

## 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 this return to satisfy state rep

OMB No 1545-0052 2008

		venue Se			1 A			rang requirements.	09/30,20 09
_			year 2008, or tax year be			01 , 2008, and e	naing	Address shares	Name change
G	Cne	ck all t	hat apply: Initial re	turn	Final return	Amended return	L	Address change	
			Name of foundation					A Employer identific	cation number
Use the IRS JEROME LYLE RAPPAPORT CHARITABLE FOUNDATION    label									
			<del></del>					<del> </del>	1485041
•		wise, int	Number and street (or P.O be	ox number if	mail is not delivered to street	t address) Roon	n/suite	B Telephone number (see	page 10 of the Instructions)
	or t								
S		pecific	60 STATE STREET,	SUITE	1525			(61	
		ctions.	City or town, state, and ZIP	code				C If exemption applicate pending, check here	
								D 1 Foreign organizati	<b>▶</b>   1
			BOSTON, MA 02109					2 Foreign organizati	
H	Che	ck type	of organization: X Se	ction 501(	c)(3) exempt private f	oundation	•	85% test, check h	
ſ			1947(a)(1) nonexempt charita		Other taxable pr			İ	
ī			t value of all assets at end		unting method: X Ca	ash Accrual		E If private foundation under section 507(b	(1)(A), check here
	of v	ear <i>(fro</i>	m Part II, col. (c), line		ther (specify)				a 60-month termination
		▶ \$	11,211,483.		column (d) must be or	n cash basis.)			(1)(B), check here
P			sis of Revenue and Expe	nses (The					(d) Disbursements
_		total d	of amounts in columns (b), (c),	, and (d)	(a) Revenue and expenses per	(b) Net investment	:	(c) Adjusted net	for charitable
		may n	ot necessarily equal the amou in (a) (see page 11 of the insti	unts in ructions) l	books	income		income	purposes (cash basis only)
$\neg$	1				165,000.		+-		Toggit pagis Offish
			ions, gifts, grants, etc., received (attack if the foundation is <b>not</b>	required to	100,000.				· · · · · · · · · · · · · · · · · · ·
	2	Check	attach sch b			· · · · · · · · · · · · · · · · · · ·	_		
	3		on savings and temporary cash in		214,751.	203,11	<del>-</del>		
	4		nds and interest from securition		214,731.	203,11	<del>3. </del>		
	_		ents						
			tal income or (loss)		350 034		_		
e n	6a b	Net gan	n or (loss) from sale of assets not a		-359,834.		-		
Revenue	_	assets o	n line 6a 1, 43	<u>0,997.</u>			_		
ş	7	Capital	gain net income (from Part I	V, line 2) .		-0.			
_	8		ort-term capital gain				_		<del></del>
ı	9		modifications · · · · ·	• • • • •					
	IV a		ales less returns wances • • • •						
	ь	Less: Co	st of goods sold .						
	C	Gross	rofit or (loss) (mach schedu	e)			_		
	11	Other i	ncome (attach schedule)		7,469.				STMT 1
	12	Total.	Add lines 1 through 11 - 11	<u>   Ø   </u>	<u>27,386</u> .	<del>,</del>	7.		
	13	Compe	nspen of officers, directors, trust	ees, etc)	29,939.				29,939
	14	Other of	employee salaries and wages,	₩.					
ses	15	Pensio	n plans, employee benefits	Ÿ ! .					
Expenses	16a	Legal f	ees (attach schedule)					_	
욹	ь	Accour	nting fees (attach schedule)						
			professional fees (attach sch		53,121.	49,21	7.		3,904
.≟∣	17		t						
Stra	18		ittach schedule) (see page 14 of the		5,658.	7,42	9.		
֓֞֓֞֞֞֞֞֓֓֓֓֓֞֞֞֞֓֓֓֓֓֓֡֞֞֞֞֓֓֓֓֡֞֡֞֡֞֞֡֓֓֡֞֡֞֡֞֡	19		iation (attach schedule) and						
튐	20	-	ancy						
Ă	21		conferences, and meetings .		1,599.				1,599
and Administrative	22		g and publications		11,431.				11,431
	23		expenses (attach schedule) S		2,597.	20,33	4.		2,286
Operating	24		perating and administrative						
Jer.			nes 13 through 23		104,345.	76,98	0.1		49,159
ö	25		outions, gifts, grants paid		511,875.		1		511,875
			putions, girts, grants paid penses and disbursements. Add line		616,220.	76,98	0		561,034
-	26 27		ct line 26 from line 12:	9 24 BIIU 20_	0.07.420	,,,,,,,	-		3327031
					-588,834.				
			of revenue over expenses and disburs		300,034.	206,43	7		
			restment income (if negative			200,43	<del>'-</del>		· · · · · · · · · · · · · · · · · · ·
	C	Adjust	ed net income (if negative, e	nter-U-)			L		<u> </u>

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

闡写

31-1485041

P	art II	Balance Sheets Attached schedules and amounts in the description colon should be for end-of-year amounts only (See sheets)	Beginning of year	End of	
_		amounts only (oce metactions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	192,679.	55,85 <u>8</u> .	55,858
	2	Savings and temporary cash investments	2,987,570.	2,595,714.	2,595,714
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ĺ	disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	200 000	240.000	240.000
Ä	1	Investments - U S and state government obligations (attached us)	390,000.		
	1	Investments - corporate stock (attach schedule) . STMT .6	5,068,406.	4,996,550.	5,394,622
	11 6	Investments - corporate bonds (attach schedule)			
		and equipment: basis Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	2 025 200	2 000 461	2 025 200
	13 14	Investments - other (attach schedule)	2,925,289.	2,988,461.	2,825,289
		equipment: basis Less: accumulated depreciation (attach schedule)		** .	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	11 562 044	10 076 503	11 011 402
_		instructions. Also, see page 1, item I)	11,563,944.	10,976,583.	11,211,483
	17	Accounts payable and accrued expenses		<del></del>	
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe		<del>-</del>	
	23	Total liabilities (add lines 17 through 22)			
_	23	Foundations that follow SFAS 117, check here			
	į	and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
lan	25	Temporarily restricted			
ã	26	Permanently restricted		<del>" " = = = = = = = = = = = = = = = = = =</del>	
Ē	24 25 26	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. $\blacktriangleright$ $X$			
F	27	Capital stock, trust principal, or current funds	11,563,944.	10,976,583.	
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds		-	
Ä	30	Total net assets or fund balances (see page 17 of the			
ş	-	instructions)	11,563,944.	10,976,583.	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	11,563,944.	10,976,583.	
Р	art II	Analysis of Changes in Net Assets or Fund		-	
		net assets or fund balances at beginning of year - Part II, o		agree with	
		of-year figure reported on prior year's return)			11,563,944.
		r amount from Part I, line 27a	<u> </u>	2	-588,834.
3	Othe	r increases not included in line 2 (itemize) ▶ SEE STA	TEMENT 8	3	1,473.
		lines 1, 2, and 3		4	10,976,583.
5	Decr	eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line)	ne 5) - Part II, column (b),	line 30 6	10,976,583.
JS					Form <b>990-PF</b> (2008)
8E	1420 1 (	000			

Part IV Capital Gains	and Losses for Tax on Inve	stment Income			
(a) List and 2-story br	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)		
1a SEE PART IV DETA	IL				
b					
С					
d					
е					
(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) mini	
a					
b					
С					
_d					
<u>e</u>					
Complete only for assets sho	wing gain in column (h) and owned			Gains (Col. (h) ga	
(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	coi.	(k), but not less to Losses (from co	
a					
<u>b</u>					<del></del>
С					
<u>d</u>				<del></del>	
θ			<del> </del>		
2 Capital gain net income or		gain, also enter in Part I, line 7 { (loss), enter -0- in Part I, line 7	2		-304,319.
3 Net short-term capital gain	or (loss) as defined in sections 122	22(5) and (6):			
If gain, also enter in Part I,	line 8, column (c) (see pages 13 an	d 17 of the instructions).			
	ine 8		3		
Part V Qualification Un	der Section 4940(e) for Reduc	ed Tax on Net Investment Inc	ome		
	leave this part blank. the section 4942 tax on the distrib not qualify under section 4940(e). [		ase perio	d?	Yes X No
	ount in each column for each year;		fore maki	ng any entries.	
(a)	(b)	(c)		(d)	-
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col. (b) divided by	
2007	542,730.	12,905,245.		0.04	205499392
2006	459,821.	10,930,020.		0.04	206954791
2005	371,932.	9,860,487.		0.03	771943516
2004	510,493.	8,965,763.			<u>693804309                                   </u>
2003	379,031.	8,731,548.		0.04	340937025
2 Total of line 1, column (d)			2	0.22	219139033
-	for the 5-year base period - divide t				
number of years the found	dation has been in existence if less	than 5 years	3	0.04	443827807
4 Enter the net value of non	charitable-use assets for 2008 fror	n Part X, line 5	4	1	0,509,783.
			5		467,037.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		2,064.
7 Add lines 5 and 6			7	<del></del>	469,101.
8 Enter qualifying distribution of the Part VI instructions on	ons from Part XII, line 4	c in Part VI, line 1b, and complet	8 te that p	art using a 19	561,034. % tax rate. See
ICA					

' .	21 1405041		_	
	290-PF (2008) 31-1485041 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	the ins		age 4
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)  Domestic foundations that meet the section 4940(e) requirements in Part V, check  A and enter 1% of Part I, line 27b			64.
c 2 3 4 5	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Add lines 1 and 2  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		N	064. IONE 164.
b c d 7 8	Credits/Payments:  2008 estimated tax payments and 2007 overpayment credited to 2008		4,0	80.
9 10 11	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  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 > 2,016. Refunded > 11		2,0	16.
Part	VII-A Statements Regarding Activities	1		
1a		<u> </u>	Yes	No
	participate or intervene in any political campaign?	. <u>1a</u>		<u> </u>
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			٠,,
	of the instructions for definition)?	· 1b		<u> X</u>
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		<u> </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. >\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	_	N	A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1		X
-	If "Yes," attach the statement required by General Instruction T.			
	Are the requirements of section 508(a) /relating to sections 4941 through 4945) satisfied either	1	ŀ	1

instructions) 

STMT 9

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

Form 990-PF (2008)

X

X

X

7

8b

• By language in the governing instrument, or

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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

Form **990-PF** (2008)

2b

X No

X

Par	VII-B ' Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)		
5a	During the year did the foundation pay or incur any amour (1) Carry on propaganda, or otherwise attempt to influence (2) Influence the outcome of any specific public election ( directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth (4) Provide a grant to an organization other than a charita section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se (5) Provide for any purpose other than religious, charitable educational purposes, or for the prevention of cruelty t If any answer is "Yes" to 5a(1)-(5), did any of the transaction Regulations section 53.4945 or in a current notice regarding Organizations relying on a current notice regarding disaste If the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the green	nt to:  e legislation (section see section 4955); or  er similar purposes?  ble, etc., organization see page 22 of the insite page 22 of the insite page 25 of the insite page 26 or animals ons fail to qualify unding disaster assistance assistance check hon claim exemption fi	4945(e))?	Yes X No The din T	<u>5</u> b	N/A
	If "Yes," attach the statement required by Regulations secti					
	Did the foundation, during the year, receive any funds, direction a personal benefit contract?	ectly or indirectly, to p		. Yes X No	6b	X
	If you answered "Yes" to 6b, also file Form 8870.			<del></del>		
7a	At any time during the tax year, was the foundation a part	y to a prohibited tax	shelter transaction?	Yes X No		4/0
	If yes, did the foundation receive any proceeds or have any VIII Information About Officers, Directors,	Trustees Foun	dation Managers	Highly Paid Emplo	7b	NYA
	and Contractors					
1	List all officers, directors, trustees, foundation mar (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances
SEE	STATEMENT 11		29,939.	-0-		-0
	Compensation of five highest-paid employees (oth If none, enter "NONE."	er than those incl	uded on line 1 - see	page 23 of the inst	ructions).	
(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, owances
NON	JE		NONE	NONE	N	ONE
Tota	I number of other employees paid over \$50,000 .				<u></u>	NONE

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empl and Contractors (continued)	oyees,	
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service		pensation
NONE		N(	ONE
			-
		<del> </del>	
Total sumb			NONE
	er of others receiving over \$50,000 for professional services		NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number one and other beneficiaries served, conferences convened, research papers produced, etc.	Exp	enses
	WERE MADE TO 4 ORGANIZATIONS DESCRIBED UNDER IRC ON 501(C)		
			511,87 <u>5</u>
2			
3			
		<u> </u>	
4			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	<del></del>	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Am	ount
1 ÑÕNE			
2			
All other pro	gram-related investments. See page 24 of the instructions.	<del> </del>	
зйойЕ			
Total Add I	ings 1 through 2		

Pai	rt X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	eign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1 1	
a	Average monthly fair market value of securities	1a	<u>1</u> 0,550,345.
b,	Average of monthly cash balances	1b	119,485.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d		1d	10,669,830.
•			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	<b>7</b> 2	NONE
3		3	10,669,830.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25	•	
		4	160,047.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,509,783.
6	Minimum investment return. Enter 5% of line 5		525,489.
_	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) prival foundations and certain foreign organizations check here ▶ and do not complete this	ate operating	
1	Minimum investment return from Part X, line 6	. 1	525,489.
2a	Tax on investment income for 2008 from Part VI, line 5 2, 064		
ь	Income tax for 2008. (This does not include the tax from Part VI.)	1	
c	Add lines 2a and 2b	7 2c	2,064.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	523,425.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		523,425.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	•	
	line 1	.   7	523,425.
_		<u> </u>	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	. 1a	561,034.
b	Program-related investments - total from Part IX-B	1b	
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:		
8	Suitability test (prior IRS approval required)	3a	NONE
Ь	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		561,034.
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)		2,064.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		558,970.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	mute. The amount of the continue of the description of the interest of the section A940(a) reduction of the in those years		Junuation

Form **990-PF** (2008)

Page 9 Form 990-PF (2008) Part XIII Undistributed Income (see page 26 of the instructions) (b) (c) (d) Years prior to 2007 2008 Corpus 2007 Distributable amount for 2008 from Part XI, 523,425. Undistributed income, if any, as of the end of 2007: Enter amount for 2007 only . . . . . . . . . 617,637 NONE Total for prior years: 20 06 , 20 \_\_\_\_\_, 20 \_\_\_\_ Excess distributions carryover, if any, to 2008: NONE From 2003 . . . . . . NONE From 2004 . . . . . . NONE From 2005 . . . . . . NONE From 2006 . . . . . . From 2007 . . . . . . NONE NONE Total of lines 3a through e . . . . . . . . . . . Qualifying distributions for 2008 from Part XII, 561,034. line 4: ▶ \$ 561,034 Applied to 2007, but not more than line 2a . . . Applied to undistributed income of prior years (Election NONE required - see page 26 of the instructions) . . . . . Treated as distributions out of corpus (Election NONE required - see page 26 of the instructions) . . . . NONE Applied to 2008 distributable amount . . . . . NONE Remaining amount distributed out of corpus . . NONE NONE Excess distributions carryover applied to 2008. (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: NONE Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior vears' undistributed income. Subtract NONE line 4b from line 2b 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 NONE been previously assessed . . . . . . . . . . . . . d Subtract line 6c from line 6b. Taxable NONE amount - see page 27 of the instructions . . . . SEE ATTACHED STATEMENT Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount - see page 56,603 f Undistributed income for 2008. Subtract lines 4d and 5 from line 1 This amount must be <u>523,425.</u> distributed in 2009 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the NONE instructions) . . . . . . . . . . Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the NONE Excess distributions carryover to 2009. NONE Subtract lines 7 and 8 from line 6a . . . . . . . Analysis of line 9: NONE Excess from 2004 . . . NONE Excess from 2005 . . . NONE Excess from 2006 NONE Excess from 2007 . . . e Excess from 2008 . . . NONE

Form 990-PF (2008)

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICAB
`	If the foundation has					· · · · · · · · · · · · · · · · · · ·
	foundation, and the ruling	j is effective for 2008, en	ter the date of the ruling		. ▶	
Ь	Check box to indicate wh	ether the foundation is a	private operating founda	ation described in section	4942(j)(3	) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years	T	(e) Total
	justed net income from Part I or the minimum investment	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
	return from Part X for each					
	year listed			<del> </del>		
ь	85% of line 2a			<del> </del>	-	
C	Qualifying distributions from Part					
ď	XII, line 4 for each year listed .  Amounts included in line 2c not					
_	used directly for active conduct					
8	Oualifying distributions made					
-	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					<u> </u>
U	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),	:				
	or royalties)					
	public and 5 or more 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.					
Pa					had \$5,000 or more	in assets at any
_		the year - see page		ons./		
1	Information Regarding			a than 2% of the tota	I contributions received	by the foundation
a	before the close of any					by the loandation
	SEE STATE	MENT 13				
			own 10% or more o	f the stock of a corne	oration (or an equally la	arge portion of the
•	ownership of a partner					ango pormon or me
	N/A			_		
	•					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
					able organizations and	
					28 of the instructions	s) to individuals of
	organizations under ot	<u> </u>				
a	The name, address, an		f the person to whom	applications should b	e addressed:	
_	SEE STATEMENT					
Þ	The form in which app SEE ATTACHED S'			on and materials they	snoula include:	
	SEE ATTACHED S	TATEMENT FOR DI	LING 4			
	Any submission deadli	nes'				
C	SEE ATTACHED S'		INTE 2			
	DEE ATTACHED D	IMILIALIAI TOR L				
4	Any restrictions or li	mitations on awards	such as by geogra	aphical areas, charita	ble fields, kinds of in	stitutions. or other
•	factors:		,			
	SEE ATTACHED S'	TATEMENT FOR L	NE 2			
JSA 490 1	000			<del></del>		Form <b>990-PF</b> (200
- •	KF3671 L715 0	8/05/2010 16:10	5:01	73837400		13

Part XV Supplementary Information (continued)  Grants and Contributions Paid During the Year or Approved for Future Payment						
3 Grants and Contributions Paid During Recipient Name and address (home or business)	the Year or Appro	ved for Fu	ture Payment			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution			
a Paid during the year						
SEE STATEMENT 16						
		,				
į						
Total			≥ 3a	511,875		
b Approved for future payment						
				1		
	L	<u>L</u>	<u> </u>			
Total	<u> </u>		▶ 3b	<u> </u>		

gross amounts unless otherwise indicated.	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exemp function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
rogram service revenue:					the instructions )
		· · · · - · · · · · · · · · · · · ·			
				-	
				-	
Fees and contracts from government agencies					
Fees and contracts from government agencies  Iembership dues and assessments					
iterest on savings and temporary cash investments					
ividends and interest from securities			14	214,751.	
let rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal property .					
Other investment income				250 251	
ain or (loss) from sales of assets other than inventory	<b> </b>		18	-359,834.	
let income or (loss) from special events					
iross profit or (loss) from sales of inventory					
Other revenue: a	_		14	7,469.	
SEE STATEMENT 1			14	1,403.	
			<del></del>		
	<b> </b>				
ubtotal Add columns (b), (d), and (e)			<del></del>	-137,614.	
Judiotal Add Columns (b). (d). and lei	1				
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 to to XVI-B Relationship of Activities	o verify calcu to the Ac	ulations.) complishment of I	Exempt Purp	oses 13	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac		Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6
worksheet in line 13 instructions on page 28 t  XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.)  complishment of E  ch income is report  exempt purposes	Exempt Purp ed in column (other than	ooses  (e) of Part XVI-A con	-137,6

Form 990-PF (2008)
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Solicity of the Code (other than section 50 fol(s) organizations or in section 527, relating to political organizations?	1	Did the	e organization directly o	or indirectly enga	ige in any of the follo	wing with	any othe	r organization d	escribed in section		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash												
(1) Sales of assets to a noncharitable exempt organization	а	Transfers from the reporting foundation to a noncharitable exempt organization of:										
(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) Lona or long quarantees (5) Lona or long quarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Link answer to any of the above is "ves," 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 (d) the 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 (d) the value of the goods, other assets, or services received.  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization (e) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization (e) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization (e) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization (e) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization (e) Description of transfers, transactions		(1) Cash									X	
Differ transactions:   18	4 .											
Sales of assets to a noncharitable exempt organization   Sale of assets from a noncharitable exempt organization   Sale of S												
(a) Purchases of assets from a noncharitable exampt organization  (b) Reinbursement arrangements  (c) Performance of services or membership or fundraising solicitations  (d) Reinbursement arrangements  (e) Performance of services or membership or fundraising solicitations  (e) Performance of services or membership or fundraising solicitations  (f) Performance of services or membership or fundraising solicitations  (f) Performance of services or membership or fundraising solicitations  (f) Performance of services or membership or fundraising solicitations  (f) If the answer to any of the above in "Ces," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  (d) Line no.  (e) Description of transfers, transactions, and sharing arrangements  (e) Description of transfers, transactions, and sharing arrangements  (e) Description of transfers, transactions, and sharing arrangements  (f) Description of transfers, transactions, and sharing arrangements  (e) Description of transfers, transactions, and sharing arrangements  (f) Performance of complete the following schedule  (a) Nemo of organization  (b) Typo of organization  (c) Description of relationship  (e) Description of relationship  (e) Description of relationship  (f) Perparer's  (e) Description of relationship  (f) Perparer's  (g) Perparer												х
(a) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundrishing solicitations  (6) Performance of services or membership or fundrishing solicitations  (6) Performance of services or membership or fundrishing solicitations  (7) Interest of the shows in 1945   X   1946   X   19												
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundralising solicitations (6) Performance of services or membership or fundralising solicitations (8) Performance of services or membership or fundralising solicitations (8) Performance of services or membership or fundralising solicitations (8) Performance of services or membership or fundralising solicitations (8) If the answer to any of the above is Yes, "complete the following schedules column (b) should always show the fair market value of the goods, other assets, or services received.  (a) Line no.  (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements  (a) Line no.  (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements  (e) Description of relationship  (f) Preparer's identifying number (see Signature on page 30 of the polymous page 30 of										1		
(6) Loans or loan guarantees (7) Loans or loan guarantees (8) Performance of services or membership or fundrishing solicitations (8) Performance of services or membership or fundrishing solicitations (9) Life 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 less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services sets 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 (d) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements section 501(c) of the Code loads that the section 501(c)(3) or in section 527?   Yes   X No  b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (d) Description of relationship    Index pepalaties of perjory, I declare that I have examined this return, including accompanying chedules and statements, and to the best of my knowledge and belief, ly's tipe, correct, and complete Declaration of preparer (other than taxpayer or feduciary) is based and information of which preparer has any knowledge.    Index pepalaties of perjory, I declare that I have examined this return, including accompanying chedules and statements, and to the best of my knowledge.    Index pepalaties of perjory, I declare that I have examined this return, including accompanying chedules and statements, and to the best of my knowledge.    Index pepalaties of perjory, I declare that I have examined this return, including accompanying chedules and statements, and to the best of my knowledge.    Index pepalaties of perjory, I declare that I have examined this return, including accompanying chedules and statements, and to the best of my knowledge.												
(6) Performance of services or membership or fundraising solicitations  (8) Performance of services or membership or fundraising solicitations  (9) Line of actificities, equipment, mailing lists, other assets, or pade makes to any of the above is "ves," 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 (d) the value of the goods, other assets, or services received.  (a) Line no. (b) Amount involved (d) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  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 5277. Yes, "Complete the following schedule"  (a) Name of organization  (b) Type of organization  (c) Name of organization  (d) Description of relationship  (e) Description of relationship  (e) Description of relationship  (e) Description of relationship  (f) Name of organization  (g) Name of organization  (g) Name of organization  (h) Type of organization  (g) Type of organization  (g) Description of relationship  (h) Type of organization  (g) Description of relationship  (h) Type of organization  (g) Description of relationship  (g) Preparer's identifying number (self-employed by International Company)  (g) Preparer's identifying number (self-employed by International Compan										1		
c Sharing 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 greatered.  (a) Line no.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  (a) Line no.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  (e) Line no.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  (e) Line no.  (f) Description of transfers, transactions, and sharing arrangements  (g) Line no.  (g) Name of organization  (h) Type of organization  (h) Dato  (h) Type of organization  (h) Type of organiz												
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 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  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 5277										I .	-	
arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no. (b) Amount involved (d) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements  (a) Line no. (b) Amount involved (d) Name of nonchantable exempt organization  (a) Line no. (b) Amount involved (d) Name of nonchantable exempt organization  (a) Line no. (b) Amount involved (d) Name of nonchantable exempt organization  (a) Line no. (b) Amount involved (d) Name of nonchantable exempt organizations described in section 50 (c) of the Code (other than section 501(c)) of the Code (other than section 501(c)) of the Code (other than section 501(c)) or in section 5277				_							£ 41	
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 shaning arrangements  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  Under pepalties 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's tripe, correct, and complete Declaration of preparar (other than integration)    Under pepalties 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's tripe, correct, and complete Declaration of preparar (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.    Under pepalties 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's tripe, correct, and complete Declaration of preparar (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.    Preparer's dientifying number (see Signature) persons of the instructions)   Proporty of Signature on page 30 of the instructions)   Proporty of Signature on page 30 of the instructions   Proporty of Signature on page 30 of the instructions   Proporty of Signature on page 30 of the instructions   Proporty of Signature on page 30 of the instructions   Proporty of Signature on page 30 of the instructions   Proporty of Signature on Proporty of	d											
(a) Line no. (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements  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 5277			<del>-</del>					ess than fair ma	rket value in any trar	isactio	nors	naring
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 5277.		arrang	ement, show in column (	d) the value of the	e goods, other assets, o	r services r	eceived.					
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 5277.		—										
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	(a) L	ine no.	(b) Amount involved	(c) Name of n	oncharitable exempt organ	uzation	(d) De	scription of transfe	rs, transactions, and shar	ring arra	ngeme	nts
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes								·	<del></del>		_	
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes				<del></del>							_	
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes							_					
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes								_				
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes					-				-			
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes					<del> </del>							
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										-	-	
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	2-	ا ا	foundation directly or	indicatly offiliat	tod with or related to	000 OF 1	more tay	evemnt organiz	ations described in			
b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship      V/A	<b>Z</b> a									$\square_{v}$	es 📑	X No
(a) Name of organization  (b) Type of organization  (c) Description of relationship    N/A	L				o (c)(3)) or in section :	3271						<u></u>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.    Supporture of officer or trustee	D	IT Yes			(b) Type of ord	nanization			c) Description of relation	shin		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.    Supparting of officer or trustee				<u>'</u>	(b) Type of ore			<u>`</u>	o, boompton on total on			
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  Firm's name for yours if self-employed), address, and ZIP code  BOSTON, MA  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  EIN  02205-5806 Phone no. 617-482-5270			/4		<del></del>				·			
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  Firm's name for yours if self-employed), address, and ZIP code  BOSTON, MA  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  EIN  02205-5806 Phone no. 617-482-5270									<del></del>			
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  Firm's name for yours if self-employed), address, and ZIP code  BOSTON, MA  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  EIN  02205-5806 Phone no. 617-482-5270									<del></del>			
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  Firm's name for yours if self-employed), address, and ZIP code  BOSTON, MA  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  EIN  02205-5806 Phone no. 617-482-5270				-						_		
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  Firm's name for yours if self-employed), address, and ZIP code  BOSTON, MA  Date  Check if self-employed Signature on page 30 of the instructions) P00709770  EIN  02205-5806 Phone no. 617-482-5270						<u> </u>				·	noudos	las sad
Signature of officer or trustee  Date  Date  Check if self-employed signature or page 30 of the instructions)  Firm's narge for yours if self-employed), address, and ZIP code  Figure 1		Under belief,	penalties of perjury, I decia	are that I have exa plete Declaration o	amined this return, include of preparer (other than tax	ing accompa (payer or fidi	inying sch uciary) <u>i</u> s	based on all infor	nents, and to the best to mation of which prepare	er has a	ny kno	wledge.
Signature of officer or trustee  Date  Date  Check if self-employed signature on page 30 of the instructions)  Firm's name for yours if self-employed), address, and ZIP code  Title  Preparer's identifying number (See Signature on page 30 of the instructions)  P00709770  FIDUCIARY TRUST COMPANY  EIN > 04-1309690  Phone no. 617-482-5270	-	7	/   · · · · · · · · · · · · · · · · · ·					1.	A /			
Preparer's identifying number (See Signature on page 30 of the instructions) Proparer's signature  Preparer's signature  Preparer's identifying number (See Signature on page 30 of the instructions) P00709770  Firm's name (or yours if self-employed), address, and ZIP code  BOSTON, MA  02205-5806 Phone no. 617-482-5270		<b>\</b>		<u> </u>				made.		<i>asu</i>	<u></u>	
Firm's narge (or yours if self-employed), address, and ZIP code  FIDUCIARY TRUST COMPANY  P.O. BOX 55806  BOSTON, MA  02205-5806  Phone no. 617-482-5270	9	Sig	gpature of officer or trustee				Date					
Firm's narge (or yours if self-employed), address, and ZIP code  FIDUCIARY TRUST COMPANY  P.O. BOX 55806  BOSTON, MA  02205-5806  Phone no. 617-482-5270	운	(				Date		Check if				
Firm's narge (or yours if self-employed), address, and ZIP code  FIDUCIARY TRUST COMPANY  P.O. BOX 55806  BOSTON, MA  02205-5806  Phone no. 617-482-5270	되	ς >	Prenarer's		-//	18/	///				pago o	, 0, 1,,0
Firm's narge (or yours if self-employed), address, and ZIP code  FIDUCIARY TRUST COMPANY  P.O. BOX 55806  BOSTON, MA  02205-5806  Phone no. 617-482-5270	ιšΊ	P 를 드		~ Ch	la .		9/10		P00709	770		
and ZIP code BOSTON, MA 02205-5806 Phone no. 617-482-5270	-	Pa eps	Firm's name (or yours if	FIDUCI	ARY TRUST COM	IPANY			EIN ► 04-1309	690		
and ZIP code BOSTON, MA 02205-5806 Phone no. 617-482-5270		₽ ⊃			3OX 55806							
			and ZIP code				0	<u> 2205-</u> 5806	Phone no. 617-4	82-5	270	
				<u></u>						_		(2008)

### 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

**Employer identification number** Name of the organization JEROME LYLE RAPPAPORT CHARITABLE FOUNDATION 31-1485041 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2008) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Name of o	(Form 990, 990-EZ, or 990-PF) (2008)  Organization  E LYLE RAPPAPORT CHARITABLE FOUNDATION		Page of of Part Employer identification number
	Contributors (see instructions)		31-1485041
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	MIGUEL ARAMBULA  C/O RAPPAPORT OFFICE, 60 STATE STREET  BOSTON, MA 02109	\$165,000.	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
			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

JSA 8E1253 1 000

(a)

No.

a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

(Complete Part II if there is

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

Person Payroll Noncash

Person Payroll Noncash

(b)

Name, address, and ZIP + 4

(c)

Aggregate contributions

FORM 990PF, PART I - OTHER INCOME 

NET INVESTMENT INCOME EXPENSES PER BOOKS REVENUE AND DESCRIPTION

TOTALS

PARTNERSHIP INCOME

7,469.

80,298.

7,469.

80,298.

21

STATEMENT

73837400

22

H
II

CHARITABLE PURPOSES		
NET INVESTMENT INCOME	49,217.	49,217.
REVENUE AND EXPENSES PER BOOKS	49,217.	53,121.
		TOTALS
DESCRIPTION	FIDUCIARY TRUST CO.: INVESTMENT MANAGEMENT FRANK BARRETT: CONSULTING SERVICES	

7

ຜ	II
团	ii.
AX	11
	11
H	
1	ii
•	ii
Н	ΪĬ
	И
H	11
AR	II
PA	ii
щ	 
_	11
Ē	ii
ם	ii
0	ij
σ	11
σ	H
_	ij
⋛	ij
Ä	II
۲,	 
_	"

	NET	INVESTMENT	INCOME	 			7,429.	7,429.	
REVENUE	AND	EXPENSES	PER BOOKS		300.		5,358.	5,658.	
								TOTALS	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EXCISE TAX	FOREIGN TAX WITHHELD	ON DIVIDENDS		

STATEMENT

73837400

EXPENSES	
OTHER	
- 1	į
Н	į
PART	
990PF,	
FORM	

	CHARITABLE	PURPOSES	1 1 1 1 1 1 1 1 1 1	2,036.	250.					2,286.	
!	NET TNVESTMENT	INCOME	1 1 1 1 1 1			287.	24.	20,023.		20,334.	
REVENUE	AND	PER BOOKS	1 1 1 1 1 1	2,036.	250.	287.	24.		1 1 1 1 1 1 1 1 1 1	2,597.	
										TOTALS	
		DESCRIPTION	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	OFFICE EXPENSE	FILING FEE	DEPOSITARY FEE	BANK CHARGES	PARTNERSHIP EXPENSES			

Ŋ

- U.S. AND STATE OBLIGATIONS FORM 990PF, PART II

JEROME LYLE RAPPAPORT CHARITABLE FOUNDATION

31-1485041

ENDING FMV 	250,000.	15,000.	.000.	340,000.	
ENDING BOOK VALUE	. 250,000.	15,000.	.000.	340,000.	
DESCRIPTION	250000 CLARK CNTY NEV POLLUTN	15000 MASS ST DIV FIN AGY	8:/8/ 1/1/2038 75000 WAKE CNTY NC INDL FACS 6:869 7/15/2030	TOTALS	

BOOK VALUE ASSET STATEMENT

PAGE 1 ACCOUNT NO.73837400

AS OF 09/30/09

31-/48564/
JEROME LYLE RAPPAPORT FDN.

# FORM 990-PF, PART IT-BALANCE SHEET

6,240.00 1,680.00 3,520.00 8,676.00 1,800.00 174.80 4,900.00 5,689.78 640.00 4,284.00 6,880.00 8,000.00 6,795.00 5,712.00 2,101.25 4,840.00 8,012.00 1,000.00 4,362.00 4,800.00 10,260.00 2,475.00 ANNUAL INCOME ESTIMATED 60,492.00 152,560.00 279,909.45 2,420.00 146,811.00 233,274.00 115,560.00 334,362.00 174,150.00 290,640.00 212,721.00 275,800.00 275,490.00 73,940.40 152,225.00 173,906.04 107,825.00 151,140.00 342,060.00 148,755.00 205,760.00 1,457,069.78 184,470.00 94,420.00 148,600.00 34,200.00 85,785.00 159, 155.71 MARKET VALUE 73,000.00 752,500.00 157,505.18 45,389.00 127,976.76 80,880.00 198,522.00 136,100.00 182,771.73 1,457,069.78 148,648.40 214,687.50 43,945.50 111,375.00 174,420.00 47,118.75 146,218.84 .39,000.00 26,850.00 353,730.09 89,315.00 153,226.80 223,165.00 71,351.40 168,229.54 129,945.60 244,690.31 BOOK VALUE 68,125.00 133,093.20 43,945.50 8,816.09 132,954.38 127,976.76 153,226.80 223,165.00 0.01 198,522.00 89,315.00 71,351.40 1,457,069.78 829.46 152,160.00 25,766.99 244,690.31 45,389.00 174,420.00 80,880.00 136,100.00 146,482.60 60,052.18 7,154.42 35,506.83 5,797.59 20,046.61 6,311.62 NATIONAL OILWELL VARCO INC COM CRYSTAL RIVER CAPITAL INC COM DREYFUS INSTL CASH ADVANTAGE BAXTER INTERNATIONAL INC COM HONEYWELL INTERNATIONAL INC ૭ EDWARDS LIFESCIENCES CORP NOVARTIS AG SPONSORED ADR COLGATE-PALMOLIVE CO COM BANK OF AMERICA CORP COM DIAGEO PLC SPONSORED ADR HEWLETT-PACKARD CO COM EQUITIES/COMMON STOCK - STATEMENT JOHNSON & JOHNSON COM FUND-INSTL ADV SHARES ROYAL DUTCH SHELL PLC EXXON MOBIL CORP COM ISHARES BARCLAYS TIP KONINKLIJKE PHILIPS ELECTRONICS N V ADR ABBOTT LABORATORIES ANALOG DEVICES COM SPONSORED ADR A SH STERICYCLE INC COM NYSE EURONEXT COM CRANE COMPANY COM HEINEKEN N V ADR APACHE CORP COM GOOGLE INC CL A STAPLES INC COM PEPSICO INC COM CHUBB CORP COM SECURITIES ETF INTUIT INC COM 3M COMPANY COM DESCRIPTION CASH/CASH EQUIVALENTS 7139.00 2000.00 4000.00 7500.00 2500.00 2500.00 SHARES/UNITS 1457069.78 00000.00 3000.00 4370.00 6000.00 1200.00 2000.00 0845.00 2000.00 3000.00 2100.00 3400.00 300.00 6912.00 2000.00 4000.00 1200.00 2000.00 3000.00 1500.00 5700.00 PAR VALUE

PAGE 2 ACCOUNT NO.73837400

BOOK VALUE ASSET STATEMENT
AS OF 09/30/09
31-1485041
JEROME LYLE RAPPAPORT FDN.

FRM 990 PF PART I - BALANCE SHEET

PAR VALUE SHARES/UNITS	DESCRIPTION	COST	BOOK VALUE	MARKET VALUE	ESTIMATED ANNUAL INCOME
EQUITIES/COMMON STOCK (CONT.) -	TOCK (CONT.) - STATEMENT 6				
7500.00	TEVA PHARMACEUTICAL INDS LTD	219,428.85	220,223.75	379,200.00	3,375.00
00 0000	ADR TOTAL S A ADR	134,876.05	134,876.05	118,520.00	5,426.00
3500.00	US BANCORP COM (NEW)	80,640.46	77,501.62	76,510.00	100.00
2000.00	WELLS FARGO & CO	41,913.06	43,810.00	56,360.00	400.00
TOTAL EQUITIE	TOTAL EQUITIES/COMMON STOCK	2,876,886.10	4,996,549.62	5,394,621.60	117, 622.83
MUTUAL FUND INVESTMENTS	TMENTS - STATEMENT 7				
13875 927	ALLTANZ NEJ INTL VALUE FUND	186,978.50	186,978.50	250,738.00	4,357.04
10412.168	ARTIO INTERNATIONAL EQUITY II	166, 265.31	166, 265.31	125,778.99	3,758.79
077 4400	CL I	127,012,77	127,013.35	128,979.76	248.61
3640.00	ISHARES BARCLAYS 1-3 YEAR	363, 323.74	363, 323.74	379,906.80	15,146.04
7504.69	CREDIT BOND ETF LEUTHOLD ASSET ALLOCATION FUND	80,000.00	80,000.00	68,442.77	1,560.98
3466.01	INSTL CL OAKMARK INTERNATIONAL FUND CL	42,594.60	64,414.44	56,322.66	4,821.22
3000.00	I S&P NORTH AMERICAN TECH	120,300.00	120,300.00	130,650.00	456.00
00 009	SOFTWARE INDX FD	50,857.32	50,857.32	59,310.00	00.0
16071.429	THOMAS WHITE INTERNATIONAL	179,739.64	179,739.64	239,785.72	3,969.64
204 3204	FUND THOSHBIRD INT. VALUE FUND I	110.250.00	110,250.00	118,813.12	1,493.68
24726.409	VANGUARD GNMA FUND ADMIRAL SHS	255, 671.07	255, 671.07	265,808.90	9,079.34
1600.00	WISDOMTREE INT'L SMALLCAP DIV	106,915.68	106,915.68	71,520.00	1,313.60
OTHER INVESTMENTS:	ENTS:				
MADISON	MADISON AVE CDO I LTD PREF SHS 144A		250,000.00	2,500.00 500.000.00	
NEW BOS	FUND		225,000.00	225,000.00	
VERO DI	VERO DISTRESSED ABS OPPORTUNITY FD LP		201,731.90 2,988,461.00	$\frac{201,731.90}{2,825,289.00}$	0 (ROUNDED)

FORM	990PF,	PART	III	- OTHER	INCREASES	IN NE	T WORTH	OR	FUND	BALANCES
=====	=====:	=====	====	======		=====	======	===:	=====	=======

DESCRIPTION AMOUNT

REIT BOOK VALUE ADJUSTMENTS
ROUNDING ADJUSTMENT

1,472.

TOTAL
1,473.

STATE(S) WHERE THE FOUNDATION IS REGISTERED 

> FLMΑ

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

MIGUEL ARAMBULA C/O RAPPAPORT OFFICE, 60 STATE STREET BOSTON, MA 02109 FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

JEROME LYLE RAPPAPORT

ADDRESS:

60 STATE STREET

BOSTON, MA 02109

TITLE:

TRUSTEE

OFFICER NAME:

PHYLLIS E. RAPPAPORT

ADDRESS:

60 STATE STREET

BOSTON, MA 02109

TITLE:

TRUSTEE

OFFICER NAME:

JAMES W. RAPPAPORT

ADDRESS:

60 STATE STREET

BOSTON, MA 02109

TITLE:

TRUSTEE

OFFICER NAME:

NANCY RAPPAPORT

ADDRESS:

**60 STATE STREET** 

BOSTON, MA 02109

TITLE:

TRUSTEE

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

OFFICER NAME:

JON RAPPAPORT

ADDRESS:

60 STATE STREET BOSTON, MA 02109

TITLE:

TRUSTEE

OFFICER NAME:

WILLIAM P. GALATIS

ADDRESS:

73 CHELSEA ST., UNIT 302 CHARLESTOWN, MA 02129

TITLE:

EXECUTIVE DIRECTOR

OFFICER NAME:

KATHERINE EDWARDS

ADDRESS:

60 STATE STREET

BOSTON, MA 02109

TITLE:

EXECUTIVE DIRECTOR

TOTAL COMPENSATION:

29,939.

12

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS \_\_\_\_\_

JEROME LYLE RAPPAPORT JAMES W. RAPPAPORT

JEROME LYLE RAPPAPORT CHARITABLE FOUNDATION FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

JEROME LYLE RAPPAPORT

ADDRESS:

C/O RAPPAPORT OFFICE, 60 STATE ST.

BOSTON, MA 02109

RECIPIENT'S PHONE NUMBER: 617-227-7345

FORM, INFORMATION AND MATERIALS:

N/A

SUBMISSION DEADLINES:

N/A

RESTRICTIONS OR LIMITATIONS ON AWARDS:

N/A

31-1485041 . JEROME LYLE RAPPAPORT CHARITABLE FOUNDATION FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: DECORDOVA MUSEUM & SCULPTURE PARK ADDRESS: 51 SANDY POND ROAD LINCOLN, MA 01773-2600 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID ..... 6,500. RECIPIENT NAME: SUFFOLK UNIVERSITY ADDRESS: ONE BEACON STREET BOSTON, MA 02108 RELATIONSHIP: N/A PURPOSE OF GRANT: RAPPAPORT HONORS PROGRAM FOUNDATION STATUS OF RECIPIENT: EXEMPT 500,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: SMITH COLLEGE RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT:

EXEMPT

. JEROME LYLE RAPPAPORT CHARITABLE FOUNDATION 31-1485041 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: ALLIANCE FOUNDATION ADDRESS: 1493 CAMBRIDGE STREET CAMBRIDGE, MA 02139 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: EXEMPT 

TOTAL GRANTS PAID: 511,875.

## JEROME LYLE RAPPAPORT CHARITABLE FOUNDATION 31-1485041

**FISCAL YEAR END:** 9/30/2009

## FORM 990-PF, PART VII-B LINE 2A & PART XIII LINE 6E

Due to an administrative oversight, \$56,603.00 of the foundation's required distributable amount remained undistributed as of September 30, 2009. A corrective action has been taken. A distribution of \$125,000 to the Cure Alzheimer's Fund was made on December 8, 2009 (see authorization and acknowledgement attached)

We respectfully request that the IRS consider the above as reasonable cause and under IRC Sec. 4962 abate any assessed first-tier tax.



December 22, 2009

Phyllis Rappaport New Boston Fund, Inc. 60 State Street

Boston, MA 02109

Dear Ms. Rapport,

34 Washington St , Suite 300 Wellesley Hills, MA 02481 ph 781-237-3800 www.curealzfund.org

Thank you very much for the gift of \$125,000.00 received on 12/8/2009. Your generosity allows us to continue working toward a cure for Alzheimer's disease which is critically important as the number of Alzheimer's patients continues to rise.

Our research is focused on work that will carry us closer to a cure. Thanks to individuals like you, Cure Alzheimer's Fund projects are accelerating progress towards a better understanding of the disease and therefore better chances at developing effective therapeutic intervention.

Your donation is fueling some of the most important breakthrough work in Alzheimer's research. In particular, your contribution is helping to fund:

## The Alzheimer's Genome Project

Has identified approximately 100 genes associated with Alzheimer's. This genetic "Rosetta Stone" is enabling researcheres to find the biological pathways that play the greatest role in the disease.

## Breakthrough translational research

Is moving discoveries about the causes of the disease to potential treatments that affect AD's basic pathology -- not just the symptoms.

Research that is breaking old paradigms in the search for a cure

Through, for example, exploration of how one critical element in AD pathology, the Abeta peptide, may in fact be part of the brain's immune system; how Alzheimer's, stroke and traumatic brain injury are linked; and how elements long associated with the disease, such as the proteins Abeta and Tau, actually affect AD pathology.

Cure Alzheimer's Fund is providing the fast flexible funding that researchers need to pursue discoveries as they unfold and we are grateful for your help in making it happen. Thank you again for your generosity. I hope you will continue to be part of our progress and help us end Alzheimer's disease.

Sincerely,

Tim Armour President

Please retain this letter for your tax records. It serves as a receipt for your gift.

No goods or services have been provided in exchange for this contribution. Cure Alzheimer's Fund is a "doing business as" name for the Alzheimer's Disease Research Foundation, a 501c3 non-profit corporation with Federal Tax ID #52-2396428.



PROMOTING EMERGING LEADERS

**VIA EMAIL** 

December 8, 2009

Mr. Don Keyser Fiduciary Trust Company 175 Federal Street Boston, Massachusetts 02110-2289

Re:

Jerome Lyle Rappaport Charitable Foundation

Account #: 73837400

Dear Don:

Under our authority under Article 6(j) of the Jerome Lyle Rappaport Charitable Foundation, please transfer \$125,000 (one hundred and twenty five thousand dollars) from Fiduciary Account #: 73837400 to the following account:

Bank of New York ABA: 021000018

For credit to beneficiary: Pershing LLC Beneficiary Account #: 890-051238-5

For Further credit to Ultimate Beneficiary: Cure Alzheimer's Fund

Account Number: 67M112370

If you have any questions please call me at 617-227-7345 or my assistant Jannelle at 617-878-7755. Thank you for your anticipated cooperation in this matter.

Very truly yours,

JEROME LYLE RAPPAPORT

/jdn

FORM 990-PF - PART IV

CAPITAL GA	NINS AND LO	SSES FOR	R TAX ON	INVEST	VI PI	ENT INCOM	<u>E</u>
Kind of Property		Descr	iption		or D	Date acquired	Date sold
Gross sale Depreciation price less allowed/ expenses of sale allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
	TOTAL SHORT	TERM CAPIT	AL GAIN DI	VIDENDS		297.	
	TOTAL LONG-	TERM CAPITA	AL GAIN DIV	IDENDS		42,561.	
73,695.00	1700. BP AM PROPERTY TY 100,402.00				₽	12/30/2004	10/22/200
73,033.00	13550.808 0	AKMARK INTE	ERNATIONAL	FUND CL	P	01/22/2008	10/22/200
165,591.00	PROPERTY TY 271,433.00	PE: SECURIT	CIES			-105842.00	
	14681.598 O PROPERTY TY			FUND CL	P	12/14/2006	10/22/200
179,409.00	276,665.00	re. BECOKI	. 1155			-97,256.00	
	1144.302 KI PROPERTY TY			RTUNITIE	P	01/22/2008	10/22/200
16,192.00	30,685.00					-14,493.00	
83,808.00	5922.836 KI PROPERTY TY 133,678.00			RTUNITIE	1	07/27/2006 -49,870.00	10/22/200
	10216. HUSS			FUND	P	10/22/2008	11/10/200
147,928.00	154,989.00					-7,061.00	
50,296.00	3868.923 KI PROPERTY TY 87,322.00			RTUNITIE	<u>P</u> 	-37,026.00	12/23/200
30,290.00	1000. PEPSI	CO INC			   p	10/08/1976	12/31/200
54,966.00	PROPERTY TY 1,112.00	PE: SECURI	TIES			53,854.00	•
	23629.49 VA PROPERTY TY			RAL SHS	1	07/09/2008	12/31/200
250,000.00	244,329.00	II. BICORT	. 1 1 1 1			5,671.00	
9 (99 99	3333. CITIG PROPERTY TY		PIES		P	09/30/2005 -154245.00	07/21/200
8,699.00	162,944.00					-134243,00	

FORM 990-PF - PART IV

1000. CRANE COMPANY COM PROPERTY TYPE: SECURITIES 22,563.00  1500. PEPSICO INC PROPERTY TYPE: SECURITIES 1,661.00  400. STERICYCLE INC PROPERTY TYPE: SECURITIES 19,914.00  4000. STRYKER CORP COM PROPERTY TYPE: SECURITIES 193,820.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  P 10/13/2000 152.00  P 10/08/1976 07/21/2009  82,178.00  11,041.00  11,041.00  7/21/2009 12/30/2004 07/21/2009 1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00	CAPITAL GA	<u>INS AND LO</u>	<u> ISSES FOR</u>	R TAX ON	<u>INVES IN</u>	<u>/  </u>	ENT INCOM	<u> </u>
Display	• •					or D	acquired	Date sold
1000. CRANE COMPANY COM	Gross sale Depreciation				Excess of EMV over	1		
PROPERTY TYPE: SECURITIES 22,763.00  1500. PEPSICO INC PROPERTY TYPE: SECURITIES 1,661.00  400. STERICYCLE INC PROPERTY TYPE: SECURITIES 8,873.00  4000. STRYKER CORP COM PROPERTY TYPE: SECURITIES 156,746.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  07/21/2009  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  07/21/2009  29,501.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  07/21/2009  -37,074.00  -37,074.00  -304,319.	expenses of sale allowable				adj basis	Ц	(loss)	<u>-</u> .
1500. PEPSICO INC PROPERTY TYPE: SECURITIES 1,661.00  400. STERICYCLE INC PROPERTY TYPE: SECURITIES 8,873.00  4000. STRYKER CORP COM PROPERTY TYPE: SECURITIES 193,820.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  07/21/2009  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  07/21/2009  74,341.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  07/21/2009  74,341.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  07/21/2009  74,341.00		PROPERTY TY				P		07/21/2009
83,839.00 PROPERTY TYPE: SECURITIES 1,661.00 82,178.00 400. STERICYCLE INC PROPERTY TYPE: SECURITIES 8,873.00 11,041.00 4000. STRYKER CORP COM PROPERTY TYPE: SECURITIES 193,820.00 1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00 P12/30/2004 07/21/2009 74,341.00 44,840.00 P12/30/2004 07/21/2009 07/21/2009	22,715.00	22,563.00					152.00	
400. STERICYCLE INC PROPERTY TYPE: SECURITIES 8,873.00  4000. STRYKER CORP COM PROPERTY TYPE: SECURITIES 156,746.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  OTAL GAIN(LOSS)  1004/22/2005 11,041.00  11,041.00  12/30/2004 07/21/2009 12/30/2004 07/21/2009 12/30/2004 07/21/2009 12/30/2004 12/30/2004 12/30/2004 12/30/2004 12/30/2004 12/30/2009		PROPERTY TY		ries -		P		07/21/2009
PROPERTY TYPE: SECURITIES 8,873.00  4000. STRYKER CORP COM PROPERTY TYPE: SECURITIES 156,746.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  OTAL GAIN(LOSS)  11,041.00  12/30/2004 07/21/2009  12/30/2004 29,501.00	83,839.00	1,661.00					82,178.00	
4000. STRYKER CORP COM PROPERTY TYPE: SECURITIES 156,746.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  OTAL GAIN(LOSS)  P 12/30/2004 -37,074.00  1 2/30/2004 29,501.00				ries		P		07/21/2009
PROPERTY TYPE: SECURITIES 193,820.00  1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00  OTAL GAIN(LOSS)  -37,074.00  -37,074.00  29,501.00  -37,074.00  -37,0	19,914.00	8,873.00					11,041.00	
156,746.00						P	12/30/2004	07/21/2009
1500. TEVA PHARMACEUTICAL-ADR PROPERTY TYPE: SECURITIES 44,840.00 P 12/30/2004 29,501.00 CTAL GAIN(LOSS) -304,319.	156.746.00	1					-37,074.00	
74,341.00 44,840.00 29,501.00	,	1500. TEVA				P	12/30/2004	07/21/2009
OTAL GAIN(LOSS) -304,319.	74 341 00		IPE: SECORI.	1169		H	29.501.00	
	TOTAL GAIN(LOSS)	c						

Form 88	68 (Rev 4-2009)		Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box	
	Only complete Part II if you have already been granted an automatic 3-month exte		
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page		
	II Additional (Not Automatic) 3-Month Extension of Time. Only i		pies needed).
	Name of Exempt Organization TEPOME I.VI.P. DADDADOPT CHAPITARI.		
Type print	FOUNDATION C/O RAPPAPORT ASKERKOFF &	31-14850	41
File by	Number street and seem or quite no. If a P.O. how see instructions	For IRS use only	
extende	ed   ፈስ ሮሞአጥሮ ሮጥይሮሮጥ ር፤፤ፐጥሮ 1525		
filing th	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		The state of the s
return. instruc			The second second
Check	type of return to be filed (File a separate application for each return):		
	Form 990 X Form 990-PF	Form 1041-A	Form 6069
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720	Form 8870
	Form 990-EZ Form 990-T (trust other than above)	Form 5227	
	1 Do not complete Part II if you were not already granted an automatic 3-more	nth extension on a previous	usty filed Form 8868.
	books are in the care of ► <u>C/O RAPPAPORT ASKERKOFF &amp; GELLES</u>	· · · · · · · · · · · · · · · · · · ·	
Tel	ephone No. ▶ <u>(617) 227-7345</u> FAX No. ▶	·	
	he organization does not have an office or place of business in the United States, c		▶
	his is for a Group Return, enter the organization's four digit Group Exemption Numl		this is
	e whole group, check this box $\dots$ , $lacksquare$ . If it is for part of the group, check this	box ▶and atta	ch a
list w	ith the names and EINs of all members the extension is for.	12.27.2.2	<del></del>
	· · · · · · · · · · · · · · · · · · ·	/16/2010	<del>/a</del> :/aaaa
	For calendar year, or other tax year beginning $\frac{10/01/2008}{}$	- <i>,</i>	/30/2009
			e in accounting period
	State in detail why you need the extension ALL OF THE INFORMATION	REQUIRED TO COMPL	ETE THE
	TAX RETURN IS NOT YET AVAILABLE.		<del></del>
		<del></del>	
	Making and institution in fact Comm. 000 Pt. 000 Pt. 000 T. 4700 on 6060 onten the	tontotivo tov loco onv	T
08	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the nonrefundable credits. See instructions.	s tellitative tax, less ally	8a \$ 4,080.
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	a credite and estimated	2,000.
	tax payments made. Include any prior year overpayment allowed as a credit		
	previously with Form 8868.	and any amount paid	<b>8b</b> \$ 4,080.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form	or if required deposit	2,000.
•	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S		8c \$
	Signature and Verification		
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules a		of my knowledge and belief,
	e, correct, and complete, and that I am authorized to prepare this form.		
		<b>V</b>	811
Signat	ure ▶ Title ▶ Don	Do Instu Date	▶ 19/2.010
	//		Form 8868 (Rev 4-2009)

FIDUCIARY TRUST COMPANY

P.O. BOX 55806

BOSTON, MA 02205-5806