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Form **990-PF**

Department of the Treasury

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.

2009

Internal Revenue Service For calendar year 2009, or tax year beginning and ending __ Fınal return Initial return Initial return of a former public charity G Check all that apply: Amended return Address change Name change Name of foundation A Employer identification number Use the IRS !abe! 05-0509060 THE BANCROFT FAMILY FOUNDATION Otherwise. Room/suite B Telephone number print Number and street (or P O box number if mail is not delivered to street address) or type. (401) 841-8880 55 HAMMARLUND WAY, TECH II See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions 02842-5201 D 1. Foreign organizations, check here MIDDLETOWN, Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination, 571,163. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) Part I (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not expenses per books income ıncome necessarily equal the amounts in column (a)) 2,000 Contributions, gifts, grants, etc., received Check X of the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 7,230 7,230 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -1,5386.2 Net gain or (loss) from sale of assets not on line 10 70,326. -325 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain ш Income modifications b Less Cost of goods sold c Gross profit or (loss) 11 Other income 7,230 692 0 Total. Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Sobrating and Additistrative Expenses 16a Legal fees 2,500 0 0. 2,500. STMT 2 **b** Accounting fees 4,556 4.556 0. 0. STMT 3 c Other professional fees 17 Interest 494 494 0. 0. STMT 4 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 515 515. 0. 0. 23 Other expenses STMT 5 24 Total operating and administrative <u>8,065</u>. 0. expenses. Add lines 13 through 23 8,065 0. 51,500. 51,500. 25 Contributions, gifts, grants paid (D) 26 Total expenses and disbursements. 0 51,500. 8,065 Add lines 24 and 25 59,565 27 Subtract line 26 from line 12: -51,873 2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) 0 C Adjusted net income (if negative, enter -0-)



LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

_		0-PF (2009) THE BANCROFT FAMILY	FOU		05-0	0509060 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	ļ	Beginning of year	End of	
느	u	column should be for end-of-year amounts only		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		77,174.	14,415.	14,415.
		Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable -				
		Less: allowance for doubtful accounts				
	5	Grants receivable	ļ			
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
	1	Less: allowance for doubtful accounts ▶				
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
⋖	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT	6	440,881.	451,767.	556,748.
	C	Investments - corporate bonds	L			
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation				
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)		518,055.	466,182.	571,163.
	17	Accounts payable and accrued expenses				
	18	Grants payable	Į			
S	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
abi	21	Mortgages and other notes payable				
Ξ	22	Other liabilities (describe >) [
_	23	Total liabilities (add lines 17 through 22)		0.	0.	
		Foundations that follow SFAS 117, check here	\mathbf{x}			
	ļ	and complete lines 24 through 26 and lines 30 and 31				
Net Assets or Fund Balances	24	Unrestricted		518,055.	466,182.	
an	25	Temporarily restricted				
Ва	26	Permanently restricted				
ī		Foundations that do not follow SFAS 117, check here				
Ę		and complete lines 27 through 31.	1			
S	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
As	29	Retained earnings, accumulated income, endowment, or other fund	ds			
Net	30	Total net assets or fund balances		518,055.	466,182.	
_	ļ					
_	31	Total liabilities and net assets/fund balances		518,055.	466,182.	
	art	Analysis of Changes in Net Assets or Fu	nd Ba	alances		
_					 	
1		net assets or fund balances at beginning of year - Part II, column (a	a), line 3	30		_
	•	t agree with end-of-year figure reported on prior year's return)			1	518,055.
		amount from Part I, line 27a			2	-51,873.
		increases not included in line 2 (itemize)			3	0.
		ines 1, 2, and 3			4	466,182.
-		eases not included in line 2 (itemize)			5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Pa	ırt II, co	lumn (b), line 30	6	466,182.
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See the Part VI instructions

	n 990-PF (2009) THE BANCROFT FAMILY FOUNDATION 05-05	09060	otio.	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e mstru	Cuoi	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter:			0.
0				<u> </u>
_	of Part I, line 27b			
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) J Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 3			0.
3	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
4	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
-	2009 estimated tax payments and 2008 overpayment credited to 2009			
	Exempt foreign organizations - tax withheld at source			
	E Tax paid with application for extension of time to file (Form 8868)			
	I Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here 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			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
-	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	art VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10		
	distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .		r	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
-	managers. ► \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			İ
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		` X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	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 instructions)	_		
	RI	_		
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	DE	X
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orm 990-PF (2009) THE BANCROFT FAMILY FOUR			<u>05-05090</u>	60 Page	e 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				ļ	
(1) Garry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir		[]		
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	<u> </u>	[32]		
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		s X No		
the prevention of cruelty to children or animals?	ador the everetions described		S LAL NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations		5b X	,
section 53.4945 or in a current notice regarding disaster assistance (see instr Organizations relying on a current notice regarding disaster assistance check	•			30 2	-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		unad			
expenditure responsibility for the grant?		I/A 🗀 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494		1/A	.5 110		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiums on	□ v ₄	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal benefit contract?	·		6b X	5
If "Yes" to 6b, file Form 8870	porounar bonone bona aut		ļ		-
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	☐ Y€	s X No	1	
b If yes, did the foundation receive any proceeds or have any net income attribu				7b	
Information About Officers, Directors, Trus		nagers, Highly		•	_
Faid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their		T:	(1)		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
(a) Harrie and address	to position	enter -0-)	compensation	allowances	
	_				
<u></u>	4		_		
SEE STATEMENT 7		0.	0.	0	<u>.</u>
	4				
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	1				
	-				
Compensation of five highest-paid employees (other than those in	L cluded on line 1), If none,	enter "NONE."		<u> </u>	—
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense	<u></u> -
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other	er
NONE		<u> </u>			_
110412	_				
					_
	1				
					_
					_
			···•		_
otal number of other employees paid over \$50,000			▶		0

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	<u>472,345.</u>
b	Average of monthly cash balances	1b	32,371.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	504,716.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	504,716.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,571.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	497,145.
6	Minimum investment return. Enter 5% of line 5	6	24,857.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	24,857.
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.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,857.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,857.
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	24,857.
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	51,500.
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		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	51,500.
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	51,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for t	he section

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				24,857.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 10,888.				
b From 2005 8,065. c From 2006 5,355.				
c From 2006 5,355. d From 2007 26,729.				
e From 2008 36,823.				
f Total of lines 3a through e	87,860.			
4 Qualifying distributions for 2009 from	077000.			
Part XII, line 4: ▶\$ 51,500.	,			
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				24,857。
e Remaining amount distributed out of corpus	26,643.			
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 Corpus Add lines 3f, 4c, and 4e Subtract line 5	114,503.			
b Prior years' undistributed income. Subtract	111/3031			
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	10 000			
not applied on line 5 or line 7	10,888.			
9 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a	103,615.			
10 Analysis of line 9:	103,013.			
a Excess from 2005 8,065.				
b Excess from 2006 5, 355.				
c Excess from 2007 26,729.				
d Excess from 2008 36,823.	1			
e Excess from 2009 26,643.				
				F 000 DE (0000)

Form 990-PF (2009) THE BAN Part XIV Private Operating F	ICROFT FAMIL	Y FOUNDATIO	ON guestion 9)		509060 Page 10
				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		•		7.4040()(0) - 7.7	40.404.453
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	/a) Tatal
income from Part I or the minimum	(a) 2009	(8) 2000	(6) 2007	(0) 2000	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
 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:					
a "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	rmation (Comple	te this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during t	the year-see the	instructions.)	ii the touridation	ii iiau φο,σσσ σι ii	iore in assets
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	_	than 2% of the total con	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut	ion. Grant. Gift. Loan.	Scholarship, etc., P	rograms:	,	
Check here \(\big \) If the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num			·· _,		
a The hame, address, and telephone ham	ber of the person to who	n applications should be	auu16556u		
b The form in which applications should be	e submitted and informa	tion and materials they s	hould include:		······································
c Any submission deadlines:					
		danaa ahaaatta aa	Lada de la companya d		
d Any restrictions or limitations on awards	s, such as by geographica	u areas, charitable fields,	, kinds of institutions, or	other factors:	
923601 02-02-10					Form 990-PF (2009)
					1 1 (4003)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar 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.	
a Paid during the year SEE STATEMENT 8	or substantial contributor	recipient		
Total		<u> </u>	<u>▶ 3a</u>	51,500.
NONE				
Total 923611 02-02-10			▶ 3b	0 • orm 990-PF (2009)
· - · · ·			ΓL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Part XVI-A ` Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicat	icu.	ed business income	Exclu (c)	ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b			<u> </u>		
C			<u> </u>		<u>.</u>
d			-		
e			├ ─		
<u> </u>					
g Fees and contracts from government a	igencies		 		
2 Membership dues and assessments	<u> </u>	-	-		·
3 Interest on savings and temporary cash investments		!			
4 Dividends and interest from securities			14	7,230.	
5 Net rental income or (loss) from real estati	e			1,250.	
a Debt-financed property	••				
b Not debt-financed property					
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	-1,538.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of invento	ory		 		
1 Other revenue:					
a					· · · · · · · · · · · · · · · · · · ·
b					
c					
de					
2 Subtotal. Add columns (b), (d), and (e)		0.		5,692.	0.
3 Total. Add line 12, columns (b), (d), and (e)			13	
See worksheet in line 13 instructions to verifi					
Part XVI-B Relationship of	Activities to the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activi	ity for which income is reported	un column (c) of Part VVI. A	contrib	uutad importantly to the accom	olichment of
	oses (other than by providing fu		COILLID	rated importantly to the accomp	plistifient of
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			. **		

Sign Here signature Firm's name (or yours rf setf-emptoyed) address, and ZIP code

and comp

TREASURER Signature of officer or trustee Check if selfemployed 🕨 RESTAVO MONACELLI EIN ▶ 36 ÉXCHANGE TERRACE PROVIDENCE. RI 02903 273-7600 Phone no.

sed on all information of which preparer has any knowledge

eturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct,

Form **990-PF** (2009)

Under penalties of perjury, I declare that I ha

Preparer's

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A	A)
BANK OF AMERICA	-		7,367.		137.	7,2	230.
TOTAL TO FM 990-PF, PART I, L	,N 4		7,367.		137.	7,2	230.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		2,500.	2	,500.		0.	0.
TO FORM 990-PF, PG 1, LN 16B		2,500.	2	,500.		0.	0.
FORM 990-PF C	THER 1	PROFES	SIONAL FI	ZES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT FEES	•	4,556.	4	,556.		0.	0.
TO FORM 990-PF, PG 1, LN 16C		4,556.	4	,556.		0.	0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL TAXES FOREIGN TAXES		277. 217.		277. 217.		0.	0.
TO FORM 990-PF, PG 1, LN 18		494.		494.		<u> </u>	0.

FORM 990-PF	OTHER EXPENSES			STATEMENT			5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	_	(C) ADJUSTE NET INCOI		(D) CHARITA PURPOS	
STATE FEES MEMBERSHIP DUES	20. 495.		20.		0.		0.
TO FORM 990-PF, PG 1, LN 23	515.	5	15.		0.		0.
FORM 990-PF	CORPORAT	E STOCK			ST	ATEMENT	6
DESCRIPTION			воок	VALUE	FA	IR MARKE VALUE	Т
SEE ATTACHED BANK OF AMERICA	STATEMENT		-	451,767.		556,7	48.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			451,767.		556,7	48.

	II - LIST OF OFFICERS, TEES AND FOUNDATION MAN		STAT	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
CAROL A. VERROCHI 55 HAMMARLUND WAY TECH II MIDDLETOWN, RI 02842	PRESIDENT 0.00	0.	0.	0.
STEPHEN P. BANCROFT 55 HAMMARLUND WAY TECH II MIDDLETOWN, RI 02842	VICE PRESIDEN 0.00	0.	0.	0.
DIANE M. ZUSPAN 55 HAMMARLUND WAY TECH II MIDDLETOWN, RI 02842	SECRETARY 0.00	0.	0.	0.
LAURIE J. MANDLY 55 HAMMARLUND WAY TECH II MIDDLETOWN, RI 02842	TREASURER 0.00	0.	0.	0.
BARRY G. HITTNER 55 HAMMARLUND WAY TECH II MIDDLETOWN, RI 02842	ASST, SECRETA 0.00	ARY & TREASURI 0.	ER 0.	0.
TOTALS INCLUDED ON 990-PF	, PAGE 6, PART VIII	0.	0.	0.

	AND CONTRIBUTIONS DURING THE YEAR	STAT	STATEMENT 8	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
ABILITY PLUS INC PO BOX 253 WATERVILLE VALLEY, NH 03215	CHARITABLE DONATION	NONE	1,000.	
ESPERANZA ACADEMY 198 GARDEN STREET LAWRENCE, MA 01840	CHARITABLE DONATION	NONE	12,500.	
ST. MARY'S HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911	CHARITABLE DONATION	NONE	10,000.	
SAINT ANNE'S FOOD PANTRY 818 MIDDLE STREET FALL RIVER, MA 02721	CHARITABLE DONATION	NONE	1,000.	
PROJECT GOAL INC 79 SAVOY STREET PROVIDENCE, RI 02906	CHARITABLE DONATION	NONE	12,500.	
SAN MIGUEL SCHOOL 12 CARTER STREET PROVIDENCE, RI 02907	CHARITABLE DONATION	NONE	12,500.	
WALTER REED SOCIETY PO BOX 59611 WASHINGTON, DC 20012	CHARITABLE DONATION	NONE	1,000.	
MARY'S SHELTER PO BOX 958 STUART, FL 03995	CHARITABLE DONATION	NONE	1,000.	
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A		51,500.	



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Portfolio Detail

Dec. 01, 2009 through Dec. 31, 2009

BANCROFT FAMILY FOUNDATION

36-16-100-8516004

Account:

0.0% Estimated Cur Yld/ ual Income YTM 00 1.45 Annual Income \$0.42 Іпсотв \$0.12 0.19 Асспиво \$0.00 Gam/Loss 800 Unrealized 11,186 46 1 000 \$3,229.03 1.000 Average Unit Cost Tax Cost/ Tota! 50% \$3,229 03 0 6% 20 11,186 46 Market Value/ Market Price 316175108 Sector (2) FIDELITY INSTITUTIONAL GOVERNMNT 316175108 CUSIP FIDELITY INSTITUTIONAL GOVERNMNT CLASS I (Income Investment) Description CLASSI Cash Equivalents Cash/Currency 3,229 030 11,186 460

TEL = Telecommunication Services UTL = Utilities IFT = Information Technology MAT = Materials OEQ = Other Equities FIN = Financials HEA = Health Care IND = Industrials CND = Consumer Discretionary CNS = Consumer Staples ENR = Energy (2)Industry Sector Codes U.S. Large Cap

0.0%

51.87 51.87

\$ 3.4 15.34

8.8

\$14,415.49 \$14,415.49

2.5%

\$14,415.49

Total Cash Equivalents

Total Cash/Currency

3.2% 3 0.0 25 0.0 3.6 8.0]_ 800 133.00 80 93 60 394.80 538 65 330.00 \$591.60 0.0 0.0 0.0 0.0 0.0 0.0 0.0 \$147.90 1,577 45 7,81889 -\$409.54 6,604.50 267.90 13,798 80 -3,035 59 -840.11 14,447 20 61 477 11,904 06 183 139 16,879.91 177 683 13,030.50 7,004.30 26.940 2,973.30 8.036 86.870 \$19,036 24 8,089.29 63.471 33% .: 2.9 28 26 2.8 3.4 35 7,272,20 27.970 16,772.10 45.330 16,024 65 68.190 15,053.70 52 820 19,635.00 130.900 19,722.95 303.430 \$18,626 70 168.840 16,039.80 30231G102 ENR 302571104 UTL 38141G104 FIN 064058100 FIN 192446102 IFT 459200101 IFT 46120E602 HEA 053015103 드 COGNIZANT TECHNOLOGY SOLUTIONS AUTOMATIC DATA PROCESSING INC Ticker ADP INTERNATIONAL BUSINESS MACHS Ticker IBM BANK NEW YORK MELLON CORP Ticker BK GOLDMAN SACHS GROUP INC INTUITIVE SURGICAL INC Ticker, ISRG EXXON MOBIL CORP Ticker: XOM FPL GROUP INC Ticker FPL icker CTSH icker GS 435.000 260 000 370.000 235 000 285 000 95.000 150 000 65 000

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0231043 02-007 525 B

Settlement Date



Portfolio Detail

Account: 36-16-100-8516004 BANCROFT FAMILY FOUNDATION

Estimated Cur Yld/ Dec. 01, 2009 through Dec. 31, 2009 Income Annual Income Асспед Unrealized Gain/Loss % of Tax Cost
Total Average Unit Cost Market Value/ Market Price CUSIP Sector (2) Description Units

SIIIO	Describiton	Sector 12/	Market File	1019	Warket Frice total Average Unit Lust	CAITI/LOSS	aucom	income Annual income	20.5
Equities (cont)					,				
U.S. Large Cap (cont)	cont)								
255.000	255.000 J P MORGAN CHASE & CO Ticker: JPM	46625H100 FIN	10,625.85 41.670	19	9,214.92 36.137	1,410 93	0.00	51.00	5:0
175.000	MONSANTO CO NEW COM Ticker MON	61166W101 MAT	14,306.25 81.750	25	14,210.00 81.200	96 25	0.00	185.50	13
490 000	OMNICOM GROUP INC Ticker OMC	681919106 CND	19,183.50 39,150	3.4	20,623.97 42.090	-1,440 47	73.50	294.00	<u>z:</u>
270 000	PAYCHEX INC Ticker Payx	704326107 IFT	8,272.80 30.640	1.4	10,720 10 39,704	-2,447.30	0.00	334.80	4.0
275 000	STATE STR CORP Ticker STT	857477103 FIN	11,973.50 43.540	2.1	8,454.35 30.743	3,519.15	2.75	11.00	0
408.000	THERMO FISHER SCIENTIFIC CORP Ticker, TMO	883556102 HEA	19,457 52 47.690	3.4	7,987.32 19.577	11,470 20	0.00	00 0	0.0
400.000	WELLS FARGO & CO NEW COM Ticker, WFC	949746101 FIN	10,796.00 26 990	- 3	10,507.62 26 269	288 38	0.00	80.00	0.7
	Total U.S. Large Cap		\$223,762.52 39.2%	39.2%	\$185,083.08	\$38,679.44	\$224.15	\$2,037.95	1.4%
U.S. Mid Cap 580.000	AECOM TECHNOLOGY CORP DELAWARE 007667100	00766T100	\$15,950.00	28%	\$13,282.53	\$2,667.47	\$0.00	\$0 00	%00
	licker ACM	ONI	27.500	1	22.901				į

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0.00

0.00

2,118 65

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18,470.50 43.460

036620105 IFT

156782104 HEA

ANSYS INC Ticker. ANSS CERNER CORP Ticker CERN

275.000

425 000

0.0

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0.00

9,200 75

16,351.85 38.475 13,470 25 48 983

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0.00

-1,274 68

19

10,914.00 54.570

222816100 HEA 302130109 IND

EXPEDITORS INTL WASHINGTON INC Ticker EXPD

COVANCE INC Ticker CVD

200.000

485.000

30

16,863 45 34.770 19,474.35 32.730

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18430 80

000 000

3,41696 10,701.64

12,188 68 60.943 13,446 49 27,725 8,772.71 14,744 9,529.42

34

302445101 IFT 371901109 CND

25

303 60

000

2,787 08

22

12,316.50 17.850

GENTEX CORP Ticker GNTX

690.000

FLIR SYS INC Ticker FLIR

595 000



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Portfolio Detail

Dec. 01, 2009 through Dec. 31, 2009

Account: 36-16-100-8516004 BANCROFT FAMILY FOUNDATION

Cur Yld/	λŢΜ	
Estimated Cur Yld/	Annual Income	
Accrued	Іпсоте	
Unrealized	Gam/Loss	
Tax Cost/	Average Unit Cost	
% of	Total	
Market Value/	Market Pnce	
CUSIP	Sector (2)	
	Description	
	Units	Equities (cont

U.S. Mid Cap (cont)	at)	F077		ı.	4 6 6	ָטָרָ רכני רכני	ć	ć	c
380.000	JACOBS ENGR GROUP INC DEL Ticker JEC	46981410/ IND	14,291.80 37 610	25	8,064 45 21 222	6,227 35	200	9	0.0
220 000	JOY GLOBAL INC Ticker, JOYG	481165108 IND	11,345.40 51.570	20	11,393 37 51.788	-47 97	000	154.00	4
200 000	MCDERMOTT INTL INC ISIN PA5800371096 PANAMA Ticker: MDR	580037109 IND	12,005 00 24 010	2.1	13,789 15 27.578	-1,784 15	000	0.00	0.0
305 000	ROPER INDS INC NEW Ticker, ROP	776696106 IND	15,972 85 52.370	2.8	11,894.19 38.997	4,078.66	00 0	115 90	0 7
310 000	STERICYCLE INC Ticker: SRCL	858912108 IND	17,102.70 55 170	3.0	7,136.75	9,965 95	0.00	0.00	00
25 000	STRAYER ED INC Ticker. STRA	863236105 CND	11,688 60 212.520	20	6,252.20 113 676	5,436 40	0.00	165 00	4
275 000	VARIAN MED SYS INC Ticker: VAR	92220P105 HEA	12,883.75 46 850	23	12,589 65 45,781	294 10	00 0	00 0	0.0
	Total U.S. Mid Cap		\$211,949.90	37.1%	\$158,161.69	\$53,788.21	00'0\$	\$922.80	0.4%
U.S. Small Cap									
185.000	ATHENAHEALTH INC Ticker: ATHN	04685W103 HEA	\$8,369 40 45 240	1.5%	\$8,314 34 44 942	\$55.06	80 00	\$0 00 \$0	%0:0
	Total U.S. Small Cap		\$8,369.40	1.5%	\$8,314.34	\$55.06	\$0.00	80.02	0.0%
International Developed	veloped								
515 000	ABB LTD SPONSORED ADR SWITZERLAND Ticker, ABB	000375204 IND	\$9,835.50 19.100	1.7%	\$7,971.07 15.478	\$1,865 43	\$0.00	\$221.97	2.3%
130.000	ALCON INC SWITZERLAND Ticker, ACL	H01301102 HEA	21,365.50 164.350	3.7	16,149.31 124.225	5,216.19	0.00	473.85	2.2
290.000	BP PL C SPONSORED ADR UNITED KINGDOM Ticker. BP	055622104 ENR	16,811.30 57.970	29	16,751.55 57.764	59 75	0.00	974 40	ည ဆ

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Settlement Date

Portfolio Detail

Account:	Account: 36-16-100-8516004	BANCROFT FAMILY FOUNDATION	IDATION			Dec. (01, 2009 thro	Dec. 01, 2009 through Dec. 31, 2009	2009
Units South S (eq.	CUSIF Units Description Sector	~ ~	Market Valua/ Market Pnce	% of Total	Market Value/ % of Tax Cost/ Unrealized Accrued Estimated Cu (2) Market Price Total Average Unit Cost Gam/Loss Income Annuel Income	Unrealized Gain/Loss	Accrued Income	ccrued Estimated Cur YId/ Income Annual Income YTM	Cur Yld/ YTM
International	nternational Developed (cont)								

International Developed (cont)	veloped (cont)								
415.000	415.000 HARBOR INTERNATIONAL FUND INSTL CL Ticker: HAIN X	411511306 0EQ	22,771 05 54 870	4.0	23,899 50 57,589	-1,128 45	0.00	292.58	<u>5.</u>
1,835 000	NEW CENTURY INTL PORTFOLIO	64353H200 0EQ	24,772 50 13.500	43	24,384 05 13.288	388 45	0.00	143.13	90
	Total International Developed		\$95,556.85 16.7%	%/.9	\$89,155.48	\$6,401.37	\$0.00	\$2,105.93	2.2%
Emerging Markets 950 000	950 000 LAZARD FUNDS INC 950 000 EMERGING MKTS PORTFOLIO INSTL Ticket LZEM X	52106N889 0E0	\$17,10950 18010	3.0%	\$11,052.00	\$6,057 50	\$0.00	\$441.75	2.6%
	Total Emerging Markets		\$17,109.50 3.0%	3.0%	\$11,052.00	\$6,057.50	\$0.00	\$441.75	2.6%
Total Equities			\$556,748.17 97.5%	7.5%	\$451,766.59	\$104,981.58	\$224.15	\$6,508.43	1.2%
Total Portfolio			\$571,163.66 100.0%	0.0%	\$466,182.08	\$104,981.58	\$224.46	\$6,510,30	1.1%

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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

Form 8868 (Rev. 4-2009)

•			
	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X
• If y	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
	tot complete Part II unless you have already been granted an automatic 3-month extension on a previously file		m 8868.
Pai	rt I Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A co	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	plete	
Part !	I only		▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e income tax returns.	exten	sion of time
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (5 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicautomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file in the file for Charties & Nonprofits.	cally if nsolida	(1) you want the additional ated Form 990-T. Instead,
Туре		Empl	oyer identification number
print			•
	THE BANCROFT FAMILY FOUNDATION	0	5-0509060
File by due da filing y	ate for Number, street, and room or suite no. If a P.O. box, see instructions.		
return Instruc	360		
	MIDDLETOWN, RI 02842-5201		
Cher	ck type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation)		
	Form 990		
	Form 990-EZ Form 990-T (trust other than above) Form 60		
X	Form 990-PF Form 1041-A Form 88		
	LAURIE MANDLY		
• •			
	he books are in the care of HAMMARLUND WAY - MIDDLETOWN , RI 02842		
Te	he books are in the care of ► <u>HAMMARLUND WAY - MIDDLETOWN, RI 02842</u> elephone No. ► <u>401-841-8880</u> FAX No. ►		
Te ● If	the books are in the care of HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. FAX No. the organization does not have an office or place of business in the United States, check this box		
Te • If • If	he books are in the care of HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. FAX No. the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		_ :
Te • If • If	the books are in the care of HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. FAX No. the organization does not have an office or place of business in the United States, check this box		_ :
Te • If • If	the books are in the care of HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. FAX No. the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the If it is for part of the group, check this box and attach a list with the names and EINs of all i request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto	memb Il	ers the extension will cover.
Te ● If ● If box	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	memb Il	ers the extension will cover.
Te ● If ● If box	he books are in the care of HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. 401-841-8880 FAX No. the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt	memb Il	ers the extension will cover.
Te ● If ● If box	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the I fit is for part of the group, check this box ► and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for. X calendar year 2009 or	memb Il	ers the extension will cover.
Te ● If ● If box	he books are in the care of HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. 401-841-8880 FAX No. the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt	memb Il	ers the extension will cover.
Te ● If ● If box	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the I fit is for part of the group, check this box ► and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for. X calendar year 2009 or	memb	ers the extension will cover.
Te ● If: • If: box:	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the I fit is for part of the group, check this box ► and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for. X calendar year 2009 or Take You want to be a second or a corporation or the organization of time unterpretation or the organization	memb	ers the extension will cover. The extension
Tee If box	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the independent of the group, check this box ► and attach a list with the names and ElNs of all if request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named as is for the organization's return for. If this tax year beginning, and ending If this tax year is for less than 12 months, check reason Initial return Final return 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	memb	ers the extension will cover. The extension
Tee If box	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the I if it is for part of the group, check this box ► and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united AUGUST 15, 2010, to file the exempt organization return for the organization named a significant of the organization's return for. X calendar year 2009 or and ending, and ending If this tax year is for less than 12 months, check reason Initial return Final return 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	memb il bove.	The extension will cover. The extension Change in accounting period \$ 0.
Te if if box:	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ► and attach a list with the names and ElNs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united AUGUST 15, 2010, to file the exempt organization return for the organization named as is for the organization's return for. X calendar year 2009 or X calendar year 2009 or This tax year is for less than 12 months, check reason Initial return Final return 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 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	memb	ers the extension will cover. The extension Change in accounting period
Te If	the books are in the care of ► HAMMARLUND WAY - MIDDLETOWN, RI 02842 elephone No. ► 401-841-8880 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for. X calendar year 2009 or Tax year beginning , and ending If this tax year is for less than 12 months, check reason Initial return Final return 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 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 Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	memb il bove.	The extension will cover. The extension Change in accounting period \$ 0.
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