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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

For	caler	dar year 2009, or tax year be	ginning			, and ending		
G Check all that apply: Initial return					Initial return of a fo	ormer public charity	Final return	1
		<u> An</u>	nended return		Address chan	ge L_	Name change	
Us	e the	IRS Name of foundation		~	2002171		A Employer identification	number
	label			04 0651100				
Uti	nerwi print			s not de	alivered to street address)	Room/suite	04-2651199	
0	r type	1		is not at	silve ed to silveet address;	Noonbaute	B Telephone number 617-576-10	10
See	Spe	City or town, state, and 2						
Inst	ructi	CAMBRIDGE,		38			C if exemption application is p D 1. Foreign organizations	
H (Check		-		cempt private foundation		Foreign organizations me check here and attach co	eeting the 85% test.
	_	ction 4947(a)(1) nonexempt of	•		Other taxable private founda	ation		
I Fa		rket value of all assets at end			ng method: X Cash	Accrual	E If private foundation sta under section 507(b)(1)	
(fi	rom i	Part II, col (c), line 16)	[O1	her (specify)		F If the foundation is in a	• •
_	<u>\$</u>			I, colu	mn (d) must be on cash l	basis)	under section 507(b)(1)	
Pa	art I	Analysis of Revenue and E. (The total of amounts in columns necessarily equal the amounts in	(b) (c) and (d) ma	y not	(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, e	tc., received		5,500,000.			
	2	Check If the toundation is n	ot required to attach So	ch B				
	3	Interest on savings and temporary cash investments			1,640,501.	1,628,055.		STATEMENT 1
	4	Dividends and interest from s	securities		144,041.	144,041.		STATEMENT 2
	5a					·	<u> </u>	
	D	Net rental income or (loss)			300 272		_	
ě	l ba	Net gain or (loss) from sale of asse Gross sales price for all	ts not on line 10		309,272.			
Revenue	٦,	assets on line 6a Capital gain net income (from Part	IV line 2\	$\overline{}$		309,272.		
æ	8	Net short-term capital gaip		- 1				
	9	Income modifications	EIVE	181				
	10a	Gross sales less returns and allowances		101				
	b	Less Cost of poods sold 0	P FAIR	187				
	C	Gross profit of (loss)	The state of the s					
	11	Other income	ENH	براند مانند المستشد	3-2,760,601.	<u>-2,763,230.</u>		STATEMENT 3
	12	Total. Add lines 1 through 1			4,833,213.	-681,862.	0.	
	13 14	Compensation of officers, directors Other employee salaries and			0.	0.	0.	0.
	15	Pension plans, employee ben	•					
es	ľ	Legal fees	onto					
enses	l h	Accounting tage	STMT	4	3,000.	0.	0.	3,000.
Ř	C	Other professional fees	STMT	5	40,000.	40,000.	0.	0.
ĕ.	17	Interest			21,067.	21,067.	0.	0.
trat	18	Taxes	STMT	6	99,828.	19,828.	0.	0.
Đ≧	19	Depreciation and depletion			<u></u>			
SE	20	Occupancy						<u> </u>
ZŞ	21	Travel, conferences, and mee	tings					
	22	Printing and publications	STMT	7	276 012	0.		250
٦ξ	24	Other expenses Total operating and adminis		′	276,912.		0.	250.
≥ era	-	expenses. Add lines 13 throu		:	440,807.	80,895.	٥.	3,250.
Şŏ	17 18 19 20 21 22 23 24	Contributions, gifts, grants pa	_		2,267,253.	00,000		2,267,253.
-		Total expenses and disburse		j		. —		
7		Add lines 24 and 25			2,708,060.	80,895.	0.	2,270,503.
2010	27	Subtract line 26 from line 12:						
5	a	Excess of revenue over expenses a	and disbursements	6	2,125,153.			
		Net investment income (if neg				0.		
9235		Adjusted net income (if negation	ve enter -0-)				0.	L

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions Form 990-PF (2009

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Page 2

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,519,141.	3,554,880.	3,554,880.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts		<u></u>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ts	8	Inventories for sale or use	_	_	
Assets	ı	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock		,	
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation		_	
	12	Investments - mortgage loans			16 001 150
	13	Investments - other STMT 8	42,735,735.	43,825,149.	46,031,173.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
			45 054 056	47 200 000	40 506 053
_		Total assets (to be completed by all filers)	45,254,876.	47,380,029.	49,586,053.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	Foundations that follow SFAS 117, check here	0.	- 0.	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
Fund Balance	25	Temporarily restricted			
3ala	26	Permanently restricted			
ā	20	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds	o.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	45,254,876.	47,380,029.	
Net.	30	Total net assets or fund balances	45,254,876.	47,380,029.	
Z	"	Total net assess of fame balances	13/23/70/01	17,7000,0250	
	31	Total liabilities and net assets/fund balances	45,254,876.	47,380,029.	
Ξ					
<u>P</u>	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30				
		st agree with end-of-year figure reported on prior year's return)		1	45,254,876.
2	•	r amount from Part I, line 27a		2	2,125,153.
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	47,380,029.
5	Decr	eases not included in line 2 (itemize)	· · · · · · · · · · · · · · · · · · ·	5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	47,380,029.
					Form 000-DE (2000)

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	be the kind(s) of property sold (e.g shouse; or common stock, 200 sh			_(°) D	How ac - Purcl - Dona	nase į '	c) Date acc (mo., day		(d) Date sold (mo., day, yr.)
la									
b SEE ATTACHED	STATEMENT			<u> </u>				_	
c				<u> </u>	_				
<u>d</u>				<u> </u>					
e		1		<u> L.</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain (e) plus (1	or (loss)) minus (
<u>a</u>									
<u>b</u>			_						
d .			_						 _
e									309,272
Complete only for assets showing	gain in column (h) and owned by	the foundation	n on 12/31/69	-		//\	Gains (Col.	(b) nain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (1)				k), but not Losses (fr	leśs thai	n -0-) or
a								•	
b									
C									
d									
e									309,272
Capital gain net income or (net capi	If gain, also ente	r ın Part I, line)- ın Part I, line	7 7	}	2				309,272
Net short-term capital gain or (loss)	`								
If gain, also enter in Part I, line 8, co		(-).		J					
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for			ل	3			N/A	
as the foundation liable for the section "Yes," the foundation does not qualify			•	rıod?					Yes X No
Enter the appropriate amount in ea	ch column for each year; see instr	uctions before	making any entri	ies.					
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncha	rıtable-	use assets	(cı	Dıstrıt ol. (b) dıv	(d) oution ratio vided by col. (c))
2008		<u>4,070.</u>				0,706.			.06675
2007		<u>5,613.</u>				<u>3,374</u> .			.05588
2006		0,750.				2,188			.02848
2005		1,150.				<u>3,199</u> .			.05004
2004	1,06	<u> </u>		<u> 19</u>	<u>,06</u>	8,848.	·		.05561
Total of line 1, column (d)							2		.25678
Average distribution ratio for the 5- the foundation has been in existence		on line 2 by 5,	or by the number	r of ye	ears		3		.05135
Enter the net value of noncharitable	-use assets for 2009 from Part X,	line 5					4	4	2,855,151
Multiply line 4 by line 3							5		<u>2,200,869</u>
Enter 1% of net investment income	(1% of Part I, line 27b)						6		0
Add lines 5 and 6							7		2,200,869
Enter qualifying distributions from I	•	e 1b. and com	olete that part usin	ng a 1	% tax ı	rate	8		2,270,503
See the Part VI instructions.			F = 3 • · ·	J = -					

THE WILLIAM & LIA G. POORVU Form 990-PF (2009) FAMILY FOUNDATION 04-2651199 Page 4 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 \(\bigcup \] and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 0. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 3 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 -0-5 6 Credits/Payments: 91,490 a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 91,490. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 91,490. 91,490. 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Part VII-A | Statements Regarding Activities Yes No 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? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? X 1b 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 X c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 X If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a X b If "Yes." has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: · 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

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7

8b

X

X

MA

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

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

If "Yes," complete Part II, col (c), and Part XV

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

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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

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,

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

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X

3b

4a

Yes X No

N/A

during the year?

, THE WILLIAM & LIA G. POO	RVU				
Form 990-PF (2009) FAMILY FOUNDATION	F 4700 M D- 1	S	<u>04-26511</u>	9 <u>9 Page 6</u>	
Part VII-B Statements Regarding Activities for Which I	Form 4/20 May Be I	Requirea (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			[1]	1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir-		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes? (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)?	ii aescribea iii section		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or		:S _2_ 110		
the prevention of cruelty to children or animals?	or cododitorial purposes, or		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	· · · · · · · · · · · · · · · · · · ·			
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A 5	ы	
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a ${f p}$	ersonal benefit contract?		_ 6	Sb X	
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				'b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances	
LIA G. POORVU	TRUSTEE	enter-0-j	Compensation	anowanecs_	
P O BOX 380828	INODIES				
CAMBRIDGE, MA 02238	5.00	0.	0.	0.	
WILLIAM J. POORVU	TRUSTEE				
P O BOX 380828					
CAMBRIDGE, MA 02238	5.00	0.	0.	0.	
O Company of the bighest and sweet and the standard the s	deded as Essablification	PNONE #			
2 Compensation of five highest-paid employees (other than those inc	r	enter "NONE."	(d) Contributions to	(e) Expense	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other	
NONE	devoted to position		compensation	allowances	
NONE					
- 11		-			
		1			
					
Total number of other employees paid over \$50,000				0	

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Part VIII Information About Officers, Directors, Trustees, Founda 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
NONE		
<u> </u>		
	_	
	-	
	-	
	-	
	-	
Table number of others recovered over \$50,000 for preferenced convers		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers proc		Expenses
1 N/A		
1		
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 <u>N/A</u>		
2		
All allows are added as a short of the same transfer.		
All other program-related investments. See instructions.		
3		
Taket Add lines 1 through 2	•	0.
Total. Add lines 1 through 3		Form 990-PF (2009)

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Form 990-PF (2009) FAMILY FOUNDATION 04-2651199 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities <u>40,470,756.</u> 1a Average of monthly cash balances 3,037,012. 1b c Fair market value of all other assets 1c 43,507,768. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 43.507.768. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 652,<u>6</u>17. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 <u>42,855,151.</u> 5 Minimum investment return. Enter 5% of line 5 2,142,758. Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) Minimum investment return from Part X, line 6 2,142,758. 2a Tax on investment income for 2009 from Part VI, line 5 Income tax for 2009. (This does not include the tax from Part VI.) b 2b Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 758. 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 2,270,503. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) 3Ь 2,270,503. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b

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

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Adjusted qualifying distributions. Subtract line 5 from line 4

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,	<u>. </u>	, , , , , , , , , , , , , , , , , , , ,		0 110 550
tine 7		<u>.</u>		2,142,758.
2 Undistributed income, if any, as of the end of 2009		İ		
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 406, 487.				
e From 2008 801,895.	1 200 202			
f Total of lines 3a through e	1,208,382.	··· •		
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 2,270,503.			0	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		<u>,</u>		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	,			
(Election required - see instructions)	0.			2 142 750
d Applied to 2009 distributable amount	107 745			2,142,758.
e Remaining amount distributed out of corpus	127,745.			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,336,127.			
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	1,336,127.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007 406, 487.				
d Excess from 2008 801,895. e Excess from 2009 127,745.		ļ		
e Excess from 2009 127,745.			<u></u>	

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

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c Any submission deadlines:

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Part XV Supplementary Information				
Grants and Contributions Paid During the	Year or Approved for Future P	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Faid during the year				
				}
				:
44				
SEE STATEMENT 11 Total			20	2,267,253
b Approved for future payment			34	2,201,25.
2 · +				
NONE				
NONE			•	
				}
Total			▶ 3b	(

923611 02-02-10

Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	Unrelate	d business income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	AIIIQUIII	
a			 		
b					
C					
d					
e					
f					
g Fees and contracts from government agencies	ļ	<u> </u>	 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash					4 504 040
investments	531120		 		1,591,318. 144,040.
4 Dividends and interest from securities	531120	1.			144,040.
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property				· · · · · · · · · · · · · · · · · · ·	
6 Net rental income or (loss) from personal property					
7 Other investment income	531120	-2,241,796.			-518,805.
8 Gain or (loss) from sales of assets other than inventory	531120	-57,149.			366,421.
9 Net income or (loss) from special events		-			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					_
12 Subtotal. Add columns (b), (d), and (e)		-2,249,761.		0.	1,582,974.
13 Total Add line 12, columns (b), (d), and (e)				13	-666,787.
(See worksheet in line 13 instructions to verify calculations.)					

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).
V	INVESTMENT INCOME
, L	INVESTMENT INCOME
<u>. </u>	INVESTMENT INCOME
<u>. </u>	INVESTMENT INCOME
_	
_	
	

Form **990-PF** (2009)

	n 990-f art X\		Y FOUNDATION			651199		ige 13
P	art A	Exempt Organ		and Iransactions ar	nd Relationships With Non	cnaritable	e 	
1	Did th	e organization directly or indi	rectly engage in any of the follow	ing with any other organization	described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c)(3) organizations) or in section 5	527, relating to political organiz	rations?		1	ĺ
a	Trans	fers from the reporting found	ation to a noncharitable exempt o	organization of:			ļ	
	(1) (ash				1a(1)		X
	(2)	ther assets				1a(2)	—	X
þ		transactions:					Ì	l
		ales of assets to a noncharita				1b(1)	<u> </u>	<u>X</u>
			ncharitable exempt organization			1b(2)	 	X
		ental of facilities, equipment,				<u>1b(3)</u>	<u> </u>	X
		eimbursement arrangements				1b(4)	1	X
		oans or loan guarantees				1b(5)	7	X
_			embership or fundraising solicitat			1b(6)	1	X
			uling lists, other assets, or paid ei			<u>1c</u>		X
a					ays show the fair market value of the gi in any transaction or sharing arrangen		seis,	
			other assets, or services received		in any transaction of sharing arrangen	iletit, Silow iii		
(a)	ine no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transaction	e and charing a	720.00m/	nte
(4)		(b) / modific modified	N/A	no oxompt organization	(a) Description of dansiers, dansaction	is, and sharing a	nangeme	1113
			N/A	· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·				
_								. — —
	-							
_								
2a	ls the	foundation directly or indirec	tly affiliated with, or related to, on	ne or more tax-exempt organiza	ations described			
	ın sec	tion 501(c) of the Code (othe	r than section 501(c)(3)) or in se	ction 527?		Yes	X	. No
þ	If "Ye:	s," complete the following sch						
		(a) Name of org	ganization	(b) Type of organization	(c) Description of rel	ationship		
		N/A						
			 					
	l la dar a	analtica of parties I declare that I h	source of this ratius, including an		ate and to the best of my fractication and ball	of at an town		
			er than taxpayer or fiduciary) is based o		nts and to the best of my knowledge and bel as any knowledge	er, it is true, corre	ect,	
		JUL 1	1000	Lulslin	1000			
او	<u>c</u> ,	gnature of officer or trustee		111510	Title			
롼	- 31			Date Da	15	Preparer's identii	ívina nun	nber
Sign Here	ج ° ,	Preparer's signature JANET	SCOTT Janut	2. Som cas 11	L/04/10 employed ►		,	
ଊ	Paid Preparer's Use Only		ER & SHUFFAIN,					
ļ	နှင့်နှင့်		PROVIDENCE HIGH		EIN ►			
- 1	₹⊃		TVOATDENCE UTG	111147				

923622 02-02-10

NORWOOD, MA 02062

Phone no.

(617) 447-2700

Form **990-PF** (2009)

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, or 990-PF.

OMB No 1545-0047

2009

Name of the organization	Employer identification number				
T) F	04-2651199				
Organization type (check	AMILY FOUNDATION one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
•	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule See instructions			
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in i plete Parts I and II	noney or property) from any one			
Special Rules					
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	<u> </u>			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 lf 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 during the year.					
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	·			
LHA For Privacy Act and for Form 990, 990-E	*	B (Form 990, 990-EZ, or 990-PF) (2009)			

chedule B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1 of 1 of Part
lame of organization	Employer identification number
THE WILLIAM & LIA G. POORVU	
	04 0654400

AMIL	Y FOUNDATION		-2651199
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LIA G. POORVU P O BOX 380828 CAMBRIDGE, MA 02238	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WILLIAM J. POORVU P O BOX 380828 CAMBRIDGE, MA 02238	\$ 5,500,000.	Person X Payroll
(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
		\$	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)

923452 02-01-10

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
. (a) List and 2-story bi	d describe the kind(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FROM ABRAMS CA	PITAL		P		
b FROM ABRAMS CA	PITAL		P		
c FROM ABRAMS CA	PITAL		P		
d FROM BAUPOST 1	983 C-1		P		
e FROM BAUPOST 1	983 C-1		P		
f FROM BAUPOST 1	983 C-1		P		
9					
<u> </u>					
	 -				
k					
1					
<u>m</u>					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h)) Gain or (loss) ilus (f) minus (g)	
	(or allowable)	pius expense or sale	(6) 1	(1) minus (y)	<u> </u>
<u>a</u>	-				50,923.
<u>b</u>	-				<u>-67,711.</u>
d d				-	90.
					439,136. 110,700.
e f				<u>-</u>	-2,466.
g					-2,400.
h					
<u>" </u>					
1			•		
k					
1					
m					
n					
0					
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (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	Gains (excess of but n	of col. (h) gain over ot less than "-0-")	col. (k),
a					50,923.
b					-67,711.
C.					90.
d					439,136.
е			_	_	110,700.
f					-2,466.
9					
h					
1					
<u>k</u>					
<u> </u>		_		·	
m					
n					
0			· ·		
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -* in Part I, line 7	2		309,272.
If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an column (c).				
If (loss), enter "-0-" in Part I, line 8	3	J	3	N/A	

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY CA	SH INVESTMENTS	STATEMENT 1
SOURCE			AMOUNT
BANK OF AMERICA			7.
FIDELITY MASS MUNI MONEY MKT			9.
FROM PASS-THRU ENTITY - CITIC CAPI PASS-THRU ABRAMS CAPITAL PARTNERS			537. 31,096.
PASS-THRU ABRAMS CAPITAL PARTNERS			31,0301
INTEREST			25.
PASS-THRU BAUPOST LP 1983 C-1 - IN PASS-THRU BAUPOST LP 1983 C-1 - MU		TT.	1,596,415. 12,412.
TADO TIMO DAOFODI DE 1905 C 1 MO	MI BOND INTERES	•	12,412.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		1,640,501.
EODW 000 DE DIVIDENDO AND	TMMEDECE EDOM	CECUDIMIEC	CMAMEMENT 2
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 2
	an a a a	CAPITAL GAINS	COLUMN (A)
SOURCE	GROSS AMOUNT	DIVIDENDS	AMOUNT
ABRAMS CAPITAL PARTNERS	5,476.	0.	5,476.
CBL ASSOCIATES	36,764.	0.	36,764.
CITIC CAPITAL	14,852.	0.	14,852.
FIDELITY INVESTMENT GOLDMAN SACHS FED'L PORTFOLIO	5,661. 1,922.	0.	5,661. 1,922.
PASS-THRU - BAUPOST LP C-I	64,488.	0.	64,488.
SONESTA INTERNATIONAL HOTELS	01/1001	•••	01/1001
CORPORATION	14,878.	0.	14,878.
TOTAL TO FM 990-PF, PART I, LN 4	144,041.	0.	144,041.
FORM 990-PF O	THER INCOME		STATEMENT 3
	(A)	(B)	(C)
DESCRIPTION	REVENUE PER BOOKS	NET INVEST	
FROM PASS-THRU ENTITY - BAUPOST LP		A B A B A S A S A S A S A S A S A S A S	-
C-1 ORDINARY INCOME	• • •	351,726,83	5. 0.
FROM PASS-THRU ENTITY - BAUPOST LP C-1 RENTAL REAL ESTATE INCOME	-44,9	1444,91	4. 0.
FROM PASS-THRU ENTITY - BAUPOST LP			
C-1 SEC. 1256 CONTRACTS & SADDLES FROM PASS-THRU ENTITY - BAUPOST LP	3,9	08. 3,90	8. 0.
C-1 OTHER PORTFOLIO INCOME (LOSS)	-1,013,4	761,013,47	6. 0.
C i Cinii I Chili Chilo Incom (2000)			

THE WILLIAM & LIA G. POORVU	J FAMILY FOU	ND		04-2651199
INTEREST REPORTED AS UBTI		<u>49,183.</u>	0.	0.
DIVIDENDS REPORTED AS UBTI		1.	0.	0.
SECTION 1231 GAIN REPORTED AS	UBTI	-61,457.	0.	0.
STATE TAX REFUNDS		10,594.	0.	0.
FROM PASS-THRU ENTITY-ABRAMS CAPITAL ORDINARY INCOME FROM PASS-THRU ENTITY - ABRAM	4C	-390.	-390.	0.
CAPITAL OTHER PORTFOLIO INCOM				
(LOSS)		1,753.	1,753.	0.
FROM PASS-THRU ENTITY - BAUPO C-1 ROYALTIES		6,891.	6,891.	0.
FROM PASS-THRU ENTITY - BAUPO FUND PROCEEDS	ost f	9,833.	9,833.	0.
TOTAL TO FORM 990-PF, PART I,	LINE 11	-2,760,601.	-2,763,230.	0.
		· · · · · · · · · · · · · · · · · · ·		
FORM 990-PF	ACCOUNTI	NG FEES	S	ratement 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,000.	0.	0.	3,000.
TO FORM 990-PF, PG 1, LN 16B	3,000.	0.	0.	3,000.
FORM 990-PF (OTHER PROFES	SIONAL FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
				0.
MANAGEMENT FEES	40,000.	40,000.	0.	

40,000.

0.

0.

TO FORM 990-PF, PG 1, LN 16C

40,000.

FORM 990-PF	TAX	ES			ST	ATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
FEDERAL TAXES FOREIGN TAXES STATE TAXES	80,000. 17,283. 2,545.	-	0. 283. 545.		0. 0.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	99,828.	19,8	328.		0.		0.
FORM 990-PF	OTHER E	XPENSES			ST.	ATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		(D) CHARITA PURPOS	
DEDUCTIONS RELATED TO PORTFOLIO INCOME ANNUAL REPORT	276,662. 250.		0.		0.	2:	0. 50.
TO FORM 990-PF, PG 1, LN 23	276,912.		0.		0.	2:	50.
FORM 990-PF	OTHER INV	ESTMENTS			ST.	ATEMENT	8
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FA	IR MARKE' VALUE	г
BAUPOST LP 1983 C-1 CBL ASSOCIATES NEW VERNON FUND SONESTA INTERNATIONAL CITIC CAPITAL PARTNERS ABRAMS CAPITAL PARTNERS II LI CITIC CAPITAL CHINA PARTNERS	P	COST COST COST COST COST COST COST	1	7,147,236. 1,298,150. 1,250,000. 427,877. 727,565. 967,420. 6,901.		40,449,5 432,9 2,929,1 133,8 1,115,1 964,9 5,5	65. 00. 98. 57.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	-	43	3,825,149.		46,031,1	73.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

9

NAME OF MANAGER

LIA G. POORVU WILLIAM J. POORVU FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WILLIAM J. POORVU P.O. BOX 380828 CAMBRIDGE, MA 02238

TELEPHONE NUMBER

617-576-1010

FORM AND CONTENT OF APPLICATIONS

NO SPECIFIC APPLICATION FORM IS NECESSARY. COMPLETE INFORMATION ON THE CHARITABLE PURPOSE OF THE REQUEST IS REQUIRED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO RESTRICTIONS, EXCEPT IT MUST BE A TAX EXEMPT CHARITABLE ORGANIZATION.

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 11
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ADOLESCENT CONSULTING SERVICE	NONE CHARITABLE	PUBLIC CHARITY	10,000.
ALBERT SCHWEITZER FELLOWSHIP	NONE CHARITABLE	PUBLIC CHARITY	5,000.
AMERICAN ARCHITECTUAL FOUNDATION	NONE CHARITABLE	PUBLIC CHARITY	2,500.
BOSTON ARTS ACADEMY	NONE CHARITABLE	PUBLIC CHARITY	1,000.
BOSTON BAROQUE	NONE CHARITABLE	PUBLIC CHARITY	20,000.
BOSTON BY FOOT	NONE CHARITABLE	PUBLIC CHARITY	5,000.
BOSTON LYRIC OPERA	NONE CHARITABLE	PUBLIC CHARITY	2,500.
BOSTON PUBLIC LIBRARY FOUNDATION	NONE CHARITABLE	PUBLIC CHARITY	10,000.

THE WILLIAM & LIA G. POORVU FAM	ILY FOUND		04-2651199
BOSTON SYMPHONY ORCHESTRA	NONE CHARITABLE	PUBLIC CHARITY	200,000.
BOWDEN COLLEGE ALUMNI FUND	NONE CHARITABLE	PUBLIC CHARITY	10,000.
BREAKTHROUGH CAMBRIDGE	NONE CHARITABLE	PUBLIC CHARITY	1,000.
BRIGHAM & WOMEN'S HOSPITAL	NONE CHARITABLE	PUBLIC CHARITY	200,000.
COMBINED JEWISH PHILANTHROPIES	NONE CHARITABLE	PUBLIC CHARITY	250,000.
CONSERVATORY LAB CHARTER SCHOOL	NONE CHARITABLE	PUBLIC CHARITY	2,500.
DANA-FARBER	NONE CHARITABLE	PUBLIC CHARITY	55,000.
FACING HISTORY & OURSELVES	NONE CHARITABLE	PUBLIC CHARITY	5,000.
FAMILIES FIRST	NONE CHARITABLE	PUBLIC CHARITY	2,500.
FRENCH LIBRARY & CULTURAL CENTER	NONE CHARITABLE	PUBLIC CHARITY	5,000.

THE WILLIAM & LIA G. POORVU FAM	ILY FOUND		04-2651199
FRIENDS OF LONGFELLOW HOUSE	NONE CHARITABLE	PUBLIC CHARITY	1,000.
FRIENDS OF MT. AUBURN CEMETERY	NONE CHARITABLE	PUBLIC CHARITY	1,000.
GREATER BOSTON LEGAL SERVICES	NONE CHARITABLE	PUBLIC CHARITY	1,000.
HANDEL & HAYDEN SOCIETY	NONE CHARITABLE	PUBLIC CHARITY	1,000.
HARVARD BUSINESS SCHOOL	NONE CHARITABLE	PUBLIC CHARITY	286,753.
HARVARD HILLEL	NONE CHARITABLE	PUBLIC CHARITY	5,000.
HARVARD JFK SCHOOL OF GOVERNMENT	NONE CHARITABLE	PUBLIC CHARITY	10,000.
HARVARD LIBRARY	NONE CHARITABLE	PUBLIC CHARITY	1,000.
HULL LIFESAVING MUSEUM	NONE CHARITABLE	PUBLIC CHARITY	1,000.
ISABELLA STEWART GARDNER MUSEUM	NONE CHARITABLE	PUBLIC CHARITY	500,000.

THE WILLIAM & LIA G. POORVU FAM	ILY FOUND		04-2651199
JEWISH COMMUNITY HOUSING FOR THE ELDERLY	NONE CHARITABLE	PUBLIC CHARITY	5,000.
LET'S GET READY	NONE CHARITABLE	PUBLIC CHARITY	5,000.
LINCOLN CENTER	NONE CHARITABLE	PUBLIC CHARITY	1,000.
LONGY SCHOOL OF MUSIC	NONE CHARITABLE	PUBLIC CHARITY	2,500.
MARTHA'S VINEYARD CEREBAL PALSY	NONE CHARITABLE	PUBLIC CHARITY	8,500.
MASSACHUSETTS HISTORICAL SOCIETY	NONE CHARITABLE	PUBLIC CHARITY	10,000.
MUSEUM OF FINE ARTS	NONE CHARITABLE	PUBLIC CHARITY	150,000.
NATIONAL PUBLIC RADIO FOUNDATION	NONE CHARITABLE	PUBLIC CHARITY	50,000.
NEW ISRAEL FUND	NONE CHARITABLE	PUBLIC CHARITY	10,000.
POLLY HILL ARBORETUM	NONE CHARITABLE	PUBLIC CHARITY	5,000.

THE WILLIAM & LIA G. POORVU	FAMILY FOUND		04-2651199
SHADY HILL SCHOOL	NONE CHARITABLE	PUBLIC CHARITY	2,500.
SHAKESPEARE & COMPANY	NONE CHARITABLE	PUBLIC CHARITY	10,000.
SUMMER SEARCH BOSTON	NONE CHARITABLE	PUBLIC CHARITY	5,000.
WBUR	NONE CHARITABLE	PUBLIC CHARITY	5,000.
WELLESLEY CENTERS FOR WOMEN	NONE CHARITABLE	PUBLIC CHARITY	5,000.
WELLESLEY COLLEGE	NONE CHARITABLE	PUBLIC CHARITY	100,000.
WEST CHOP PRESERVATION FUND	NONE CHARITABLE	PUBLIC CHARITY	10,000.
WEST END HOUSE	NONE CHARITABLE	PUBLIC CHARITY	2,500.
WGBH	NONE CHARITABLE	PUBLIC CHARITY	100,000.
YALE HILLEL	NONE CHARITABLE	PUBLIC CHARITY	5,000.

THE WILLIAM & LIA G. POORVU	FAMILY FOUND		04-2651199
YALE UNIVERSITY	NONE CHARITABLE	PUBLIC CHARITY	180,000.
YOUNG AUDIENCES OF MASS	NONE CHARITABLE	PUBLIC CHARITY	500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A 2,267,253.

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

interna revenue de v	The a separate application for each return.		
 If you are filing Do not complet 	g for an Automatic 3-Month Extension, complete only Part I and check this box		
	Automatic 3-Month Extension of Time. Only submit original (no copies needed). quired to file Form 990-T and requesting an automatic 6-month extension - check this box and c	omplete	
		t an exten	sion of time
noted below (6 r (not automatic) : you must submi	cretums. g (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic externonths for a corporation required to file Form 990-T). However, you cannot file Form 8868 electromenth extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic and click on e-file for Charties & Nonprofits.	onically if consolida	(1) you want the additional ated Form 990-T. Instead,
· .	e of Exempt Organization	Emp	loyer identification number
FA	E WILLIAM & LIA G. POORVU MILY FOUNDATION	0	4-2651199
filing your P	ober, street, and room or suite no. If a P.O. box, see instructions. O. BOX 380828		
instructions City	town or post office, state, and ZIP code. For a foreign address, see instructions. MBRIDGE, MA 02238	·	
Check type of r	eturn to be filed (file a separate application for each return).		
Form 990 Form 990 Form 990 X Form 990	BL Form 990-T (sec. 401(a) or 408(a) trust) Form EZ Form 990-T (trust other than above) Form	1 4720 1 5227 1 6069 1 8870	
	THE FOUNDATION e in the care of P.O. BOX 380828 - CAMBRIDGE, MA 02238		
If the organizIf this is for a	ation does not have an office or place of business in the United States, check this box Group Return, enter the organization's four digit Group Exemption Number (GEN) if It is for part of the group, check this box ▶ and attach a list with the names and EINs of		- · · ·
AUG is for the d ► X ca	in automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time \overline{UST} 15 , 2010 , to file the exempt organization return for the organization name organization's return for: Ilendar year $\underline{2009}$ or \underline{V} , and ending \underline{V} , and ending \underline{V}		The extension
2 If this tax	year is for less than 12 months, check reason		Change in accounting period
	ication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	able credits See instructions ication is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$ 91,490.
	nts made. Include any prior year overpayment allowed as a credit.	3b	\$ 91,490.
· · · · · · · · · · · · · · · · · · ·	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		7 72/2501
	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
See ınstru	ctions.	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.

Form	8868 (Rev. 4-2009)			Page 2
•	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b			▶ 🗓
	. Only complete Part II if you have already been granted an autornatic 3-month extension on a previously file you are filing for an Autornatic 3-Month Extension, complete only Part I (on page 1).	a rom	8868.	
Pa		conies i		
rai				
Туре	Name of Exempt Organization THE WILLIAM & LIA G. POORVU	Emp	Employer identification number	
print	FAMILY FOUNDATION	١	1-26	551199
File by	the Number street and norm or suite no Ho D O have no instructions		RS use	
extend due da		1000	no use i	Offig
filing ti return.	100	_		
instruc				
Chec	x type of return to be filed (File a separate application for each return):			_
<u>_</u>	Form 990		orm 522	7 Form 8870
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	L F∈	orm 606	9
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly file	d Form	8868.
	THE FOUNDATION			
• T}	ne books are in the care of P.O. BOX 380828 - CAMBRIDGE, MA 02238			
	elephone No. ► (617) 576-1010 FAX No. ►			
	the organization does not have an office or place of business in the United States, check this box			_ ▶ □
• 11	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If	his is fo	r the wh	role group, check this
box	. —			
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		Change	n accounting period
7	State in detail why you need the extension			
	ADDITIONAL TIME AND INFORMATION IS NEEDED TO FILE A C	OMPL	ETE	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	\$	71,490.
ь	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	-		5 4 400
	previously with Form 8868.	8b_	\$	71,490.
С	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 instruction: Signature and Verification	s. Bc	\$	0.
Undo	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to t	ha hart s	d mu bar	vuladae and helief
rt is tr	r penalties of perjory, if declare that i have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	115 DESI (i iny KNO	wieuge and belief,
	ture Danut E. Scott Title CPA	Date		8/5/2010
			F	Form 8868 (Rev. 4-2009)