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

2009

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

For calendar year 2009, or tax year beginning _____, and ending _____

G Check all that apply Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation THE MARK WENTWORTH HOME			A Employer identification number 02-0222243
	Number and street (or P O box number if mail is not delivered to street address) 346 PLEASANT STREET		Room/suite	B Telephone number (603) 436-0169
	City or town, state, and ZIP code PORTSMOUTH, NH 03801-4536			C If exemption application is pending, check here ► <input type="checkbox"/> D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>
H Check type of organization	<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)	J Accounting method	Cash <input type="checkbox"/>	Accrual <input checked="" type="checkbox"/>	E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/>
► \$ 23,057,677.	(Part I, column (d) must be on cash basis)			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input checked="" type="checkbox"/>
Part I 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				
2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	3,751.	3,751.	3,751.	Statement 1
4 Dividends and interest from securities	199,833.	199,833.	199,833.	Statement 2
5a Gross rents	98,010.	98,010.	98,010.	Statement 3
b Net rental income or (loss) 36,787.				Statement 4
6a Net gain or (loss) from sale of assets not on line 10	742,569.			
b Gross sales price for all assets on line 6a 9,065,200.				
7 Capital gain net income from Part IV, line 2		742,569.		
8 Net short-term capital gain			0.	
9 Income modifications				
Gross sales less returns and allowances NOV 22 2010				
b Less Cost of goods sold				
c Gross profit of (loss) RECEIVED				
11 Other income OGDEN, UT	3,579,689.	0.	3,579,689.	Statement 5
12 Total Add lines 1 through 11	4,623,852.	1,044,163.	3,881,283.	
13 Compensation of officers, directors, trustees, etc	11,202.	0.	11,202.	0.
14 Other employee salaries and wages	2,051,262.	0.	2,051,262.	0.
15 Pension plans, employee benefits	314,834.	0.	314,834.	0.
16a Legal fees Stmt 6	212,845.	0.	212,845.	0.
b Accounting fees Stmt 7	36,137.	0.	36,137.	0.
c Other professional fees Stmt 8	163,308.	0.	163,308.	0.
17 Interest Stmt 9	168,224.	0.	168,224.	0.
18 Taxes Stmt 9	27,308.	0.	27,308.	0.
19 Depreciation and depletion	1,149,990.	15,307.	1,149,990.	
20 Occupancy	334,822.	45,916.	334,822.	0.
21 Travel, conferences, and meetings	783.	0.	783.	0.
22 Printing and publications				
23 Other expenses Stmt 10	1,821,191.	0.	1,821,191.	0.
24 Total operating and administrative expenses. Add lines 13 through 23	6,291,906.	61,223.	6,291,906.	0.
25 Contributions, gifts, grants paid				
26 Total expenses and disbursements. Add lines 24 and 25	6,291,906.	61,223.	6,291,906.	0.
27 Subtract line 26 from line 12	-1,668,054.			
a Excess of revenue over expenses and disbursements				
b Net investment income (if negative, enter -0-)		982,940.		
c Adjusted net income (if negative, enter -0-)			0.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		32,537.	7,720.	7,720.
2	Savings and temporary cash investments		905,515.	2,671,419.	2,671,419.
3	Accounts receivable ►	332,531.			
	Less allowance for doubtful accounts ►		89,950.	332,531.	332,531.
4	Pledges receivable ►				
	Less allowance for doubtful accounts ►				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons				
7	Other notes and loans receivable ►				
	Less allowance for doubtful accounts ►				
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges		109,777.	205,959.	205,959.
10a	Investments - U S and state government obligations Stmt 13		1,758,270.	0.	0.
b	Investments - corporate stock Stmt 14		3,646,666.	4,758,199.	4,758,199.
c	Investments - corporate bonds Stmt 15		1,458,801.	599,062.	599,062.
11	Investments - land, buildings, and equipment basis ►				
	Less: accumulated depreciation ►				
12	Investments - mortgage loans				
13	Investments - other Stmt 16		468,870.	519,540.	519,540.
14	Land, buildings, and equipment basis ► 19,772,341.				
	Less: accumulated depreciation Stmt 12 ► 6,305,312.		14,647,098.	13,467,029.	13,467,029.
15	Other assets (describe ► Statement 17)		423,278.	496,218.	496,218.
16	Total assets (to be completed by all filers)		23,540,762.	23,057,677.	23,057,677.
17	Accounts payable and accrued expenses		373,631.	459,260.	
18	Grants payable				
19	Deferred revenue		160,574.		
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable Stmt 18		14,280,963.	13,753,284.	
22	Other liabilities (describe ► Statement 19)		155,038.	548,539.	
23	Total liabilities (add lines 17 through 22)		14,970,206.	14,761,083.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	1,553,025.	1,228,393.	
	25	Temporarily restricted			
	26	Permanently restricted	7,017,531.	7,068,201.	
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances		8,570,556.	8,296,594.	
31	Total liabilities and net assets/fund balances		23,540,762.	23,057,677.	

Part III Analysis of Changes in Net Assets or Fund Balances

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)	1	8,570,556.
2	Enter amount from Part I, line 27a	2	-1,668,054.
3	Other increases not included in line 2 (itemize) ►	3	1,394,092.
4	Add lines 1, 2, and 3	4	8,296,594.
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	6	8,296,594.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b	See Attached Statement				
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e	9,065,200.	334,661.	8,657,292.	742,569.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(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			
a					
b					
c					
d					
e				742,569.	
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	742,569.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	{ }		3	0.	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008			
2007			
2006			
2005			
2004			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4			8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate
See the Part VI instructions

Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input checked="" type="checkbox"/> and enter "N/A" on line 1	Date of ruling or determination letter <u>05/26/87</u> (attach copy of letter if necessary-see instructions)	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b	1	N/A
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			2	
3	Add lines 1 and 2			3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5	0.
6 Credits/Payments.		6a			
a 2009 estimated tax payments and 2008 overpayment credited to 2009		6b			
b Exempt foreign organizations - tax withheld at source		6c			
c Tax paid with application for extension of time to file (Form 8868)		6d			
d Backup withholding erroneously withheld		7	0.		
7 Total credits and payments Add lines 6a through 6d		8			
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		9	0.		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		10			
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		11			
11 Enter the amount of line 10 to be Credited to 2010 estimated tax ►		Refunded			

Part 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 any political campaign?	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>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</i>	X	
1c	Did the foundation file Form 1120-POL for this year?	X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ <u>0.</u> (2) On foundation managers ► \$ <u>0.</u>		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ <u>0.</u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	See Statement 20	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? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • 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?	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►	N/A	
b	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		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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11		X
12		X
13	X	
14	Telephone no ► (603) 436-0169	
15	ZIP+4 ► 03801-4536	
	► 15	N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ►	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2009 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, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check here	<input checked="" type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 21		11,202.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARY ELLEN DUNHAM - 346 PLEASANT STREET, PORTSMOUTH, NH 03801	EXEC DIR/NURSING HOME	151,337.	13,988.	0.
DEBORAH RODIER - 346 PLEASANT STREET, PORTSMOUTH, NH 03801	EXEC DIR/ASSISTED LIVING	105,726.	16,665.	0.
VERNA BREWER - 346 PLEASANT STREET, PORTSMOUTH, NH 03801	ASSISTED LIVING ADMINISTRATOR	83,472.	2,527.	0.
CAROLEE BACON - 346 PLEASANT STREET, PORTSMOUTH, NH 03801	DIRECTOR OF NURSING	70,844.	5,250.	0.
PATRICK BOURE - 346 PLEASANT STREET, PORTSMOUTH, NH 03801	FACILITIES MANAGER	62,637.	10,911.	0.
Total number of other employees paid over \$50,000				2

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
LIVING INNOVATIONS HOME CARE, INC. - 47 TIDE		
MILL ROAD, PO BOX 781, GREENLAND, NH 03840	MANAGEMENT FEES	302,000.
HOEFLER, PHOENIX & GORMLEY, PA		
402 STATE STREET, PORTSMOUTH, NH 03801	LEGAL FEES	179,648.
HUTTER CONSTRUCTION - PO BOX 257, 810		
TURNPIKE RD, NEW IPSWICH, NH 03071	CONSTRUCTION	51,916.

Total number of others receiving over \$50,000 for professional services
► 0
Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

1 OPERATION OF A NURSING HOME/ASSISTED LIVING FACILITY AND ADULT DAYCARE SERVICES	6,291,907.
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 N/A	
2	
3 All other program-related investments. See instructions	
Total. Add lines 1 through 3	► 0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes	1a	6,604,704.
a Average monthly fair market value of securities	1b	1,808,596.
b Average of monthly cash balances	1c	545,040.
c Fair market value of all other assets	1d	8,958,340.
d Total (add lines 1a, b, and c)		
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	8,958,340.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	134,375.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,823,965.
6 Minimum investment return. Enter 5% of line 5	6	441,198.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part)

1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2009 from Part VI, line 5	2a	
b Income tax for 2009 (This does not include the tax from Part VI)	2b	
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	

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes	1a	0.
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1b	0.
b Program-related investments - total from Part IX-B	2	24,250.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	3a	
3 Amounts set aside for specific charitable projects that satisfy the	3b	
a Suitability test (prior IRS approval required)	4	24,250.
b Cash distribution test (attach the required schedule)	5	0.
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	6	24,250.
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		
6 Adjusted qualifying distributions. Subtract line 5 from line 4		

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ <u>N/A</u>				0.
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount	0.			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (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	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				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 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ►

4942(j)(3) or 4942(j)(5)

b Check box to indicate whether the foundation is a private operating foundation described in section

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

0. 0. 0. 0. 0.

b 85% of line 2a

0. 0. 0. 0. 0.

c Qualifying distributions from Part XII, line 4 for each year listed

24,250. 4,432,062. 7,338,172. 915,563. 12,710,047.

d Amounts included in line 2c not used directly for active conduct of exempt activities

0. 0. 0. 0. 0.

e Qualifying distributions made directly for active conduct of exempt activities

24,250. 4,432,062. 7,338,172. 915,563. 12,710,047.

Subtract line 2d from line 2c
Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test - enter
(1) Value of all assets

0.

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

0.

b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

0.

c "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)

3,579,689. 581,575. 1,115,927. 4,864,868. 10,142,059.

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)

3,579,689. 581,575. 1,115,927. 4,864,868. 10,142,059.

(3) Largest amount of support from an exempt organization

(4) Gross investment income

0. 0.

301,594. 457,110. 475,916. 673,642. 1,908,262.

Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
None				
Total			► 3a	0.
<i>b Approved for future payment</i>				
None				
Total			► 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a NET RESIDENT ROOM &					2,833,153.
b BOARD					16,316.
c NET OTHER MEDICAID					693,836.
d WENTWORTH CONNECTIONS					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	3,751.	
4 Dividends and interest from securities			14	199,833.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			16	36,787.	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	742,569.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a OTHER					36,384.
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		982,940.	3,579,689.
13 Total. Add line 12, columns (b), (d), and (e)				13	4,562,629.
(See worksheet in line 13 instructions to verify calculations)					

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
1 & 11	INCOME USED TO OPERATE FACILITY AND PROVIDE SERVICES.

THE MARK WENTWORTH HOME

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a PUBLICALLY TRADED SECURITIES (PISCATAQUA #52-00-9)	P		
b PUBLICALLY TRADED SECURITIES (TDBANK #65-9307-00-)	P		
c PUBLICALLY TRADED SECURITIES (PISCATAQUA #52-00-9)	P		
d PUBLICALLY TRADED SECURITIES (TDBANK #65-9306-00-)	P		
e REAL ESTATE - 7 MELCHER STREET, PORTSMOUTH	P		09/22/09
f REAL ESTATE - 53/55 WENTWORTH STREET, PORTSMOUTH	P		09/04/09
g REAL ESTATE - 337/355 PLEASANT STREET, PORTSMOUTH	P		09/22/09
h			
i			
j			
k			
l			
m			
n			
o			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,491,181.		1,686,662.	-195,481.
b 2,434,607.		2,560,874.	-126,267.
c 1,417,098.		1,431,745.	-14,647.
d 2,166,814.		2,397,684.	-230,870.
e 425,340.	124,988.	186,937.	363,391.
f 415,140.	123,745.	243,214.	295,671.
g 715,020.	85,928.	150,176.	650,772.
h			
i			
j			
k			
l			
m			
n			
o			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(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	(l) Losses (from col (h)) Gains (excess of col (h) gain over col (k), but not less than "-0-")
a			-195,481.
b			-126,267.
c			-14,647.
d			-230,870.
e			363,391.
f			295,671.
g			650,772.
h			
i			
j			
k			
l			
m			
n	
o	
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }		2 742,569.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	{ If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 }		3 0.

923591
04-24-09

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	Amount
GENERAL FUNDS	1,698.
TRASK FUNDS	2,053.
Total to Form 990-PF, Part I, line 3, Column A	3,751.

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
COLEMAN FUND	24,144.	0.	24,144.
GENERAL FUNDS	31,526.	0.	31,526.
TRASK FUNDS	144,163.	0.	144,163.
Total to Fm 990-PF, Part I, ln 4	199,833.	0.	199,833.

Form 990-PF Rental Income Statement 3

Kind and Location of Property	Activity Number	Gross Rental Income
BUILDINGS, PORTSMOUTH, NH	1	98,010.
Total to Form 990-PF, Part I, line 5a		98,010.

Form 990-PF Rental Expenses Statement 4

Description	Activity Number	Amount	Total
UTILITIES & MAINTENANCE		45,916.	
DEPRECIATION		15,307.	
- SubTotal -	1		61,223.
Total rental expenses			61,223.
Net rental Income to Form 990-PF, Part I, line 5b			36,787.

Form 990-PF

Other Income

Statement 5

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
NET RESIDENT ROOM & BOARD	2,833,153.	0.	2,833,153.
NET OTHER MEDICAID	16,316.	0.	16,316.
WENTWORTH CONNECTIONS	693,836.	0.	693,836.
OTHER	36,384.	0.	36,384.
Total to Form 990-PF, Part I, line 11	3,579,689.	0.	3,579,689.

Form 990-PF

Legal Fees

Statement 6

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL	212,845.	0.	212,845.	0.
To Fm 990-PF, Pg 1, ln 16a	212,845.	0.	212,845.	0.

Form 990-PF

Accounting Fees

Statement 7

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING	36,137.	0.	36,137.	0.
To Form 990-PF, Pg 1, ln 16b	36,137.	0.	36,137.	0.

Form 990-PF

Other Professional Fees

Statement 8

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
CONSULTING FEES	137,065.	0.	137,065.	0.
DIETITIAN	5,423.	0.	5,423.	0.
MEDICAL DIRECTOR	18,180.	0.	18,180.	0.
MENTAL HEALTH CONSULTANT	1,200.	0.	1,200.	0.
DENTAL CONSULTANT	1,440.	0.	1,440.	0.
To Form 990-PF, Pg 1, ln 16c	163,308.	0.	163,308.	0.

Form 990-PF

Taxes

Statement 9

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
PROVIDER TAX ASSESSMENT	27,308.	0.	27,308.	0.
To Form 990-PF, Pg 1, ln 18	27,308.	0.	27,308.	0.

Form 990-PF

Other Expenses

Statement 10

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FOOD & FOOD SERVICES	140,767.	0.	140,767.	0.
EQUIPMENT RENTAL & MAINTENANCE	31,157.	0.	31,157.	0.
MISCELLANEOUS EXPENSE	47,692.	0.	47,692.	0.
DUES/FEES/LICENSES	49,223.	0.	49,223.	0.
STAFF TRAINING & EXPENSE	30,998.	0.	30,998.	0.
RESIDENT EXPENSES	8,911.	0.	8,911.	0.
SUPPLIES, HOUSEKEEPING & OTHER EXPENSE	119,625.	0.	119,625.	0.
INSURANCE	212,694.	0.	212,694.	0.
TELEPHONE	13,962.	0.	13,962.	0.
COMPUTER EXPENSE	44,168.	0.	44,168.	0.
PAYROLL PROCESSING	20,061.	0.	20,061.	0.
ADVERTISING	80,490.	0.	80,490.	0.
AMORTIZATION	23,643.	0.	23,643.	0.
WENTWORTH CONNECTIONS EXPENSES	997,800.	0.	997,800.	0.
	1,821,191.	0.	1,821,191.	0.

To Form 990-PF, Pg 1, ln 23

Form 990-PF Other Increases in Net Assets or Fund Balances Statement 11

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	1,351,813.
PRIOR PERIOD ADJUSTMENTS	42,279.
Total to Form 990-PF, Part III, line 3	1,394,092.

Form 990-PF Depreciation of Assets Not Held for Investment Statement 12

Description	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value
LAND & IMPROVEMENTS	262,318.	17,023.	245,295.	245,295.
BUILDINGS & IMPROVEMENTS	17,599,224.	5,249,044.	12,350,180.	12,350,180.
EQUIPMENT & FURNITURE	1,826,777.	955,223.	871,554.	871,554.
VEHICLES	84,022.	84,022.	0.	0.
To 990-PF, Part II, ln 14	19,772,341.	6,305,312.	13,467,029.	13,467,029.

Form 990-PF U.S. and State/City Government Obligations Statement 13

Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
GOVERNMENT OBLIGATIONS	X		0.	0.
Total U.S. Government Obligations				
Total State and Municipal Government Obligations				
Total to Form 990-PF, Part II, line 10a			0.	0.

Form 990-PF

Corporate Stock

Statement 14

Description	Book Value	Fair Market Value
CORPORATE STOCK	3,336,371.	3,336,371.
MUTUAL FUNDS	1,421,828.	1,421,828.
Total to Form 990-PF, Part II, line 10b	4,758,199.	4,758,199.

Form 990-PF

Corporate Bonds

Statement 15

Description	Book Value	Fair Market Value
CORPORATE BONDS	599,062.	599,062.
Total to Form 990-PF, Part II, line 10c	599,062.	599,062.

Form 990-PF

Other Investments

Statement 16

Description	Valuation Method	Book Value	Fair Market Value
BENEFICIAL INTEREST IN TRUST	FMV	519,540.	519,540.
Total to Form 990-PF, Part II, line 13		519,540.	519,540.

Form 990-PF

Other Assets

Statement 17

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
OTHER RECEIVABLES	30,210.	6,550.	6,550.
NET DEFERRED FINANCING COSTS	238,030.	216,708.	216,708.
REFUNDABLE RESIDENT DEPOSITS	155,038.	272,960.	272,960.
To Form 990-PF, Part II, line 15	423,278.	496,218.	496,218.

Form 990-PF	Mortgages Payable	Statement 18
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Description	Balance Due
TD BANKNORTH (BFA OF STATE OF NH) TOUCHTOWN INC.	13,745,000. 8,284.
Total to Form 990-PF, Part II, line 21, Column B	13,753,284.

Form 990-PF	Other Liabilities	Statement 19
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Description	BOY Amount	EOY Amount
REFUNDABLE RESIDENT DEPOSITS LIVING INNOVATIONS, INC. - WENTWORTH CONNECTIONS	155,038.	272,960.
	0.	275,579.
Total to Form 990-PF, Part II, line 22	155,038.	548,539.

Form 990-PF	Statement of Activities not Previously Reported Part VII-A, Line 2	Statement 20
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Explanation

ON JANUARY 1, 2009, THE MARK WENTWORTH HOME ACQUIRED AN ADULT DAY CARE CENTER NOW CALLED "WENTWORTH CONNECTIONS" WHICH PROVIDES ADULT DAY AND TRANSPORTATION SERVICES FOR THOSE LIVING IN THE SEACOAST AREA. THE ADDITIONAL SERVICES FURTHER THE ORIGINAL MISSION OF THE HOME BY MEETING THE NEEDS OF SENIORS IN THE COMMUNITY.

Form 990-PF

Part VIII - List of Officers, Directors
Trustees and Foundation Managers

Statement 21

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
WILLIAM HENSON 346 PLEASANT STREET PORTSMOUTH, NH 03801	PRESIDENT 6.00	0.	0.	0.
DENNIS STONE 346 PLEASANT STREET PORTSMOUTH, NH 03801	VICE PRESIDENT 6.00	0.	0.	0.
JAY S. GIBSON 346 PLEASANT STREET PORTSMOUTH, NH 03801	TREASURER 6.00	0.	0.	0.
CINDY KNAPP 346 PLEASANT STREET PORTSMOUTH, NH 03801	SECRETARY 6.00	0.	0.	0.
STEPHEN WITT 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 6.00	0.	0.	0.
JOAN NICKELL 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
DR. MARK HENSCHKE 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
JOHN HEBERT 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
DR. MORT SCHMIDT 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
RAY AMBROGI 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
KAREN FREDA 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.

THE MARK WENTWORTH HOME

02-0222243

LIS CONNORS 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
JOE DIAMENT 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
KATHLEEN ROBINSON 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
RUTH GRIFFIN 346 PLEASANT STREET PORTSMOUTH, NH 03801	TRUSTEE 3.00	0.	0.	0.
DAN D'ENTREMONT 346 PLEASANT STREET PORTSMOUTH, NH 03801	INTERIM CFO 20.00	11,202.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		<u>11,202.</u>	<u>0.</u>	<u>0.</u>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization THE MARK WENTWORTH HOME	Employer identification number 02-0222243
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 346 PLEASANT STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORPSMOUTH, NH 03801-4536	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KRAIG BUTHY

- The books are in the care of ► **346 PLEASANT STREET - PORTSMOUTH, NH 03801-4536**

Telephone No. ► **(603) 436-0169** FAX No. ► **(603) 766-0192**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2010**.

5 For calendar year **2009**, or other tax year beginning , and ending .

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

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► CPA Date ► **8-3-10**
Form 8868 (Rev. 4-2009)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization THE MARK WENTWORTH HOME	Employer identification number 02-0222243
	Number, street, and room or suite no. If a P.O. box, see instructions. 346 PLEASANT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTSMOUTH, NH 03801-4536	

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

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

DAN D'ENTREMONT

- The books are in the care of ► 346 PLEASANT STREET - PORTSMOUTH, NH 03801-4536
Telephone No. ► (603) 436-0169 FAX No. ► (603) 766-0192
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2009)