROPE SUPPLIES 863. 0. 181. 68 ROPE SUPPLIES 863. 0. 181. 68 CATERIANNE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT AND READ AVERG HRS/WK SATION COMPEN- BEN PLAN EXPENSE  NAME AND ADDRESS AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS CONTRIB ACCOUNT ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY 2.50 0. 0. 0.  BRUCE CILLEY 2.50 0. 0. 0.  BRUCE CILLEY 2.50 0. 0. 0.  ERUCE D B.R. LEWIS TRUSTEE				_		
EXTERMINATING RIBBISH STATEMENT STATEMENT EXTREMINATING REPOVAL SNOW REMOVAL SNOW REMOVAL SNOW REMOVAL TOO.  1.18. 44 SNOW REMOVAL TOO.  1.18. 560. 0. 118. 44 SNOW REMOVAL TOO. 1.58. 59 LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 299. 1,12 REPAIRS T,467. 0. 1,568. 5,89 SUPPLIES 18,353. 0. 3,854. 14,49 SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS CONTRIB ACCOUN  ALAN E. LEWIS AVRG HRS/WK SATION CONTRIB ACCOUN  ALAN E. LEWIS 400 BEACON STREET 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.	EXTERMINATING 1,439. 0. 302. 1,13 RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 550. LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLEANING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,83 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 688 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,911 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND AVRG HRS/WK SATION COMPEN- BENPLOYEE BEN PLAN EXPENS CONTRIB ACCOUN ALAN E. LEWIS ALAN E. LEWIS ALAN E. LEWIS ALAN E. LEWIS BENGERT WEILER TRUSTEES SECRETARY 2.50 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0.  COMPEN- BENPLOYEE BEN PLAN EXPENS CONTRIB ACCOUN CONTRIB ACCOUN ACCOUNTED ACCOUNT TRUSTEES AND FOUNDATION MANAGERS  TRUSTEE 2.50 0. 0.  O.  ROBERT WEILER TRUSTEE 2.50 0. 0.  O.  BRUCE CILLEY 2.50 0. 0.  COMPEN- BENCE CILLEY 2.50 0. 0.  COMPEN- CONTRIB ACCOUNT CONTR				1		
RUBBISH 560. 0. 118. 44 SNOW REMOVAL 750. 0. 158. 59 LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLERNING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,89 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND AVEG HRS/WK SATION CONTRIB ACCOUNT  ALAN E. LEWIS PRESIDENT 2.50 0. 0. BOSTON, MA 02116  JAMES J. O'BRIEN SECRETARY 2.50 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.	RUBBISH				-		
SNOW REMOVAL   750.	SNOW REMOVAL   750.						•
LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLEANING 1,422. 0. 299. 1,12 REPAIRS 7,467. 0. 1,568. 5,89 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43  TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- BEN PLAN EXPENS NAME AND ADDRESS ATTON  ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  BOSTON, MA 02116  JAMES J. O'BRIEN SECRETARY 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.	LANDSCAPING AND MAINTENENCE 26,114. 0. 5,484. 20,63 CLEANING 1,422. 0. 299. 1,12 CLEANING 7,467. 0. 1,568. 5,89 SUPPLIES 7,467. 0. 1,568. 5,89 SUPPLIES 863. 0. 3,854. 14,49 SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 CLOGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 STO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33 STATEMENT TRUSTEES AND FOUNDATION MANAGERS STATEMENT TRUSTEES AND FOUNDATION MANAGERS STATEMENT CONTRIB ACCOUNTIES AND EXPENS AVEG HRS/WK SATION CONTRIB ACCOUNTIES ACCOUNTIES AND EXPENS AVEG HRS/WK SATION 0. 0. 648. 2,43 STATEMENT SECRETARY 2.50 0. 0. 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. SECRETARY 2.50 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. SECRETARY 2.50 0. 0. SECRETARY 2.50 0. SECRET						
CLEANING	1,422. 0. 299. 1,12   REPAIRS				<b>-</b>		
REPAIRS 7,467. 0. 1,568. 5,89 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 68 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43  TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS   TITLE AND COMPEN-BEN PLAN EXPENS CONTRIB ACCOUN  ALAN E. LEWIS AVEG HRS/WK SATION 0. 0.  ALAN E. LEWIS 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.	REPAIRS 7,467. 0. 1,568. 5,85 SUPPLIES 18,353. 0. 3,854. 14,49 ROPE SUPPLIES 863. 0. 181. 66 INSURANCE 11,543. 0. 2,424. 9,11 ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 CODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43  TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- BEN PLAN EXPENS AVER HRS/WK SATION CONTRIB ACCOUNT AVER AUGUST AUG				_		
SUPPLIES	SUPPLIES       18,353.       0.       3,854.       14,46         ROPE SUPPLIES       863.       0.       181.       68         INSURANCE       11,543.       0.       2,424.       9,11         ENTERTAINMENT AND MEALS       2,925.       0.       614.       2,31         LODGING       845.       0.       177.       66         CATERING       3,086.       0.       648.       2,43         TO FORM 990-PF, PG 1, LN 23       212,488.       0.       58,157.       154,33         FORM 990-PF       PART VIII - LIST OF OFFICERS, DIRECTORS       STATEMENT         NAME AND ADDRESS       AVRG HRS/WK       SATION       COMPEN- BEN PLAN EXPENS         NAME AND ADDRESS       PRESIDENT       COMPEN- BEN PLAN EXPENS       CONTRIB ACCOUNTIB         ALAN E. LEWIS       PRESIDENT       0.       0.       0.         BOSTON, MA 02116       SECRETARY       0.       0.       0.         JAMES J. O'BRIEN       SECRETARY       2.50       0.       0.         ROBERT WEILER       TRUSTEE       2.50       0.       0.         ROBERT WEILER       TRUSTEE       0.       0.       0.         EMPLOYEE       BEN PLAN EXPENSION       <			-	1		
ROPE SUPPLIES	ROPE SUPPLIES					-	
INSURANCE	INSURANCE			_	3		
ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 1777. 66 CATERING 3,086. 0. 648. 2,43  TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  NAME AND ADDRESS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- BEN PLAN EXPENS AVER HRS/WK SATION CONTRIB ACCOUNT ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  BOSTON, MA 02116  JAMES J. O'BRIEN SECRETARY 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.	ENTERTAINMENT AND MEALS 2,925. 0. 614. 2,31 LODGING 845. 0. 177. 66 CATERING 3,086. 0. 648. 2,43 TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPENBER BEN PLAN EXPENS AVEG HRS/WK SATION CONTRIB ACCOUNTY ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  BOSTON, MA 02116  JAMES J. O'BRIEN SECRETARY 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  ERUCE CILLEY TRUSTEE 2.50 0. 0. 0.  ERUCH CILLEY TRUSTEE 2.50 0. 0. 0.  ERUCE CILLEY TRUSTEE 2.50 0. 0. 0.			-	-		
Secretary	Secretary				2		
CATERING   3,086.   0.   648.   2,43	CATERING   3,086.   0.   648.   2,43		•				
TO FORM 990-PF, PG 1, LN 23 212,488. 0. 58,157. 154,33  FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- BEN PLAN EXPENS AVRG HRS/WK SATION  ALAN E. LEWIS PRESIDENT 2.50 0. 0. 0.  BOSTON, MA 02116  JAMES J. O'BRIEN SECRETARY 2.50 0. 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.	TO FORM 990-PF, PG 1, LN 23  212,488.  0. 58,157.  154,33  FORM 990-PF  PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPEN- BEN PLAN EXPENS CONTRIB ACCOUNT  ALAN E. LEWIS 400 BEACON STREET 2.50 0. 0.  BOSTON, MA 02116  JAMES J. O'BRIEN  SECRETARY 2.50 0. 0.  ROBERT WEILER  TRUSTEE 2.50 0. 0.  BRUCE CILLEY 2.50 0. 0.  TRUSTEE 2.50 0. 0.  BRUCE CILLEY 2.50 0. 0.  TRUSTEE 2.50 0. 0.  BRUCE CILLEY 2.50 0. 0.  TRUSTEE 2.50 0. 0.  BRUCE CILLEY 2.50 0. 0.  TRUSTEE 2.50 0. 0.  BRUCE CILLEY 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 3. TRUSTEE 4. TRUSTEE 4. TRUSTEE 5. TRUSTEE 6. TRUSTEE 6. TRUSTEE 6. TRUSTEE 7.						
FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT  TRUSTEES AND FOUNDATION MANAGERS   TITLE AND COMPEN-BEN PLAN EXPENS AVRG HRS/WK SATION CONTRIB ACCOUN  ALAN E. LEWIS ALAN E. LEWIS PRESIDENT 2.50 0. 0.  SECRETARY 2.50 0.  ROBERT WEILER  TRUSTEE 2.50 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0.	FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPENBEN PLAN EXPENSIVE AVERO HRS/WK SATION CONTRIB ACCOUNTY ACCOUNT	CATERING	3,086.	0.		648.	2,43
FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT  TRUSTEES AND FOUNDATION MANAGERS   TITLE AND COMPEN-BEN PLAN EXPENS AVRG HRS/WK SATION CONTRIB ACCOUN  ALAN E. LEWIS ALAN E. LEWIS PRESIDENT 2.50 0. 0.  SECRETARY 2.50 0.  ROBERT WEILER  TRUSTEE 2.50 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0.	FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS  TITLE AND COMPENBEN PLAN EXPENSIVE AVERO HRS/WK SATION CONTRIB ACCOUNTY ACCOUNT	TO FORM 990-PF, PG 1, LN 23	212,488.	0.	58		154,33
400 BEACON STREET BOSTON, MA 02116  JAMES J. O'BRIEN SECRETARY 2.50 0.  ROBERT WEILER TRUSTEE 2.50 0.  TRUSTEE 2.50 0.  O.  O.  O.  O.  O.  O.  O.  O.  O.	400 BEACON STREET 2.50 0. 0. BOSTON, MA 02116  JAMES J. O'BRIEN SECRETARY 2.50 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0.  BRUCE CILLEY TRUSTEE 2.50 0. 0. 0.  KENSINGTON, NH 03833  EDWARD B.R. LEWIS TRUSTEE				ORS	STAT	EMENT
### 400 BEACON STREET	### ##################################	TRUSTEE	S AND FOUNDATION TITLE AN	MANAGERS  TO COM	PEN-	EMPLOYEE BEN PLAN	EXPENS
2.50 0. 0.  ROBERT WEILER  TRUSTEE  2.50 0. 0.  BRUCE CILLEY  TRUSTEE  22 COTTAGE ROAD  2.50 0. 0.	2.50 0. 0.  ROBERT WEILER TRUSTEE 2.50 0. 0.  BRUCE CILLEY TRUSTEE 22 COTTAGE ROAD 2.50 0. 0.  KENSINGTON, NH 03833 EDWARD B.R. LEWIS TRUSTEE	NAME AND ADDRESS	TITLE AN AVRG HRS/	MANAGERS  TO COM	PEN-	EMPLOYEE BEN PLAN	EXPENS
ROBERT WEILER  TRUSTEE  2.50  0.  0.  BRUCE CILLEY  TRUSTEE  2.50  0.  0.	ROBERT WEILER  TRUSTEE  2.50  0.  0.  BRUCE CILLEY  TRUSTEE  22 COTTAGE ROAD  EDWARD B.R. LEWIS  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE	NAME AND ADDRESS  ALAN E. LEWIS 400 BEACON STREET	TITLE AN AVRG HRS/	MANAGERS  TO COM	PEN- ION	EMPLOYEE BEN PLAN CONTRIB	EXPENS:
2.50 0. 0.  BRUCE CILLEY TRUSTEE 22 COTTAGE ROAD 2.50 0. 0.	BRUCE CILLEY  BRUCE CILLEY  TRUSTEE  22 COTTAGE ROAD  KENSINGTON, NH 03833  EDWARD B.R. LEWIS  TRUSTEE	NAME AND ADDRESS  ALAN E. LEWIS 400 BEACON STREET BOSTON, MA 02116	TITLE ANAVRG HRS/PRESIDENT 2.50	MANAGERS  TO COM	PEN- ION 0.	EMPLOYEE BEN PLAN CONTRIB	EXPENS:
BRUCE CILLEY TRUSTEE 22 COTTAGE ROAD 2.50 0. 0.	BRUCE CILLEY TRUSTEE 22 COTTAGE ROAD 2.50 0. 0. KENSINGTON, NH 03833 EDWARD B.R. LEWIS TRUSTEE	NAME AND ADDRESS  ALAN E. LEWIS 400 BEACON STREET BOSTON, MA 02116	TITLE ANAVRG HRS/PRESIDENT 2.50	MANAGERS  TO COM	PEN- ION 0.	EMPLOYEE BEN PLAN CONTRIB	EXPENS:
22 COTTAGE ROAD 2.50 0. 0.	22 COTTAGE ROAD 2.50 0. 0. KENSINGTON, NH 03833  EDWARD B.R. LEWIS TRUSTEE	NAME AND ADDRESS  ALAN E. LEWIS 400 BEACON STREET BOSTON, MA 02116  JAMES J. O'BRIEN	TITLE ANAVRG HRS/ PRESIDENT 2.50  SECRETARY 2.50  TRUSTEE	MANAGERS  TO COM	PEN- ION 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENS: ACCOUN
28 00111102 11012	KENSINGTON, NH 03833  EDWARD B.R. LEWIS TRUSTEE	NAME AND ADDRESS  ALAN E. LEWIS 400 BEACON STREET BOSTON, MA 02116  JAMES J. O'BRIEN	TITLE ANAVRG HRS/ PRESIDENT 2.50  SECRETARY 2.50  TRUSTEE	MANAGERS  TO COM	PEN- ION 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENS: ACCOUN
		NAME AND ADDRESS  ALAN E. LEWIS 400 BEACON STREET BOSTON, MA 02116  JAMES J. O'BRIEN  ROBERT WEILER	TITLE ANAVRG HRS/ PRESIDENT 2.50  SECRETARY 2.50  TRUSTEE 2.50	MANAGERS  TO COM	PEN- ION 0.	EMPLOYEE BEN PLAN CONTRIB  0.	EXPENS:
	2.50 0. 0.	NAME AND ADDRESS  ALAN E. LEWIS 400 BEACON STREET BOSTON, MA 02116  JAMES J. O'BRIEN  ROBERT WEILER  BRUCE CILLEY 22 COTTAGE ROAD	TITLE ANAVRG HRS/ PRESIDENT 2.50  SECRETARY 2.50  TRUSTEE 2.50	MANAGERS  TO COM	PEN- ION 0.	EMPLOYEE BEN PLAN CONTRIB  0.	EXPENS:

0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII