



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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 **2009**, and ending **20**

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 MIDDLESEX SAVINGS CHARITABLE FOUNDATION, INC. C/O MIDDLESEX SAVINGS BANK | | A Employer identification number 04-3521246 |
| | Number and street (or P O box number if mail is not delivered to street address) 6 MAIN STREET | Room/suite | B Telephone number (see page 10 of the instructions) (508) 315-5311 |
| | City or town, state, and ZIP code NATICK, MA 01760 | | 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 | | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 5,338,114. | | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (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 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) (see page 11 of the instructions)) | | (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 (attach schedule) | 200,000. | | | |
| 2 | Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. | | | | |
| 3 | Interest on savings and temporary cash investments | | | | |
| 4 | Dividends and interest from securities | 228,573. | 228,573. | 0. | ATCH 1 |
| 5a | Gross rents | | | | |
| b | Net rental income or (loss) | | | | |
| 6a | Net gain or (loss) from sale of assets not on line 10 | -57,458. | | | |
| b | Gross sales price for all assets on line 6a 93,612. | | | | |
| 7 | Capital gain net income (from Part IV, line 2) | | | | |
| 8 | Net short-term capital gain | | | | |
| 9 | Income modifications | | | | |
| 10a | Gross sales less returns and allowances | | | | |
| b | Less Cost of goods sold | | | | |
| c | Gross profit or (loss) (attach schedule) | | | | |
| 11 | Other income (attach schedule) | | | | |
| 12 | Total. Add lines 1 through 11 | 371,115. | 228,573. | 0. | |
| 13 | Compensation of officers, directors, trustees, etc. | 0. | | | |
| 14 | Other employee salaries and wages | | | | |
| 15 | Pension plans, employee benefits | | | | |
| 16a | Legal fees (attach schedule) | | | | |
| b | Accounting fees (attach schedule) ATCH 2 | 2,000. | 0. | 0. | 2,000. |
| c | Other professional fees (attach schedule) * | 29,617. | 29,617. | 0. | 0. |
| 17 | Interest | | | | |
| 18 | Taxes (attach schedule) (see page 14 of the instructions) * * | 4,200. | 0. | 0. | 0. |
| 19 | Depreciation (attach schedule) and depletion | | | | |
| 20 | Occupancy | | | | |
| 21 | Travel (conferences, and meetings) | | | | |
| 22 | Printing and publications | | | | |
| 23 | Other expenses (attach schedule) ATCH 5 | 8,980. | 0. | 0. | 8,980. |
| 24 | Total operating and administrative expenses. Add lines 13 through 23 | 44,797. | 29,617. | 0. | 10,980. |
| 25 | Contributions, gifts, grants paid | 302,300. | | | 302,300. |
| 26 | Total expenses and disbursements. Add lines 24 and 25 | 347,097. | 29,617. | 0. | 313,280. |
| 27 | Subtract line 26 from line 12 | 24,018. | | | |
| a | Excess of revenue over expenses and disbursements | | 198,956. | | |
| b | Net investment income (if negative, enter -0-) | | | | |
| c | Adjusted net income (if negative, enter -0-) | | | -00. | |

SCANNED AUG 04 2010

Operating and Administrative Expenses

RECEIVED
 JUL 12 2010
 OGDEN UT
 IRS

p

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

| | Beginning of year | End of year | | |
|--|-------------------|----------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | | | | |
| 1 Cash - non-interest-bearing | | | | |
| 2 Savings and temporary cash investments | 5,055. | 6,570. | 6,570. | |
| 3 Accounts receivable | | | | |
| Less allowance for doubtful accounts | | | | |
| 4 Pledges receivable | | | | |
| Less allowance for doubtful accounts | | | | |
| 5 Grants receivable | | | | |
| 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) | | | | |
| 7 Other notes and loans receivable (attach schedule) | | | | |
| Less allowance for doubtful accounts | | | | |
| 8 Inventories for sale or use | | | | |
| 9 Prepaid expenses and deferred charges | | | | |
| 10 a Investments - U S and state government obligations (attach schedule) ** | 350,000. | 700,000. | 700,000. | |
| b Investments - corporate stock (attach schedule) ATCH 7 | 1,088,795. | 1,540,952. | 1,540,952. | |
| c Investments - corporate bonds (attach schedule) ATCH 8 | 0. | 103,019. | 103,019. | |
| 11 Investments - land, buildings, and equipment basis | | | | |
| Less accumulated depreciation (attach schedule) | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other (attach schedule) ATCH 9 | 3,728,245. | 2,965,190. | 2,965,190. | |
| 14 Land, buildings, and equipment basis | | | | |
| Less accumulated depreciation (attach schedule) | | | | |
| 15 Other assets (describe ATCH 10) | 25,420. | 22,383. | 22,383. | |
| 16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) | 5,197,515. | 5,338,114. | 5,338,114. | |
| Liabilities | | | | |
| 17 Accounts payable and accrued expenses | 0. | 1,500. | | |
| 18 Grants payable | | | | |
| 19 Deferred revenue | | | | |
| 20 Loans from officers, directors, trustees, and other disqualified persons | | | | |
| 21 Mortgages and other notes payable (attach schedule) | | | | |
| 22 Other liabilities (describe) | | | | |
| 23 Total liabilities (add lines 17 through 22) | 0. | 1,500. | | |
| Net Assets or Fund Balances | | | | |
| Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | | |
| 24 Unrestricted | | | | |
| 25 Temporarily restricted | | | | |
| 26 Permanently restricted | | | | |
| Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/> | | | | |
| 27 Capital stock, trust principal, or current funds | 5,417,721. | 5,732,802. | | |
| 28 Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | -220,206. | -396,188. | | |
| 30 Total net assets or fund balances (see page 17 of the instructions) | 5,197,515. | 5,336,614. | | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | 5,197,515. | 5,338,114. | | |

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 | 5,197,515. |
| 2 Enter amount from Part I, line 27a | 2 | 24,018. |
| 3 Other increases not included in line 2 (itemize) ATTACHMENT 11 | 3 | 115,081. |
| 4 Add lines 1, 2, and 3 | 4 | 5,336,614. |
| 5 Decreases not included in line 2 (itemize) | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 5,336,614. |

** ATCH 6

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 SEE PART IV SCHEDULE | | | | | |
| b | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 2 Capital gain net income or (net capital loss) | | | 2 | -57,458. | |
| 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) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. | | | | | |

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)

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 page 18 of the 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 | 281,839. | 5,171,954. | 0.054494 |
| 2007 | 302,724. | 5,255,663. | 0.057600 |
| 2006 | 247,300. | 4,986,891. | 0.049590 |
| 2005 | 235,997. | 4,756,856. | 0.049612 |
| 2004 | 206,232. | 4,251,830. | 0.048504 |
| 2 Total of line 1, column (d) | | | 2 0.259800 |
| 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 0.051960 |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 | | | 4 5,090,071. |
| 5 Multiply line 4 by line 3 | | | 5 264,480. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 1,990. |
| 7 Add lines 5 and 6 | | | 7 266,470. |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 8 313,280. |

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 on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

| | | | |
|-----|--|----|--------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 | | |
| | Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions) | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 1,990. |
| 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-) | 2 | |
| 3 | Add lines 1 and 2 | 3 | 1,990. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 1,990. |
| 6 | Credits/Payments | | |
| a | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a | 4,950. |
| b | Exempt foreign organizations-tax withheld at source | 6b | 0. |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | 0. |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 4,950. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 | 2,960. |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/> | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|-----|-----|----|
| 1 a | | X |
| b | | X |
| c | | X |
| 2 | | X |
| 3 | | X |
| 4 a | | X |
| 4 b | | |
| 5 | | X |
| 6 | X | |
| 7 | X | |
| 8 a | | |
| 8 b | X | |
| 9 | | X |
| 10 | | X |

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) 11 X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X
Website address WWW.MIDDLESEXBANK.COM
14 The books are in care of CAROLE BERNSTEIN Telephone no 508-315-5311
Located at 6 MAIN STREET NATICK, MA ZIP + 4 01760
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes 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)? Yes No X
(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). Yes No X
1b 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
1c 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? Yes No X
If "Yes," list the years
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 page 20 of the instructions) 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? Yes No X
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) 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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes 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)? (see page 22 of the instructions) Yes 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? Yes 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 page 22 of the instructions)? Yes No
Organizations relying on a current notice regarding disaster assistance check here

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? Yes 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? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
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? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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 (see page 22 of the instructions).

| (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 |
|----------------------|---|---|---|---------------------------------------|
| ATTACHMENT 12 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). 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 |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |

Total number of others receiving over \$50,000 for professional services **NONE**

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 NONE | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 NONE | |
| 2 | |
| All other program-related investments. See page 24 of the instructions | |
| 3 NONE | |
| Total. Add lines 1 through 3 | |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

| | | | |
|----------|--|-----------|------------|
| 1 | 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 | 1a | 5,133,958. |
| b | Average of monthly cash balances | 1b | 13,717. |
| c | Fair market value of all other assets (see page 24 of the instructions) | 1c | 19,910. |
| d | Total (add lines 1a, b, and c) | 1d | 5,167,585. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 5,167,585. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions) | 4 | 77,514. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 5,090,071. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 254,504. |

Part XI Distributable Amount (see page 25 of the 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 | 254,504. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | 2a | 1,990. |
| b | Income tax for 2009 (This does not include the tax from Part VI) | 2b | |
| c | Add lines 2a and 2b | 2c | 1,990. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 252,514. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 252,514. |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 252,514. |

Part XII Qualifying Distributions (see page 25 of the instructions)

| | | | |
|----------|---|-----------|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 313,280. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 0. |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | 0. |
| b | Cash distribution test (attach the required schedule) | 3b | 0. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 313,280. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | 1,990. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 311,290. |

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 page 26 of the instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 252,514. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | | |
| b Total for prior years 20 07, 20 06, 20 05 | | | | |
| 3 Excess distributions carryover, if any, to 2009 | | | | |
| a From 2004 | | | | 0. |
| b From 2005 | | | | 0. |
| c From 2006 | | | | 0. |
| d From 2007 | | | | 593. |
| e From 2008 | | | | 27,885. |
| f Total of lines 3a through e | 28,478. | | | |
| 4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 313,280. | | | | |
| a Applied to 2008, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see page 26 of the instructions) | | | | |
| d Applied to 2009 distributable amount | | | | 252,514. |
| e Remaining amount distributed out of corpus | 60,766. | | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 89,244. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| 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 | | | | |
| d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions | | | | |
| e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions | | | | |
| f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) | | | | |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) | 0. | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 89,244. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2005 | | | | 0. |
| b Excess from 2006 | | | | 0. |
| c Excess from 2007 | | | | 593. |
| d Excess from 2008 | | | | 27,885. |
| e Excess from 2009 | | | | 60,766. |

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

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

Empty box for ruling date

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

4942(j)(3) or

4942(j)(5)

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

Table with 5 columns: (a) 2009, (b) 2008, (c) 2007, (d) 2006, (e) Total. Rows include 85% of line 2a, Qualifying distributions from Part XII, and alternative tests (Assets, Endowment, Support).

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 page 28 of 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)

N/A

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

N/A

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

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

ATTACHMENT 13

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

SEE ATTACHED

c Any submission deadlines

SEE ATTACHED

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

SEE ATTACHED

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future 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 recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|----------|
| a <i>Paid during the year</i> ATTACHMENT 14 | | | | |
| Total. ▶ 3a | | | | 302,300. |
| b <i>Approved for future payment</i> ATTACHMENT 15 | | | | |
| Total. ▶ 3b | | | | 5,000. |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (14, 228,573), 5 Net rental income or (loss) from real estate (a-b), 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, -57,458), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal (171,115), 13 Total (171,115).

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: 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) (See page 29 of the instructions). Content: NOT APPLICABLE

Schedule of Contributors

2009

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization
MIDDLESEX SAVINGS CHARITABLE FOUNDATION, INC.
C/O MIDDLESEX SAVINGS BANK

Employer identification number
04-3521246

Organization type (check 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

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|--|
| Name of organization MIDDLESEX SAVINGS CHARITABLE FOUNDATION, INC. C/O MIDDLESEX SAVINGS BANK | Employer identification number 04-3521246 |
|---|--|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | MIDDLESEX SAVINGS BANK 6 MAIN STREET NATICK, MA 01760 | \$ 200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

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, 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 and click on *e-file for Charities & Nonprofits*

| | | | |
|--|--|---------------------------------------|--------------------------------|
| Type or print | Name of Exempt Organization | MIDDLESEX SAVINGS CHARITABLE FOUNDATI | Employer identification number |
| | | C/O MIDDLESEX SAVINGS BANK | 04-3521246 |
| | Number, street, and room or suite no If a P O box, see instructions | 6 MAIN STREET | |
| File by the due date for filing your return See instructions | City, town or post office, state, and ZIP code For a foreign address, see instructions | NATICK, MA 01760 | |

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 |

• The books are in the care of ▶ CAROLE BERNSTEIN

Telephone No ▶ 508 315-5311 FAX No ▶ 508 651-3359

- 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 08/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, _____, and ending _____, _____

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 | \$ | 4,620. |
| 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 | \$ | 4,950. |
| 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 | \$ | |

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

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

4714209

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of Property | | Description | | | | P or D | Date acquired | Date sold |
|--|---------------------------------------|--|--------------------------|--------------------------------|------------------------------------|--------------|----------------------|------------------------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | |
| 18,830. | | BANCO SANTANDER PROPERTY TYPE: SECURITIES 18,830. | | | | P | 02/04/2009 | 03/17/2009 |
| 5. | | BANCO SANTANDER PROPERTY TYPE: SECURITIES 5. | | | | P | 03/17/2009 | 03/17/2009 |
| 4,589. | | BANCO SANTANDER PROPERTY TYPE: SECURITIES 2,517. | | | | P | 03/17/2009 | 08/14/2009 2,072. |
| 8. | | FIRST HORIZON PROPERTY TYPE: SECURITIES 35. | | | | P | 07/17/2006 | 01/13/2009 -27. |
| 12. | | FIRST HORIZON PROPERTY TYPE: SECURITIES 35. | | | | P | 07/17/2006 | 04/13/2009 -23. |
| 11. | | FIRST HORIZON PROPERTY TYPE: SECURITIES 35. | | | | P | 07/17/2006 | 07/14/2009 -24. |
| 4. | | FIRST HORIZON PROPERTY TYPE: SECURITIES 13. | | | | P | 07/17/2006 | 10/09/2009 -9. |
| 7. | | FIRSTMERIT CORP. PROPERTY TYPE: SECURITIES 9. | | | | P | 02/12/2007 | 06/18/2009 -2. |
| 5. | | FIRSTMERIT CORP. PROPERTY TYPE: SECURITIES 6. | | | | P | 02/12/2007 | 09/23/2009 -1. |
| 30. | | M&T BANK CORPORATION PROPERTY TYPE: SECURITIES 92. | | | | P | 05/28/2009 | 05/28/2009 -62. |
| 10,472. | | M&T BANK CORPORATION PROPERTY TYPE: SECURITIES 25,171. | | | | P | 05/28/2009 | 08/12/2009 -14,699. |
| 30,110. | | NATIONAL CITY CORP. PROPERTY TYPE: SECURITIES 30,110. | | | | P | 04/11/2002 | 01/02/2009 |

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of Property | | Description | | | | P or D | Date acquired | Date sold | |
|--|--------------------------------|--|--------------------|--------------------------|------------------------------|--------|----------------|------------------------|--|
| Gross sale price less expenses of sale | Depreciation allowed/allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | | |
| 9. | | PNC FINANCIAL SERVICES GROUP PROPERTY TYPE: SECURITIES 154. | | | | P | 01/02/2009 | 01/15/2009 -145. | |
| 1,729. | | PNC FINANCIAL SERVICES GROUP PROPERTY TYPE: SECURITIES 29,956. | | | | P | 01/02/2009 | 08/12/2009 -28,227. | |
| 25,263. | | PROVIDENT BANKSHARES CORP PROPERTY TYPE: SECURITIES 25,263. | | | | P | 10/31/2007 | 05/28/2009 | |
| 2,522. | | SOVEREIGN BANCORP PROPERTY TYPE: SECURITIES 18,830. | | | | P | 08/28/2007 | 03/17/2009 -16,308. | |
| 6. | | VALLEY NATIONAL BANCORP PROPERTY TYPE: SECURITIES 9. | | | | P | 10/31/2007 | 05/22/2009 -3. | |
| TOTAL GAIN(LOSS) | | | | | | | | <u>-57,458.</u> | |

EDUCATIONAL OPPORTUNITIES PROGRAM

Providing unique educational opportunities to local youth and adults. The Educational Opportunities Program is designed to encourage organizations to provide unique and meaningful educational opportunities to both youth and adults. Programs include, but are not limited to:

- Job training and job readiness programs
- Adult education programs
- ESL programs
- Credit education and home buying seminars
- Youth enrichment programs

Grant requests of up to \$15,000 will be considered
Apply on-line for this grant

SELECTION CRITERIA

Foundation Directors will review each grant proposal for evidence of the following:

- Confirmation that the Organization is reasonably financially stable, with no overwhelming threats to continued viability
- Evidence of experienced leadership, at both the staff and board levels
- Uniqueness of the program
- Need of the target population to be served
- Anticipated impact of the project on its participants
- Significance of the grant on the organization's ability to implement the project
- Clear detailing of how results will be measured and communicated, and how success will be defined

DATES TO CONSIDER WHEN APPLYING

The Foundation Directors meet semi-annually to review proposals for the Educational Opportunities Program. The proposal deadline and review schedule is as follows:

| Proposal Submitted By: | Director Review |
|------------------------|-----------------|
| March 1, 2010 | May 2010 |
| August 1, 2010 | October 2010 |

CAPACITY BUILDING PROGRAM

The Capacity Building Program funds initiatives designed to strengthen and increase the impact of local non-profits by improving their organizational capacity. Desired outcomes for non-profits selected to receive grants through this program include one or more of the following:

- Improved governance and leadership
 - Improved staff skills
 - Improved management systems and practices
 - Completed strategic plans
 - Improved, expanded, or additional services
 - Expanded strategic assets, including financial and human resources
 - Successful applicants will be able to describe how their enhanced capacity will ultimately benefit the communities that they serve
- Grant requests of up to \$15,000 will be considered
Apply on-line for this grant

SELECTION CRITERIA

- Confirmation that the Organization is reasonably financially stable, with no overwhelming threats to continued viability
- Evidence of experienced leadership, at both the staff and board levels
- Clear explanation of how funds will be used to increase capacity
- Description of how the proposed increase in capacity will benefit the organization, and in turn benefit the communities it serves
- Clear detailing of how results will be measured and communicated, and how success will be defined

DATES TO CONSIDER WHEN APPLYING

The Foundation Directors meet semi-annually to review proposals for the Capacity Building Program Grant. The proposal deadline and review schedule is as follows:

| Proposal Submitted By: | Director Review |
|------------------------|-----------------|
| March 1, 2010 | May 2010 |
| August 1, 2010 | October 2010 |

COMMUNITY DEVELOPMENT PROGRAM

The Community Development Program funds projects and programs whose primary goal is to improve the lives of low-and moderate-income families and individuals throughout the Foundation's communities. Grant requests of up to \$15,000 will be considered. Apply on-line for this grant.

SELECTION CRITERIA

Foundation Directors will review each grant proposal for evidence of the following:

- Confirmation that the Organization is reasonably financially stable, with no overwhelming threats to continued viability
- Evidence of experienced leadership, at both the staff and board levels
- Explanation of how the program or project will improve the quality of life for the target population
- Detailed demographic description of the target population to be served, including statistics pertaining to income and geography
- Clear detailing of how results will be measured and communicated, and how success will be defined

DATES TO CONSIDER WHEN APPLYING

The Foundation Directors meet semi-annually to review proposals for the Community Development Program. The proposal deadline and review schedule is as follows:

| Proposal Submitted By: | Director Review |
|------------------------|-----------------|
| March 1, 2010 | May 2010 |
| August 1, 2010 | October 2010 |

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> |
|------------------------------------|---|--------------------------------------|------------------------------------|
| INT - US AGENCIES | 19,331. | 19,331. | 0. |
| INT - MBS - AGENCIES | 176,547. | 176,547. | 0. |
| DIV - COMMON STOCK | 25,865. | 25,865. | 0. |
| INT - MIDDLESEX SAVINGS BANK - MFP | 4,118. | 4,118. | 0. |
| MISC INCOME | 0. | 0. | 0. |
| INT - MIDDLESEX CHK | 15. | 15. | 0. |
| INT - CORPORATE BONDS | 2,697. | 2,697. | 0. |
| TOTAL | <u>228,573.</u> | <u>228,573.</u> | <u>0.</u> |

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> | <u>CHARITABLE PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| TAX PREP FEES | 2,000. | 0. | 0. | 2,000. |
| TOTALS | <u>2,000.</u> | <u>0.</u> | <u>0.</u> | <u>2,000.</u> |

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> | <u>CHARITABLE PURPOSES</u> |
|----------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| CUSTODY SERVICES | 4,060. | 4,060. | 0. | 0. |
| MSCF MANAGEMENT FEES | 25,557. | 25,557. | 0. | 0. |
| TOTALS | <u>29,617.</u> | <u>29,617.</u> | <u>0.</u> | <u>0.</u> |

ATTACHMENT 4

FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> | <u>CHARITABLE PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| TAX PAYMENTS | 4,200. | 0. | 0. | 0. |
| TOTALS | <u>4,200.</u> | <u>0.</u> | <u>0.</u> | <u>0.</u> |

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED NET INCOME | CHARITABLE PURPOSES |
|---------------|---|-----------------------------|---------------------------|------------------------|
| MISC EXPENSES | 8,980. | 0. | 0. | 8,980. |
| TOTALS | 8,980. | 0. | 0. | 8,980. |

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

ATTACHMENT 6

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|----------------------|------------------------------|-----------------------|
| US AGENCIES | 700,000. | 700,000. |
| US OBLIGATIONS TOTAL | <u>700,000.</u> | <u>700,000.</u> |

FORM 990PF, PART II - CORPORATE STOCK

ATTACHMENT 7

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|--------------------|------------------------------|-----------------------|
| COMMON STOCK | 1,540,952. | 1,540,952. |
| TOTALS | <u>1,540,952.</u> | <u>1,540,952.</u> |

FORM 990PF, PART II - CORPORATE BONDS

ATTACHMENT 8

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|--------------------|------------------------------|-----------------------|
| CORPORATE BONDS | 103,019. | 103,019. |
| TOTALS | <u>103,019.</u> | <u>103,019.</u> |

FORM 990PF, PART II - OTHER INVESTMENTS

ATTACHMENT 9

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|--------------------|------------------------------|-----------------------|
| OTHER INVESTMENTS | 2,965,190. | 2,965,190. |
| TOTALS | <u>2,965,190.</u> | <u>2,965,190.</u> |

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 10

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|--------------------------------|------------------------------|-----------------------|
| ACCRUED INTEREST - INVESTMENTS | 22,383. | 22,383. |
| TOTALS | <u>22,383.</u> | <u>22,383.</u> |

ATTACHMENT 11

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|-----------------|
| FAS 115 ADJ | 115,081. |
| TOTAL | <u>115,081.</u> |

MIDDLESEX SAVINGS CHARITABLE FOUNDATION, INC.

04-3521246

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

ATTACHMENT 12

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u> | <u>EXPENSE ACCT AND OTHER ALLOWANCES</u> |
|---|---|---------------------|--|--|
| DANA NESHE 6 MAIN STREET NATICK, MA 01760 | PRESIDENT 1.00 | 0. | 0. | 0. |
| JOHN R HEERWAGEN 6 MAIN STREET NATICK, MA 01760 | VICE PRESIDENT 1.00 | 0. | 0. | 0. |
| BRIAN D LANIGAN 6 MAIN STREET NATICK, MA 01760 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PAUL M TOTINO 6 MAIN STREET NATICK, MA 01760 | CLERK & TREASURER 1.00 | 0. | 0. | 0. |
| ARNOLD ZALTAS 6 MAIN STREET NATICK, MA 01760 | DIRECTOR | 0. | 0. | 0. |
| RUDMAN HAM 6 MAIN STREET NATICK, MA 01760 | DIRECTOR | 0. | 0. | 0. |

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

ATTACHMENT 12 (CONT'D)

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u> | <u>EXPENSE ACCT AND OTHER ALLOWANCES</u> |
|--|---|---------------------|--|--|
| CARRIE FLOOD 6 MAIN STREET NATICK, MA 01760 | DIRECTOR 1.00 | 0. | 0. | 0. |
| RAYMOND PAGE 6 MAIN STREET NATICK, MA 01760 | DIRECTOR 1.00 | 0. | 0. | 0. |
| GEORGE F FISKE JR 6 MAIN STREET NATICK, MA 01760 | DIRECTOR 1.00 | 0. | 0. | 0. |
| <u>GRAND TOTALS</u> | | <u>0.</u> | <u>0.</u> | <u>0.</u> |

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DANA NESHE
6 MAIN STREET
NATICK, MA 01760
508-315-5360

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|---|--|--|--------|
| WAYSIDE YOUTH & FAMILY SERVICES FRAMINGHAM, MA | NOT RELATED 501 (C) (3) | TO ASSIST THIS ORGANIZATION TO SUPPORT THE OPERATIONS FOR TEMPO YOUNG ADULT CENTER | 15,000 |
| GREATER WORCESTER COMMUNITY FOUNDATION WORCESTER, MA | NOT RELATED 501 (C) (3) | SCHOLARSHIPS NEW TICKETING AND DONOR DATABASE | 31,000 |
| NATICK SERVICE COUNCIL NATICK, MA | NOT RELATED 501 (C) (3) | EXEMPT FUNCTION FOR LMI WOMEN | 10,000 |
| FOOD PANTRIES | NOT RELATED 501 (C) (3) | THIRTY FOOD PANTRIES SERVING THE 24 COMMUNITIES IN WHICH THE BANK OPERATES BRANCHES WILL BE FUNDED | 60,000 |
| JEWISH FAMILY SERVICES OF METRO WEST | NOT RELATED 501 (C) (3) | TO SUPPORT THE AGENCY'S CLOSING ACHIEVEMENT GAPS PROGRAM AT WOODROW WILSON ELEMENTARY SCHOOL PRODUCTIVITY IN A DISTRIBUTED ENVIRONMENT | 12,500 |
| A SUITABLE IMAGE | NOT RELATED 501 (C) (3) | TO ASSIST THE ORGANIZATION WITH THE LAUNCH OF ITS MEN'S COLLECTION HOUSING FACILITY | 5,000 |

FORM 990FF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|---|--|--|--------|
| BEST BUDDIES OF MASSACHUSETTS 501(C) (3) | NOT RELATED 501(C) (3) | TO ASSIST IT IN EXPANDING ITS PROGRAM TO SCHOOLS IN SEVEN LOCAL COMMUNITIES | 10,000 |
| CROSSROADS COMMUNITY FOUNDATION FRAMINGHAM, MA | NOT RELATED 501(C) (3) | TO SUPPORT THE FOUNDATION'S EDUCATIONAL SERIES FOR NONPROFITS AND THEIR BOARDS | 5,800 |
| EMPLOYMENT OPTIONS, INC 501(C) (3) | NOT RELATED 501(C) (3) | ALLOWED THIS AGENCY TO DEVELOP A COLLECTIVE KITCHEN PROGRAM, ENABLING ITS CLIENTS TO LEARN TO PREPARE HEALTHY MEALS AT REDUCED COSTS IN A COLLABORATIVE SETTING | 10,000 |
| FRAMINGHAM ADULT ESL PLUS FRAMINGHAM, MA | NOT RELATED 501(C) (3) | TO SUPPORT ESOL CLASSES FOR 36 STUDENTS EXHIBIT AND TO TRANSLATE THE SOCIETY'S GARDEN MAP INTO VARIOUS LANGAUGES | 6,500 |
| FRAMINGHAM COURT MEDIATION SERVICES | NOT RELATED 501(C) (3) | TO SUPPORT MEDIATION SERVICES FOR LOW- AND MODERATE-INCOME INDIVIDUALS AND FAMILIES | 10,000 |
| HABITAT FOR HUMANITY OF METRO WEST BOSTON, MA | NOT RELATED 501(C) (3) | TO SUPPORT ITS BUILD IN SUDBURY OF A HOME IN NEW ORLEANS | 10,000 |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|--|--|--------|
| | FOUNDATION STATUS OF RECIPIENT | | | |
| METRO WEST LEGAL SERVICES | NOT RELATED 501(C)(3) | | TO SUPPORT THIS AGENCY'S DOMESTIC VIOLENCE VICTIM SUPPORT PROGRAM NUTRITIOUS SELECTIONS TO FAMILIES WITH SCHOOL AGED CHILDREN | 10,000 |
| METRO WEST NONPROFIT NETWORK NATICK, MA | NOT RELATED 501(C)(3) | | TO ASSIST THIS ORGANIZATION WITH PLANNING FOR ITS NEXT ORGANIZATIONAL EVOLUTION AS AN INDEPENDENT 501(C)3 | 5,000 |
| RON BURTON TRAINING VILLAGE | NOT RELATED 501(C)(3) | | TO HELP SEND YOUNG, AT-RISK BOYS TO THIS SUMMER CAMP | 5,000 |
| SERVICE COUNCIL OF RETIRED EXECUTIVES MARLBOROUGH, MA | NOT RELATED 501(C)(3) | | TO ASSIST SCORE IN INCREASING ITS OUTREACH THROUGHOUT METROWEST | 5,000 |
| BETHANY HILL SCHOOL | NOT RELATED 501(C)(3) | | TO SUPPORT THE SCHOOL'S EDUCATIONAL PROGRAMS FOR LOW- AND MODERATE-INCOME ADULTS | 8,000 |
| CENTER FOR WOMEN & ENTERPRISE | NOT RELATED 501(C)(3) | | TO PROVIDE TRAINING AND MENTORING IN ENTREPRENEURSHIP | 10,000 |

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|---|--------|
| HOCKOMOCK AREA YMCA | NOT RELATED 501(C)(3) | TO UNDERWRITE FINANCIAL SUPPORT FOR FAMILIES AND INDIVIDUALS WHO OTHERWISE COULD NOT ACCESS THE ORGANIZATION'S SERVICES | 5,000 |
| RESILIENCY FOR LIFE FRAMINGHAM, MA | NOT RELATED 501(C)(3) | TO SUPPORT THIS INTENSIVE HIGH SCHOOL PROGRAM FOR AT-RISK YOUTH ITS SERVICES | 10,000 |
| EMERSON UMBRELLA CENTER FOR THE ARTS FRAMINGHAM, MA | NOT RELATED 501(C)(3) | TO SUPPORT THE ADDITION OF A VOLUNTEER COORDINATOR AND INCREASE THE UMBRELLA'S CAPACITY AREA SHELTERS | 7,500. |
| MINUTEMAN SENIOR SERVICES | NOT RELATED 501(C)(3) | TO SUPPORT THE AGENCY'S MONEY MANAGEMENT PROGRAM FOR LOW- AND MODERATE-INCOME SENIORS INTERVENTION PROJECT | 10,000 |
| REACH BEYOND DOMESTIC VIOLENCE WORCESTER, MA | NOT RELATED 501(C)(3) | TO SUPPORT THE AGENCY'S PROGRAMS, INCLUDING ADVOCACY AND VICTIM SUPPORT AND COUNSELING VIA THE FUTURE SKILLS INSTITUTE | 10,000 |
| SAMARITAN'S INC FRAMINGHAM, MA | NOT RELATED 501(C)(3) | TO SUPPORT SAMARITAN'S IMPLEMENTATION OF A TEXT SERVICE FOR VULNERABLE TEENS TO SUPPORT THIS ORGANIZATION'S FUNDRAISING CAMPAIGN | 7,500 |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|--|--------|
| NEIGHBORHOOD OF AFFORDABLE HOUSING | NOT RELATED 501(C)(3) | TO SUPPORT AFFORDABLE HOUSINGS PROJECTS IN HOLLISTON, CARLISLE, AND SUDBURY | 10,000 |
| ACTON FOOD PANTRY FRAMINGHAM, MA | NOT RELATED 501(C)(3) | EXEMPT FUNCTION | 500 |
| CONCORD CARLISLE COMMUNITY CHEST | NOT RELATED 501(C)(3) | EXEMPT FUNCTION | 500 |
| DOLI ATAMIAN CAMPERSHIP FUND | NOT RELATED 501(C)(3) | EXEMPT FUNCTION | 1,500 |
| FRAMINGHAM STATE COLLEGE FOUNDATION HUBBARDSTON, MA | NOT RELATED 501(C)(3) | EXEMPT FUNCTION | 750 |
| HOUSEHOLD GOODS RECYCLING OF MA | NOT RELATED 501(C)(3) | EXEMPT FUNCTION | 500 |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|--|--------|
| LOAVES & FISHES BOSTON, MA | NOT RELATED 501(C)(3) | EXEMPT FUNCTION | 500 |
| MCCARTHY ELEMENTARY | NOT RELATED 501(C)(3) | EXEMPT FUNCTION IN WHICH THE BANK OPERATES BRANCHES WILL BE FUNDED | 750 |
| NATICK SERVICE COUNCIL FRAMINGHAM, MA | NOT RELATED 501(C)(3) | EXEMPT FUNCTION PROGRAM AT WOODROW WILSON ELEMENTARY SCHOOL | 3,000 |
| NATICK CENTER FOR THE ARTS | NOT RELATED 501(C)(3) | EXEMPT FUNCTION MEN'S COLLECTION | 1,000 |
| NEEDHAM COMMUNITY COUNCIL BOSTON, MA | NOT RELATED 501(C)(3) | EXEMPT FUNCTION IN SEVEN LOCAL COMMUNITIES | 1,500 |
| NATURE CONNECTION | NOT RELATED 501(C)(3) | EXEMPT FUNCTION FOR NONPROFITS AND THEIR BOARDS | 1,000 |

FORM 990FF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|---|--|--|---------|
| NATICK HISTORICAL SOCIETY FRANKLIN, MA | NOT RELATED 501(C)(3) | EXEMPT FUNCTION KITCHEN PROGRAM, ENABLING ITS CLIENTS TO LEARN TO PREPARE HEALTHY MEALS AT REDUCED COSTS IN A COLLABORATIVE SETTING | 500 |
| VOICES AGAINST VIOLENCE | NOT RELATED 501(C)(3) | EXEMPT FUNCTION | 1,500 |
| TOTAL CONTRIBUTIONS PAID | | | 302,300 |

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

ATTACHMENT 15

| | | | |
|-----------------------------------|---|---|---------------|
| <u>RECIPIENT NAME AND ADDRESS</u> | <u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u> | <u>AMOUNT</u> |
|-----------------------------------|---|---|---------------|

FRAMINGHAM DOWNTOWN RENAISSANCE
FRAMINGHAM, MA

NOT RELATED
501(C)(3)

TO SUPPORT THIS ORGANIZATION'S FUNDRAISING
CAMPAIGN

5,000

TOTAL CONTRIBUTIONS APPROVED

5,000

SCHEDULE D
(Form 1041)

Capital Gains and Losses

OMB No 1545-0092

2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust **MIDDLESEX SAVINGS CHARITABLE FOUNDATION, INC.**
C/O MIDDLESEX SAVINGS BANK

Employer identification number
04-3521246

Note: Form 5227 filers need to complete **only** Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo, day, yr) | (c) Date sold (mo, day, yr) | (d) Sales price | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|---|---|
| 1a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|----|----------|
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b | 1b | -41,061. |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | 2 | |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 3 | |
| 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet | 4 | () |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back | 5 | -41,061. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo, day, yr) | (c) Date sold (mo, day, yr) | (d) Sales price | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|--|------------------------------------|--------------------------------|-----------------|---|---|
| 6a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|----|----------|
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b | 6b | -16,397. |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | 7 | |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 8 | |
| 9 Capital gain distributions | 9 | |
| 10 Gain from Form 4797, Part I | 10 | |
| 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet | 11 | () |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back | 12 | -16,397. |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

| Part III Summary of Parts I and II | | (1) Beneficiaries' (see page 5) | (2) Estate's or trust's | (3) Total |
|--|---|---------------------------------|-------------------------|-----------|
| Caution: Read the instructions before completing this part. | | | | |
| 13 | Net short-term gain or (loss) | 13 | | -41,061. |
| 14 | Net long-term gain or (loss): | | | |
| a | Total for year | 14a | | -16,397. |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksht) | 14b | | |
| c | 28% rate gain | 14c | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14a ▶ | 15 | | -57,458. |

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| Part IV Capital Loss Limitation | | |
|--|---|---------------------|
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000 | 16 (3,000.) |

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

| | | | | |
|-----------|---|-----------|--|-----------|
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) | 17 | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) but not less than zero | 18 | | |
| 19 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | 19 | | |
| 20 | Add lines 18 and 19 | 20 | | |
| 21 | If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶ | 21 | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | 22 | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | 23 | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,300 | 24 | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23. | 25 | | |
| 26 | Subtract line 25 from line 24. | 26 | | |
| 27 | Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 | 27 | | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | 28 | | |
| 29 | Subtract line 28 from line 27 | 29 | | |
| 30 | Multiply line 29 by 15% (15) | | | 30 |
| 31 | Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | | | 31 |
| 32 | Add lines 30 and 31 | | | 32 |
| 33 | Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | | | 33 |
| 34 | Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) | | | 34 |

