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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> THE 200 FOUNDATION, INC. P.O. BOX 3449 FRAMINGHAM, MA 01705	<b>D</b> Employer identification number 04-3326519
		<b>E</b> Telephone number (508) 820-4343
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I Website:** ▶ N/A**J Tax-exempt status** (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 212,400.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	86,498.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,107.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	124,795.
6b	Less: direct expenses other than fundraising expenses	6b	55,362.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	69,433.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	157,038.	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	126,368.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,762.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,720.
	16	Other expenses (describe ▶ See Statement 2)	16	8,314.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	141,164.
<b>ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,874.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	95,450.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	111,324.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

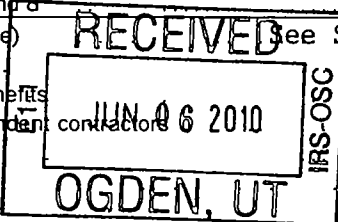
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	95,450.	110,534.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 3)		790.
25 <b>Total assets</b>	95,450.	111,324.
26 <b>Total liabilities</b> (describe ▶ _____)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	95,450.	111,324.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Form 990-EZ (2009)

TEEA0803L 01/30/10

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Part III	Statement of Program Service Accomplishments (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose? ASSIST OTHER ORGANIZATIONS THAT ARE IN NEED  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Assisting other organizations that are in need.

(Grants \$ 126,368. ) If this amount includes foreign grants, check here

28a	133,768.
-----	----------

29

(Grants \$ ) If this amount includes foreign grants, check here

**29 a**

30

(Grants \$ ) If this amount includes foreign grants, check here

**30 a**

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31 a

**32 Total program service expenses** (add lines 28a through 31a)

32	133,768.
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<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instrs )
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[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 5

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b> X		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b> X		
<b>41</b> List the states with which a copy of this return is filed ▶ <u>None</u>		

**42a** The organization's books are in care of ▶ CHRISTINE DUQUETTE Telephone no ▶ 508-368-6527  
 Located at ▶ 6-6 TUCK FARM ROAD AUBURN MA ZIP + 4 ▶ 01501

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** X  
 If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** X  
 If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>
<b>47</b>		<input checked="" type="checkbox"/>
<b>48</b>		<input checked="" type="checkbox"/>
<b>49a</b>		<input checked="" type="checkbox"/>
<b>49b</b>		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

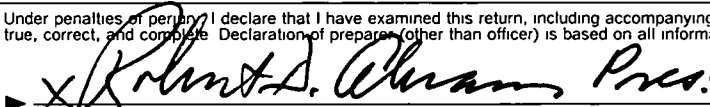
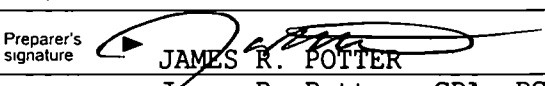
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer	Date 7/1/10		
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature  JAMES R. POTTER	Date 6/22/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 James R. Potter, CPA, PC 284 Union Avenue Framingham, MA 01702		EIN <span style="float: right;">▶</span> N/A Phone no <span style="float: right;">▶</span> (508) 626-7607	
	May the IRS discuss this return with the preparer shown above? See instructions. <span style="float: right;">▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

**b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

**17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	98,068.	182,105.	16,495.	90,844.	86,498.	474,010.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	172,137.	108,063.	110,369.	51,485.	69,433.	511,487.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	270,205.	290,168.	126,864.	142,329.	155,931.	985,497.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	96,000.	177,605.	100,000.	75,000.	85,000.	533,605.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	96,000.	177,605.	100,000.	75,000.	85,000.	533,605.
8 Public support (Subtract line 7c from line 6)						451,892.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	270,205.	290,168.	126,864.	142,329.	155,931.	985,497.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	797.	8,723.	8,548.	-25,537.	1,107.	-6,362.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	797.	8,723.	8,548.	-25,537.	1,107.	-6,362.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lines 9, 10c, 11, and 12)						979,135.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	46.2 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	51.0 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.0 %
19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

## Schedule A (Form 990 or 990-EZ) 2009

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

2009

**Open to Public Inspection**

Employer identification number

04-3326519

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

- ☐
- Mail solicitations

- ☐ Internet and email solicitations

- ☐
- Phone solicitations

- ☐ In-person solicitations

- ☐
- Solicitation of non-government grants

- ☐
- Solicitation of government grants

- ☐ Special fundraising events

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes    ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		200 DINNER EVE (event type)	GOLF TOURNAMEN (event type)	(total number)	(Add col (a) through col (c))
	1 Gross receipts	79,550.	45,245.		124,795.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	79,550.	45,245.		124,795.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,079.	43,283.		55,362.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				55,362.
	11 Net income summary Combine lines 3, column (d) and line 10				69,433.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain: _____ _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain: _____ _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.**c** If 'Yes,' enter name and address of the third party:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_

THE 200 FOUNDATION, INC.

04-3326519

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name: SEE ATTACHED LIST  
 Cash Amount Given:

\$ 126,368.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

BANK SERVICE CHARGES	\$	102.
Conferences, Conventions, and Meetings		112.
CREDIT CARD PROCESSING		1,092.
Depreciation		198.
FOREIGN TAXES		5.
INSURANCE		3,417.
SUPPLIES		1,174.
TAXES		1,652.
TELEPHONE		562.
<b>Total</b>	<b>\$</b>	<b>8,314.</b>

**Statement 3**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 0.	\$ 790.
<b>Total</b>	<b>\$ 0.</b>	<b>\$ 790.</b>

**Statement 4**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
DANIEL BORTOLUSSI 809 WASHINGTON STREET AUBURN, MA 01501	CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
ADAM BORTOLUSSI 11 LEMAN LANE HOPKINTON, MA 01748	TREASURER 0	0.	0.	0.
DAVID WELCH 24 MYRTLE STREET FRAMINGHAM, MA 01702	Director 0	0.	0.	0.

THE 200 FOUNDATION, INC.

04-3326519

Statement 4 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
KEVIN COAN 196 WEST CENTRAL STREET NATICK, MA 01760	Director 0	\$ 0.	\$ 0.	\$ 0.
CHRIS MINGACE 284 UNION AVENUE FRAMINGHAM, MA 01702	Director 0	0.	0.	0.
ROBERT ABRAMS 578 BOSTON POST ROAD SUDBURY, MA 01776	President 0	0.	0.	0.
STEPHEN DAWLEY 284 UNION AVENUE FRAMINGHAM, MA 01702	Secretary 0	0.	0.	0.
TIM EVERETT 1A CAPE ROAD MENDON, MA 01756	Director 0	0.	0.	0.
LEONARD FOURNIER 114 HIGH STREET ASHLAND, MA 01721	Director 0	0.	0.	0.
RONALD ISSACSON 959 GROVE STREET FRAMINGHAM, MA 01701	Director 0	0.	0.	0.
JOSEPH PERINI III 73 MT. WAYTE AVENUE FRAMINGHAM, MA 01701	Director 0	0.	0.	0.
CHRISTINE DUQUETTE 6-6 TUCK FARM ROAD AUBURN, MA 01501	Director 0	0.	0.	0.
DENNIS CARLSON 162 CORDAVILLE ROAD SOUTHBORO, MA 01772	Director 0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

**Statement 5**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

**The 200 Foundation**  
**Attachment to 990**

<b>agency</b>	<b>addresss</b>	<b>GRANT</b>	<b>2009</b>
Abby's House	52 High St Worcester 01609	\$	1,000 00
A Place to Turn	99 Hartford st Natick 01760	\$	2,000 00
AIDS Project Worcester Inc	85 Green St Worcester 01604	\$	1,500.00
A Suitable Image	P.O Box 4806 Framingham 01704	\$	2,000 00
Ashland Educational Foundation	P O.Box 71 Ashland 01721	\$	1,000 00
Auburn Youth & Family Services	21 Pheasant Ct. Auburn 01501	\$	5,000.00
Auburn Community Assistance Fund	104Central St Auburn 01501	\$	1,500.00
Auburn Fire Dept	47 Auburn St Auburn 01501	\$	1,000.00
Auburn Police Association	416 Oxford Street North, Auburn Ma 01501	\$	500 00
Boys & Girls Club of Metrowest	169 Pleasant St Marlborough 01752	\$	5,000 00
Carroll Center for the Blind	770 Centre St Newton 02458	\$	5,000.00
Children's Charter	77 Rumsford Ave Waltham 02453	\$	3,000 00
Chip's House	9 Park Ave Centerville 02632	\$	2,500 00
Danforth Museum of Art	123 Union Ave Framingham 01702	\$	2,000 00
Da Vinci Center	470 Charles St Providence, RI 02097	\$	500 00
Ellis Memorial & Eldredge House Inc.	P O Box 352 Boston 02117	\$	1,000 00
Elm Park Center for Early Childhood Development	284 Highland St Worcester 01602	\$	500.00
Framingham Historical & Natural History Society	P O Box 2032 Framingham 01701	\$	1,500 00
Friends of Callahan Center	535 Union Ave Framingham 01702	\$	1,000 00
Girls Inc of Worcester	125 Providence St Worcester 01604	\$	1,000 00
G M. Whitin Community Center	60 Main St Whitinsville 01588	\$	1,500 00
Holliston Senior Center	150 Goulding st Holliston 01746	\$	500.00
Hull Lifesaving Museum	P.O.Box 221 1117 Nantasket Ave. Hull 02045	\$	500 00
Isreal Arbeiter Gallery of Understanding/Schecter School	One Commerce Way Norwood 02062	\$	2,000.00
Jail Diversion Program	C/o Police Dept 1 William Felch Way Framingham 01702	\$	500 00
Jewish Family Service of Metrowest	475 Franklin St Suite 101 Framingham 01702	\$	4,000.00
John Andrew Mazie Memorial Foundation	11502 Wysteria Way Wayland 01778	\$	1,000 00
Kids Connect	43 Main St Natick 01760	\$	1,000 00
Marine Corps League Metrowest Detachment 1037	P O BoxM Natick 01760	\$	3,000 00
Metrowest Interfaith Hospitality Network	P O Box 847 Natick 01760	\$	500 00
Metrowest Legal Services	63 Fountain St Suite 304 Framingham 01702	\$	2,000 00
Metrowest YMCA	280 Old Connecticut Path Framingahm 01701	\$	500 00
Natick Visiting Nurses Association Inc	209 West Central St Natick 01760	\$	1,000 00
Nativity School of Worcester	67 incoln St Worcester 01605	\$	500 00
New England Aftercare Ministries Inc.	P.O.Box 136 Framingham 01704	\$	1,000.00
New England Dream Center	5 Chestnut St Worcester, MA 01609	\$	2,500 00
Notre Dame Montessori School	265 Mt Vernon St Dorchester 02125	\$	10,000.00
Performing Arts Center of Metrowest	140 Pearl St Framingham 01702	\$	1,000.00
Pernet Family Health Service inc	237 Millbury St Worcester 01610	\$	4,500.00
Programs for People	98 Lincoln St Framingham 01702	\$	4,000 00
Project Smile	P.O.Box 336 Hopedale 01747	\$	1,000 00
Rainbow Child Development Center	10 Edward St Worcester 01605	\$	1,000.00
Resiliency For Life c/o Framingham No. High Sch.	115 A St Framingham 01701	\$	1,500 00
Ride Far	P O Box 186 Bolton 01740	\$	1,000 00
Right Turn Inc	299 Broadway Arlington 02474	\$	1,500 00
Smiling Kids Inc.	53 Richards Rd Southborough Ma 01772	\$	500 00
Spectrum Health Systems Inc Woreus Facility	10 Mechanic St Suite 302 Worcester 01608	\$	4,000 00
St Joseph's Parish	194 Oxford Street North	\$	2,000.00
Straight Ahead Ministires Inc	100 Grove St Worcester 01605	\$	2,500 00
The Barton Center for Diabetes Education Inc	P.O Box 356 North Oxford 01537	\$	1,000 00
The Mustard Seed	93 Piedmont St Worcester 01609	\$	5,000.00
Veterans Inc	69 Grove St Worcester 01605	\$	1,000 00
Wayside Inn	72 Wayside Inn RD Sudbury 01776	\$	5,358.85
Worcester Arts Community		\$	1,000.00
		\$	<b>110,367.85</b>
		\$	<b>16,000.00</b>
		\$	<b>126,367 85</b>

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

OMB No 1545-1709

► **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, 6069, 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	THE 200 FOUNDATION, INC.	04-3326519
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 3449	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	FRAMINGHAM, MA 01705	

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

- The books are in the care of ► CHRISTINE DUQUETTE

Telephone No ► 508-368-6527

FAX No. ► \_\_\_\_\_

- 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for  
► ☒ calendar year 20 09 or  
► ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

<b>3a</b> 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	<b>3a</b>	\$	0.
<b>b</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	<b>3b</b>	\$	0.
<b>c Balance Due.</b> 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	<b>3c</b>	\$	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.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)