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Return of Private Foundation

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

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

OMB No 1545-0052

Ford	alendar	year 2009, or tax yea	r beginning		, and ending	· · · · · · · · · · · · · · · · · · ·	
		hat apply:	Initial return	Initial return of a f	ormer public charity	Final retu	rn
			Amended return	Address char	ge	Name change	
	the IRS	Name of foundation				A Employer identification	on number
		ROBERT I.	LAPPIN CHAR	ITABLE FOUND	ATION	04-657920	6
	print '	· '	O box number if mail is not de	•	Room/su	B reiephone number	
	type. Specific	29 CONGRES		BOX 986		(978)744-	
	uctione	Gity or town, state, a				C If exemption application is	
		SALEM, MA	01970			D 1. Foreign organization	ns, check here
H_C	٠, ,		X Section 501(c)(3) e			Foreign organizations r check here and attach	computation
<u></u>		n 4947(a)(1) nonexem t value of all assets at (1	Other taxable private found ing method: X Cash	·	E If private foundation s	tatus was terminated
		l Value of all assets at t II, col. (c), line 16)	·	ther (specify)	Accrual	under section 507(b)(** **
	s S	11, coi. (c), line 10) ΔΔ.	7 856 (Part I. colu	ımn (d) must be on cash	basis)	F If the foundation is in under section 507(b)(
_		nalysis of Revenue an		(a) Revenue and	(b) Net investment		(d) Disbursements
	س لتستنظ	ne total of amounts in colu- cessarily equal the amoun	mns (b), (c), and (d) may not	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Co	ntributions, gifts, gran	ts, etc., received	511,848.		N/A	
			in is not required to attach Sch. B				
	3 Inte	rest on savings and tempo h investments	orary	758.	75	8.	STATEMENT 1
	4 Div	idends and interest fro	om securities	14.	1	4.	STATEMENT 2
	5a Gro	oss rents					
	b Net	rental income or (loss)					
<u>o</u>		gain or (loss) from sale of ss sales price for all		-3,543.			
Revenue	D ass	ets on line 6a	1,430.				
Rev		oital gain net income (from	•			0.	
_		t short-term capital gai	ın				
	Gro	ome modifications as sales less returns	1				
	_	allowances s Cost of goods sold		-			
i		oss profit or (loss)	L				-
		er income		2,322.	2,32	2.	STATEMENT 3
		tal. Add lines 1 throug	sh 11	511,399.	3,09		
	13 Cor	npensation of officers, dire	ectors, trustees, etc	0.		0.	0.
	14 Oth	ier employee salaries a	and wages	69,563.		0.	69,563.
,	15 Per	nsion plans, employee	benefits	5,495.		0.	5,495.
nses	16a Leg	gal fees					
per		counting fees	STMT 4	4,000.	4,00	0.	0.
Ĕ		er professional fees	7				
∪ IU ative Ekpel		ECEIVED	() CENTER F	0 207			0.002
7記	18 Tax		STMT 5	-8,397.	<u> </u>	0.	8,083.
nd Admin	20 000	preciation and depletion of the contract of th	ĬĢ∥	300.		0.	
1 51	24 Jrs	vel, conferences, and	(r)			-	+
N Pug		and and publishing in the state of the state					
	23 Oth	ier expenses	STMT 6	125,438.	11,25	5.	114,183.
Operating		al operating and adm					
ber		enses. Add lines 13 t		196,399.	15,25	5.	197,324.
Operatir		ntributions, gifts, gran		147,550.			147,550.
		al expenses and disb	ursements.				
		d lines 24 and 25		343,949.	15,25	5.	344,874.
		otract line 26 from line					
		ess of revenue over expen		167,450.			
		t investment income (0.	ļ
,	C Adi	justed net income (if n		Act Notice, see the instruc	<u></u>	N/A	Form 990-PF (2009)

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CUMI	330-2	17111191

ROBERT I. LAPPIN CHARITABLE FOUNDATION

04-6579206

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523,067.

Form **990-PF** (2009)

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	21,614.	26,688.	26,688.
	2	Savings and temporary cash investments	56,034.	296,477.	296,477.
	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			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 7	580.	580.	679.
	C	Investments - corporate bonds			
	11	tovestments - land, buildings, and equipment, basis			-
		Less accumulated depreciation	_		
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 2,986.			
		Less accumulated depreciation STMT 8 > 2,238.	1,048.	748.	748.
	15	Other assets (describe ► STATEMENT 9)	280,042.	256,443.	748. 123,264.
_	16	Total assets (to be completed by all filers)	359,318.	580,936.	447,856.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Ě	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe STATEMENT 10)	0.	57,869.	
	23	Total liabilities (add lines 17 through 22)	0.	57,869.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
Net Assets or Fund Balan	25	Temporarily restricted			
89	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
8	27	Capital stock, trust principal, or current funds	0.	0.	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž	29	Retained earnings, accumulated income, endowment, or other funds	359,318.	523,067.	
Ž	30	Total net assets or fund balances	359,318.	523,067.	
	31	Total liabilities and net assets/fund balances	359,318.	580,936.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances		
=	Total	Last accepts or fund halances at haging up of year. Bort II column (a) line (i)	<u> </u>		
1		I net assets or fund balances at beginning of year - Part II, column (a), line 30	J		250 210
2		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1	359,318. 167,450.
		r increases not included in line 2 (itemize)		2	167,450.
		lines 1, 2, and 3		3 4	526,768.
		eases not included in line 2 (itemize) PRIOR PERIOD AD	THEMENT	5	3,701.
-		TITOR PERIOD AD	~ ~ ~ x x x x x x x x x x x x x x x x x		<u> </u>

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2

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

		on Investment						
(a) List and desc 2-story brick w	cribe the kind(s) of property s arehouse; or common stock,	old (e.g., real estate, 200 shs. MLC Co.)		(b) How a P - Pur D - Dor	chase L	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a STAR SEED ENTE			P			12/31/09		
b STAR GROWTH EN			P			12/31/09		
c STAR VENTURES	NO_IX_				P			12/31/09
<u>d</u>								
e (e) Gross sales price	(f) Depreciation allows (or allowable)		t or other basis		<u> </u>		nn or (loss (f) minus	
a	· · · · · · · · · · · · · · · · · · ·		4,973	3.			· · · · · ·	-4,973.
ь 541.				-	_			541.
c 889.								889.
_ d								
_e								
Complete only for assets show	ng gain in column (h) and ow	ned by the foundation	on 12/31/69			(I) Gains (Co		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I)		CC	ol. (k), but n Losses (ot less tha (from col. (
	as 01 12/3 1/09	Over	col. (j), if any				·	4 000
_ <u>a</u>								-4,973. 541.
<u>b</u>							 -	889.
<u>c</u>		-						003.
e				- 				
	C If gain, al	co enter in Part I line	7	7				
2 Capital gain net income or (net o	apital loss) { if (loss),	so enter in Part I, line enter -0- in Part I, line	, 7	2				-3,543.
3 Net short-term capital gain or (lo	•			. [
If gain, also enter in Part I, line 8		(0)(0).		<i>]</i>				
If (loss), enter -0- in Part I, line 8 Part V Qualification I	Inder Section 4940	(a) (a) (b) (b)] 3			N/A	<u> </u>
(For optional use by domestic priva	•	· •						
(i or optional use by domestic priva	te louridations subject to the :	section 4540(a) tax on	net investment inc	oine.)				
If section 4940(d)(2) applies, leave	this part blank.							
Was the foundation liable for the se	ction 4942 tax on the distribu	table amount of any ye	ar in the base perio	od?				Yes X No
If "Yes," the foundation does not qua								
1 Enter the appropriate amount in	each column for each year; s	ee instructions before	making any entries	s				7.0
(a) Base period years	Administration of the	(b)	Net value of non	(C)			Distril	(d) oution ratio
Calendar year (or tax year beginn	ing in) Aujusteu quaiii	ying distributions					(col. (b) di	rided by col. (c))
2008		753,774.			$\frac{03,93}{73,79}$			2.480026
<u>2007</u> 2006		859,307. 843,347.			73,79: 96,95			.125012 .127839
2005		709,576.			L2,50			.120013
2004		871,119.			34,85			.143162
		0,1,11,0		0,0	,,,,,			1110101
2 Total of line 1, column (d)						2		2.996052
a Average distribution ratio for the	5-year base period - divide ti	he total on line 2 by 5,	or by the number o	of years				
the foundation has been in exist		ne total on line 2 by 5,	or by the number o	of years		3		
		ne total on line 2 by 5,	or by the number o	of years				.599210
	ence if less than 5 years		or by the number o	of years				.599210
the foundation has been in existe 4 Enter the net value of noncharita	ence if less than 5 years		or by the number o	of years		3		.599210 236,179.
the foundation has been in exist	ence if less than 5 years		or by the number o	of years		3		.599210 236,179.
the foundation has been in existeEnter the net value of noncharitaMultiply line 4 by line 3	ence if less than 5 years ble-use assets for 2009 from		or by the number o	of years		3 4 5		.599210 236,179. 141,521.
the foundation has been in existe 4 Enter the net value of noncharita	ence if less than 5 years ble-use assets for 2009 from		or by the number o	of years		3		.599210 236,179. 141,521.
the foundation has been in existe 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment inco	ence if less than 5 years ble-use assets for 2009 from		or by the number o	of years		3 4 5 6		.599210 236,179. 141,521. 0.
the foundation has been in existeEnter the net value of noncharitaMultiply line 4 by line 3	ence if less than 5 years ble-use assets for 2009 from		or by the number o	of years		3 4 5		.599210 236,179. 141,521. 0. 141,521.
the foundation has been in existe 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment inco	ence if less than 5 years ble-use assets for 2009 from me (1% of Part I, line 27b)		or by the number o	of years		3 4 5 6		.599210 236,179. 141,521. 0.

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940)(a), 4940(b), 4	940(e), or 4	948 -	see ins	stru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and ent	ter "N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if nece	essary-see instructi	ons)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	· X and enter 1%	,) i	1				0.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	of Part I, line 12, co	l. (b) J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ners enter -0-)		2				0.
3	Add lines 1 and 2			3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6	Credits/Payments:							
а	2009 estimated tax payments and 2008 overpayment credited to 2009	6a						
b	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c						
d	Backup withholding erroneously withheld	6d						
7	Total credits and payments. Add lines 6a through 6d			7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	ched		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		. ▶	10				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax		Refunded >	11				
Pa	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it partic	pate or intervene	ın			Yes	No
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see instructions	for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	l copies of any ma	tenals publishe	d or				
	distributed by the foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?				L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:						
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers.	. 🕨 💲	0.	_			ļ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition	ture tax imposed on	foundation					
	managers. > \$0.						İ	
2	Has the foundation engaged in any activities that have not previously been reported to the IR	RS?			L	2		<u>X</u>
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles c	f incorporation, c)r		ŀ	1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	es			L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	'n			L	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A _	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				L	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.					I	Ţ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ther:						
	By language in the governing instrument, or					1		
	• By state legislation that effectively amends the governing instrument so that no mandatory	directions that con	flict with the state	a law				
	remain in the governing instrument?					6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?				Ĺ	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.							
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨						
	MA							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	ttorney General (or o	lesignate)		_			
	of each state as required by General Instruction G? If "No," attach explanation				L	8b_	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or 4	942(j)(5) for cale	ndar				_
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co	omplete Part XIV			L	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule	le listing their names an	d addresses			10		X
					Form	990	-PF(2009)

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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?

orm 990-PF (2009) ROBERT I. LAPPIN CHARITA	BLE FOUNDATIO		<u>04-65792</u>	06	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be P	Required (continu	ued)		
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))?	☐ Ye	s 🗶 No		į
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,			
any voter registration drive?		☐ Ye	s X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	☐ Ye	s X 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)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?	,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i				
section 53,4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ınad			ŀ
			s 🗀 No		
expenditure responsibility for the grant?		/A	5 L NO		
If "Yes," attach the statement required by Regulations section 53.4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	Day premiums on		s X No		
a personal benefit contract?		T6	IS LALINO	C.	•
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denent contract?		-	6b	X
If "Yes" to 6b, file Form 8870.			(TE)		ļ
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	,		
List all officers, directors, trustees, foundation managers and their					
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	uoo	ount, other
	to position	enter -0-)	and deferred compensation	all	owances
	TRUSTEE				
50 LITTLES POINT		_	_	1	_
SWAMPSCOTT, MA 01907	10.00	0.	0.		<u> </u>
	·-	-	<u></u>		
				ì	
				İ	
				i	
				1	
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(-) Name and address of each ampleuse and more than 650,000	(b) Title, and average	(-) Comparation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	all	owances
DEBORAH COLTIN	EXECUTIVE DIR	ECTOR		1	
18 MANDALAY DRIVE, PEABODY, MA 01960	23.00	64,950.	О.	.1	0.
THE TENTE OF THE T		02,3000		1	
]		
				1	
		<u> </u>		+	
		-	-	 	
		1	L		
Total number of other employees paid over \$50,000			<u> </u>		0
			Form	990-F	PF (2009)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations, sec	e 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	0.
b	Average of monthly cash balances	1b	101,418.
C	Fair market value of all other assets	1c	138,358.
d	Total (add lines 1a, b, and c)	1d	239,776.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	<u>.</u>]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	239,776.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,597.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	236,179.
6	Minimum investment return. Enter 5% of line 5	6	11,809.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	and certain	
1	Minimum investment return from Part X, line 6	1	11,809.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	7	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,809.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,809.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	11,809.
P	art XII Qualifying Distributions (see 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	344,874.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	344,874.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	344,874.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundatio	n qualifies for th	e section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7		<u>.</u> .		11,809.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004 _ 578, 942.				
b From 2005 418,179.				
c From 2006 530, 349.				
d From 2007 529,081.				
e From 2008 738,577.				
f Total of lines 3a through e	2,795,128.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 344,874.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount	222 255			11,809.
e Remaining amount distributed out of corpus	333,065.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	2 100 102			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,128,193.			-
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	579 042			
not applied on line 5 or line 7 9 Excess distributions carryover to 2010.	578,942.			
Subtract lines 7 and 8 from line 6a	2,549,251.			
10 Analysis of line 9:	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
a Excess from 2005 418, 179.				
b Excess from 2006 530, 349.				
c Excess from 2007 529,081.				
d Excess from 2008 738,577.				
e Excess from 2009 333,065.				
				Earm QQA-PF (2000)

Part XIV Private Operating For	L. LAPPIN C			U4-65 N/A	79206 Page 10
1 a If the foundation has received a ruling or			1-A, question 9)	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found	•	=	in section	4942(j)(3) or 49	942())(5)
2 a Enter the lesser of the adjusted net	Tax year	ig touridation accorded	Prior 3 years	<u></u>	1
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	()	(-,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
each year listed					
b 85% of line 2a			+		
c Qualifying distributions from Part XII,			 		· · · · · · · · · · · · · · · · · · ·
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	-				
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
Assets" alternative test - enter: (1) Value of all assets					
` '					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		·			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		_			
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundati	on had \$5,000 or m	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by	the foundation before the clo	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)			
ROBERT I. LAPPIN					
 b List any managers of the foundation wh other entity) of which the foundation has 			(or an equally large p	ortion of the ownership of a p	partnership or
NONE	· · · · · · · · · · · · · · · · · ·				
2 Information Regarding Contributi	ion Grant Gift Loan	Scholarchin etc. F	Programe:		
Check here X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	e organizations and do		
a The name, address, and telephone num	<u>` </u>			of any and the state of the sta	
a The hame, address, and telephone hum	Dei Oi tile person to who	in applications should b	c audi coscu.		
b The form in which applications should be	e submitted and informa	tion and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable field	s, kınds of institutions,	or other factors:	
923601 02-02-10					Form 990-PF (2009)

Part XV Supplementary Information	(continued)			<u> </u>
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment	· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	7
a Paid during the year SEE STATEMENT 11	or substantial contributor	recipient		
b Approved for future payment		1	▶ 3a	147,550.
NONE				
Total			<u>▶ 3b</u>	0.
923611 02-02-10			Fo	orm 990-PF (2009)

Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)	
,	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
a						
b	_				·	
C						
d	_					
e	_				_	
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments			\perp			
3 Interest on savings and temporary cash						
investments			14	758.		
4 Dividends and interest from securities		<u>-</u> .	14	14.		
5 Net rental income or (loss) from real estate:						
Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income			18	2,322.		
8 Gain or (loss) from sales of assets other			1 4 0	2 542		
than inventory			18	-3,543.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory	-					
1 Other revenue:						
a						
b	-					
<u> </u>						
d	-					
2 Subtotal. Add columns (b), (d), and (e)	- -		0.	-449.	0	
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		 1 1		-449	
See worksheet in line 13 instructions to verify calculations.	1					

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
923621 02-02-10	Form 990-PF (2	009

	b If "Yes," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Descrip	tion of relationship
	N/A			
Here	Under penalties of perjury, I declare that I have examined this refurn including accomplete Declaration of preparer (other than tax payer or fiduciary) is based or Signature of officer or trustee		has any knowledge	ige and belief, it is true, correct,
žiga II		Da B	ate Check if self- employed ▶	Preparer's identifying number
••	Signature Firm's name (or yours if self-employed), address, and ZIP code CAMBRIDGE, MA 02135		EIN ►	o. 617-761-0600
	CAMBRIDGE, MA 02132			Form 990-PF (2009

923622

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

RC	BERT I. LAPPIN CHARITABLE FOUNDATION	04-6579206
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charatable trust not treated as a private foundation	tion
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See instructions.
General Rule		
X For an organizatio contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or lete Parts I and II	more (in money or property) from any one
Special Rules		
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test b)(1)(A)(vi), and received from any one contributor, during the year, a contribu (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and I	tion of the greater of (1) \$5,000 or (2) 2%
aggregate contrib	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any utions of more than \$1,000 for use exclusively for religious, charitable, scientificruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is chect purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ise exclusively for religious, charitable, etc., purposes, but these contributions ked, enter here the total contributions that were received during the year for a omplete any of the parts unless the General Rule applies to this organization le, etc., contributions of \$5,000 or more during the year.	did not aggregate to more than \$1,000. n exclusively religious, charitable, etc,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file a Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act and	Paperwork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Employer identification number

ROBERT I. LAPPIN CHARITABLE FOUNDATION

04-6579206

Part I	Contributors (see instructions)	-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TRUSTEE U/W HERMAN DANA, MEYER & ALAN DANA 1340 CENTER STREET NEWTON CENTRE, MA 02459	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	GOLDHIRSH FOUNDATION, C/O RINET COMPANY LLC 101 FEDERAL STREET BOSTON, MA 02110	\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
3	Name, address, and ZIP+4 MARC & DIANA COOPER, C/O FIDELITY CHARITABLE GIFT FUND P.O. BOX 77001 CINCINNATI, OH 45277	* 11,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>4</u>	ROBERT & RUTH SALTER 184 SWANTON STREET WINCESTER, MA 01890	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	COHEN HILLEL ACADEMY 6 COMMUNITY ROAD MARBLEHEAD, MA 01945	\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	CLIFFORD & SUSAN RUCKER 6 BRIDLE SPUR ROAD DANVERS , MA 01923	\$7,000.	Person X Payroll

Page 2 of 3 of Part I

Name of organization

Employer identification number

ROBERT I. LAPPIN CHARITABLE FOUNDATION

04-6579206

Part I	Contributors (see instructions)		*
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	EDWARD E. ZUCKER 300 INDEPENDENCE DRIVE CHESTNUT HILL, MA 02467	\$ <u>5,400.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	ANDREW LAPPIN 630 LINCOLN AVENUE GLENCOE, IL 60022	\$14,589.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	PETER LAPPIN 46 NEPTUNE STREET BEVERLY, MA 01915	\$ <u>43,583.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	NANCY LAPPIN 172 BEACON STREET BOSTON, MA 02116	\$43,583.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	ROBERT LAPPIN 76 IRREVOCABLE TRUST FBO ANDREW LAPPIN 1 STATE STREET, 21ST FLOOR HARTFORD, CT 06103	\$ 55,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	ROBERT LAPPIN 76 IRREVOCABLE TRUST FBO PETER LAPPIN 1 STATE STREET, 21ST FLOOR HARTFORD, CT 06103	\$ 69,345.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ROBERT I. LAPPIN CHARITABLE FOUNDATION

04-6579206

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ROBERT LAPPIN 76 IRREVOCABLE TRUST FBO NANCY LAPPIN 1 STATE STREET, 21ST FLOOR HARTFORD, CT 06103	\$ <u>69,345.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

923452 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	243.	57.	300.	
Current Sec 179			0	
Accumulated Depreciation	1,573.	365.	1,938.	
Basis For Depreciation	2,423.	563.	2,986.	
Reduction In Basis			0	
Bus % Excl		-		
Unadjusted Cost Or Basis	2,423.	563.	2,986.	
Line	17	17		
Life				
Method	200DB	200DB		
Date Acquired	101905200DB7.00	110405200DB7.00		
Description	10FFICE EQUIPMENT	7	DEPR	
Asset No	77	(1		
				

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF INTEREST ON SAVINGS	S AND TI	EMPORARY C	ASH I	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
EASTERN BANK INTEREST FROM PARTNERSHIP INTER	ESTS			-		44. 14.
TOTAL TO FORM 990-PF, PART I, L	INE 3,	COLUMN A		-	7.	58.
FORM 990-PF DIVIDENDS	AND INT	EREST FROM	SEC	URITIES	STATEMENT	2
SOURCE	GRO	SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
DIVIDEND INCOME FROM PARTNERSHIPS		14.		0.		14.
TOTAL TO FM 990-PF, PART I, LN	4	14.		0.		14.
FORM 990-PF	OTHER	INCOME	· -		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
MISCELLANEOUS INCOME	-	2,	322.	2,322	•	
TOTAL TO FORM 990-PF, PART I, L	INE 11	2,	322.	2,322	•	
FORM 990-PF	ACCOUN	TING FEES			STATEMENT	4
	(A) XPENSES ER BOOK	(B) NET INV S MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	4,00	0. 4	,000	•		0.
TO FORM 990-PF, PG 1, LN 16B	4,00	0. 4	,000	•		0.

FORM 990-PF	TAX	ES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM				
PAYROLL TAXES FEDERAL TAXES-REFUND OF	8,083.	0.	-	8,083.			
EXCISE TAX	-16,480.	0.		0.			
TO FORM 990-PF, PG 1, LN 18	4 990-PF, PG 1, LN 18 -8,397. 0.		8,083.				
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM				
PROGRAM DEVELOPMENT EXPENSES ADMINISTRATIVE EXPENSE MISCELLANEOUS MANAGEMENT FEES	103,022. 6,580. 4,581. 11,255.	0. 0. 0. 11,255.		103,022. 6,580. 4,581. 0.			
TO FORM 990-PF, PG 1, LN 23	125,438.	11,255.		114,183.			
FORM 990-PF	CORPORAT	E STOCK	·	STATEMENT 7			
DESCRIPTION		ВС	OOK VALUE	FAIR MARKET VALUE			
MERRILL LYNCH			580.	679.			
TOTAL TO FORM 990-PF, PART II	, LINE 10B		580.	679.			

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE EQUIPMENT OFFICE EQUIPMENT	2,423. 563.	1,816. 422.	607. 141. 748.	
TOTAL TO FM 990-PF, PART II, LN 14	2,986.	2,238.		
FORM 990-PF	OTHER ASSETS		STATEMENT	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
SVE STAR VENTURES ENT NO III SVE STAR VENTURES ENT NO V	16,401. 16,105.	16,394. 15,732.	256 11,634	
STAR SEED ENTERPRISE	7,979.	0.	0	
STAR GROWTH ENTERPRISE SVE STAR VENTURES ENT NO IX	90,073. 149,484.	80,372. 143,945.	45,719 65,655	
TO FORM 990-PF, PART II, LINE 15	280,042.	256,443.	123,264	
FORM 990-PF OTH	HER LIABILITIES		STATEMENT 1	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
REFUNDABLE DEPOSITS		0.	46,000	
OTHER LIABILITIES INSURANCE PAYABLE		0. 0.	11,236 633	
TOTAL TO FORM 990-PF, PART II, LIN	NE 22	0.	57,869	

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
AMERICAN FRIENDS OF LIVNOT U-LEHIBANOT PO BOX 811715 BOCA RATON, FL 33481	NONE FOR ONGOING OPERATIONS	SEC. 501(C)(3)	1,800.	
CAMERA COMMITTEE FOR ACCURACY P.O. BOX 35040 BOSTON, MA 02135		SEC. 501(C)(3)	2,000.	
CHABOD LUBAVITCH OF THE NORTH SHORE PO BOX 457 SWAMPSCOTT, MA 01907	NONE FOR ONGOING OPERATIONS	SEC. 501(C)(3)	9,000.	
JEWISH FEDERATION OF THE NORTH SHORE 21 FRONT STREET SALEM, MA 01970	NONE FOR ONGOING OPERATIONS	SEC. 501(C)(3)	120,000.	
JEWISH JOURNAL 201 WASHINGTON STREET SALEM, MA 01970	NONE FOR ONGOING OPERATIONS	SEC. 501(C)(3)	5,000.	
SHALOM INTERNATIONAL PO BOX 440 COSTA MESA, CA 92628	NONE FOR ONGOING OPERATIONS	SEC. 501(C)(3)	3,750.	
DARTMOUTH COLLEGE FUND 6066 DEVELOPMENT OFFICE HANOVER, VT 03755	NONE FOR ONGOING OPERATIONS	SEC. 501(C)(3)	5,000.	
INVESTIGATIVE PROJECT ON TERRORISM FOUNDATION 5505 CONNECTICUT AVE. NW WASHINGTON DC 20015	NONE FOR ONGOING OPERATIONS	SEC. 501(C)(3)	1,000.	
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A		147,550.	

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

iternai Heve	nue service			
-	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		▶ X
	omplete Part II unless you have already been granted an automatic 3-month extension on a previously file		m 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		-	
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		▶ □
All other o	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Tome tax returns.	exten:	sion of time	
Electroninoted belinot autor	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronimatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file tov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you wai ited Form 9	nt the additional 190-T Instead,
Type or print	Name of Exempt Organization	Empl	oyer ident	fication number
	THE PETER J. LAPPIN FOUNDATION	0	4-6966	526
ile by the fue date for iling your	Number, street, and room or suite no. If a P.O. box, see instructions 29 CONGRESS STREET PO BOX 986			
eturn See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions SALEM, MA 01970			
Check ty	pe of return to be filed(file a separate application for each return)			
For	m 990	227 069		
Teleph If the o	PETER J. LAPPIN books are in the care of ▶ PO BOX 986 - SALEM, MA 01970 none No ▶ 978-744-0556 FAX No ▶ corganization does not have an office or place of business in the United States, check this box us for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all			
ıs f	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the organization of the organization return for the organization named a corporation of the organization return for the organization named a corporation or the organization of time unitary and the organization return for the organization named a corporation or the organization return for the organization named a corporation required to file Form 990-T) extension of time unitary and the organization return for the organization named a corporation required to file Form 990-T) extension of time unitary and the organization return for the organization named a corporation required to file Form 990-T) extension of time unitary and the organization return for the organization named a corporation required to file Form 990-T) extension of time unitary and the organization return for the organization named a corporation return for the organization named and the organization named a corporation return for the organization named and the org		The extens	ion
2 If ti	nis tax year is for less than 12 months, check reason Initial return		Change ın	accounting period
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nrefundable credits. See instructions	3a	\$	158.
b If ti	nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated		_	450
	payments made Include any prior year overpayment allowed as a credit.	3b	\$	158.
	lance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
Se	e instructions.	3c	\$	0.
Caution.	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	1 8879-	EO for pay	ment instructions.
LUA E	For Privacy Act and Panarwork Reduction Act Natice, see Instructions		Forr	n 8868 (Rev. 4-2009)