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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Noté. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2009

| | Cildai yeai 2000, | or tax year beginning | | , and ending | | |
|---|--|---|--|---|--|--|
| Che | ck all that apply: | Initial return | | ormer public charity | Final return | 1 |
| | | Amended return | Address char | ige | Name change | |
| se th | e IRS Name of fo | undation | | | A Employer identification | n number |
| lab | el. | | | | | |
| ther | | OF GRASS FUND | | | 22-2824793 | <u> </u> |
| pr | | street (or P O box number if mail is not o | lelivered to street address) | Room/suite | B Telephone number | , |
| or ty | | 30X 233 | | | 508-358-25 | |
| e oj struc | ecific City or tow | n, state, and ZIP code | | • | C if exemption application is p | |
| | tions. LINCO | IN, MA 01773-02 | | | D 1. Foreign organizations | s, check here |
| | ck type of organiza | | | | Foreign organizations me check here and attach co | omputation |
| _ | | nonexempt charitable trust | Other taxable private found | | E If private foundation sta | tus was terminated |
| Fair | narket value of all | assets at end of year J Account | ting method: X Cash | Accrual | under section 507(b)(1 |)(A), check here |
| | Part II, col. (c), | | Other (specify) | | F If the foundation is in a | 60-month termination |
| <u>►\$</u> | | 7 , 235 , 474 . (Part I, cold | umn (d) must be on cash | basis.) | under section 507(b)(1 |)(B), check here |
| art | Analysis of Re | venue and Expenses ints in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements (for charitable purposes |
| | necessarily equa | the amounts in column (a)) | expenses per books | ıncome | income | (cash basis only) |
| | | ifta, grantiji eta., vecernod 💀 🧪 🤝 | | | ON/A | with the work of the |
| : | 2 Check ► X | the foundation is not required to attach Sch. B | | | | 等學 / // / |
| 1 | Interest on saving cash investments | and temporary | 2,038. | 2,038. | | Statement 1 |
| 1 | Dividends and i | nterest from securities | 500,010. | 500,010. | | Statement 2 |
| | sa Gross rents | - | - | | | - |
| | b Net rental income | or (loss) | | | · | . · · ' ' |
| ار | | om sale of assets not on line 10 | -353,822. | \$6.5 diff \$6.000 to | . , , | A |
| 200 | b Gross sales price assets on line 6a | or all 34,258. | 4. 3462 BB C | | | (36). " . · |
| | Capital gain net in | come (from Part IV, line 2) | | 0. | | 31 |
| 1 | Net short-term | capital gain | 7, 8 7, V , 8 | (X) (X + S) (X + S) | | V |
| 1 | Income modific | | 1,11 | () () () () () () () () () () | | |
| 1 |)a Gross sales less re and allowances | turns | *** | | | , k |
| | b Less Cost of good | s sold | e sale las es | A. | ' (° , 3%. | . `` , , , , |
| ı | c Gross profit or | loss) | | | | |
| 1 | Other income | | 61,674. | 31,485. | | Statement 3 |
| 1 | 2 Total. Add lines | 1 through 11 | 209,900. | 533,533. | | * |
| 1: | Compensation of | officers, directors, trustees, etc | 0. | 0. | | 0. |
| 1. | Other employee | salaries and wages . | | | | |
| , 1 | Pension plans, | employee benefits | | | | |
| 1 | Sa Legal fees | Stmt 4 | 563. | 0. | | 563. |
| | b Accounting fees | Stmt 5 | 8,251. | 0. | | 8,251. |
| <u>וֹ</u> | c Other professio | nal fees Stmt 6 | 38,805. | 38,805. | | .0. |
| | 7 Interest | | 21,438. | 21,438. | | 0. |
| 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Tuxus 1 | General State 7 | | ··· ··· ·4,008. | ARTA | 250 |
| 1 | Depreciation an | d depletion | | | | |
| 2 | Occupancy | | | | | |
| 2 | f Travel, conferer | ces, and meetings | | | | |
| 2 | 2 Printing and pu | | | | | |
| 2 | 3 Other expenses | Stmt 8 | 41,631. | 38,046. | | 3,552. |
| 2 | Total operating | and administrative | | | | |
| <u> </u> | expenses. Add | lines 13 through 23 | 115,596. | 102,297. | | 12,616. |
| 2 | Contributions, q | ifts, grants paid | 956,000. | , et 😂 💉 | | 956,000. |
| 2 | Total expenses | and disbursements. | | | | |
| | Add lines 24 an | 1 25 | 1,071,596. | 102,297. | | 968,616. |
| 2 | | | N 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | . 45.55 | \$25 F 1 | 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| | 8 Excess of revenue | over expenses and disbursements | -861,696. | S. Said | · ', '&''s | |
| | | income (if negative, enter -0-) | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 431,236. | 4 | *** . |
| 1 | | come (if negative, enter -0-) | × 2 | | N/A | 1.567 |
| | | | Act Notice, see the instruc | | | Form 990-PF (2009) |

| Paint II Balarroe Sheeks Sheeks and anount in the description of column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
|---|--|---|--|
| 1 Cash - non-interest-bearing | (a) DOOK VAIUE | (U) DOOK VAILE | (c)) all ividiket value |
| 2 Savings and temporary cash investments | 1,303,351. | 382,806. | 382,806. |
| 3. Accounts receivable | -, * , | | |
| Less: allowance for doubtful accounts | | | and the second s |
| 4 Pledges receivable ► | | | |
| Less: allowance for doubtful accounts | | | La L |
| 5 Grants receivable | - | · · · · · · · · · · · · · · · · · · · | |
| 6 Receivables due from officers, directors, trustees, and other | | | |
| disqualified persons | | | |
| 7 Other notes and loans receivable | 7, | · · · · · · · · · · · · · · · · · · · | |
| Less: allowance for doubtful accounts | my is the terminal ways to account the contract. | man mante to the second second second second | * Committee of the control of the co |
| 8 Inventories for sale or use | | - | |
| 9 Prepaid expenses and deferred charges | , | | |
| 10a Investments - U.S. and state government obligations Stmt 10 | 207,008. | 222,213. | 270,671. |
| b Investments - corporate stock | | | |
| c Investments - corporate bonds | | | |
| 11 Investments - land, buildings, and equipment basis | **; } * | | |
| Less accumulated depreciation | | TO 18 | |
| 12 Investments - mortgage loans | | | |
| 13 Investments - other Stmt 11 | 17,325,668. | 17,369,312. | 16,581,997. |
| 14 Land, buildings, and equipment basis | | | |
| a vilus presimulated depresentant virus and the second second second second second second second second second | a dim majoren non | | A. 1 45 15 2 45 4 4 4 |
| 15 Other assets (describe ►) | | | |
| | | | |
| 16 Total assets (to be completed by all filers) | 18,836,027. | <u>17,974,331.</u> | 17,235,474. |
| 17 Accounts payable and accrued expenses | , | | |
| 18 Grants payable | | | |
| 19 Deferred revenue | | | |
| 20 Loans from officers, directors, trustees, and other disqualified persons | | | * · · / /*. |
| 21 Mortgages and other notes payable | | | |
| 22 Other liabilities (describe >) | | | |
| 20 T Add No. 1911 at 47 through 20) | 0. | 0. | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 |
| 23 Total liabilities (add lines 17 through 22) | 0. | | |
| Foundations that follow SFAS 117, check here | | | |
| and complete lines 24 through 26 and lines 30 and 31. | | | |
| 24 Unrestricted | | | |
| 25 Temporarily restricted | | | |
| 26 Permanently restricted Foundations that do not follow SFAS 117, check here X | | | |
| Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| | 0. | 0. | s **/ |
| 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| 29 Retained earnings, accumulated income, endowment, or other funds | 18,836,027. | 17,974,331. | Statement 9 |
| 30 Total net assets or fund balances | 18,836,027. | 17,974,331. | |
| <u> </u> | | | |
| 31 Total liabilities and net assets/fund balances | 18,836,027. | 17,974,331. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| art III Analysis of Changes in Net Assets or Fund B | | , , <u> </u> | * * * - 3 |
| | | | |
| Total not assets or fund balances at beginning of year - Part II, column (a), line | 30 | | 10 026 225 |
| (must agree with end-of-year figure reported on prior year's return) | | 1 | 18,836,027. |
| Enter amount from Part I, line 27a | | 2 | -861,696. |
| Other increases not included in line 2 (itemize) | | 3 | 0. |
| Add lines 1, 2, and 3 | | 4 | 17,974,331. |
| Decreases not included in line 2 (itemize) | | | 0. |
| Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | o <u>iu</u> mn (b), line 30 | 6 | 17,974,331. |
| rotar het assets of fund dalances at end of year (line 4 minus line 5) - Part II, co | o <u>iumn (b), line 30</u> | 6 | Form 990-PF (2009) |

| (a) List and describ | nd Losses for Tax on In the the kind(s) of property sold (e.g. shouse; or common stock, 200 shs | ., real estate, | | (b) How a P - Puro D - Don | chase | | acquired lay, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--|--------------------------------------|----------------------------------|--------------|--------------|--------------------------------|----------------------------------|
| 1a | | | | | | | | |
| b See Attached | Statement | | | | | | | |
| <u>c</u> | | | | _ | | | | |
| <u>d</u> | | | + | | —— <u> </u> | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | it or other basis xpense of sale | | | | iain or (loss s (f) minus (| |
| 8 | | | | | | | | |
| resignate statements arrenantialization properties and the contract of the | والمرابعة المرابعة والمرابعة المرابعة ا | المرادد والمراجعة والمعاطمة | gun, ngga wiya i nagulub, | ,,, v r-cv v | San Maria | wn | والمناور والمحادث | h well-eniches halls and |
| С | | | | | | | _ | |
| d 24 250 | | | 200 000 | . - | | | | 252 200 |
| e 34,458. | (1) (1) | Ab a da wadada a | 388,080 | J • | | | | -353,822. |
| Complete only for assets showing | | T | | | | | Col. (h) gain not less thai | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (ı) col. (ı), ıf any | | COL | | (from col. (| |
| | as of 12/5 1/05 | 000 | COL ()), II ally | | | | | |
| <u>a</u> | | <u>. </u> | | | | | | |
| <u>b</u> | | | | | - | | | |
| c d | | - | | | | | | |
| | | | | | | | | -353,822. |
| <u>e</u> | | | | $\overline{}$ | I | | | 333,022. |
| 2 Capital gain net income or (net capi | , (, | - ın Part I, line | | <u>}</u> | | | | -353,822. |
| 3 Net short-term capital gain or (loss) | | nd (6): | | ٦١ | | | | |
| If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8 | olumn (c). | | |) | | | N/A | |
| Part V Qualification Un | der Section 4940(e) for | Reduced | Tax on Net | nvestr | nent Inc | ome | 14/11 | ···· |
| If section 4940(d)(2) applies, leave this Was the foundation liable for the section of the secti | on 4942 tax on the distributable amy under section 4940(e). Do not co | mplete this pa | rt. | | - | | | Yes X No |
| (a) | | יים ייטייטיי אייטייסיי | dimental andraugues | | ٠٠, ٠٠ ٠٠ | 1 | m + 20° 40° | (d) |
| Base period years Calendar year (or tax year beginning | (b) Adjusted qualifying dis | tributions | Net value of none | (c) charitable | -use assets | | Distrib | utión ratio ided by col. (c)) |
| 2008 | 1 111) | 6,874. | | | 0,356 | | (001. (0) 014 | • 052554 |
| 2000 | | 9,861. | | 21.73 | 0,075 | ! | | .044172 |
| 2006 | | 4,453. | | 20.10 | 5,610 | 1 | | .045482 |
| 2005 | | 1,825. | | L8,84 | 8,436 | ` | | .046785 |
| 2004 | | 9,670. | | | 8,789 | | | .048615 |
| | | <u> </u> | | | - | Ť | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | .237608 |
| 3 Average distribution ratio for the 5- | year base period - divide the total (| on line 2 by 5, | or by the number o | f years | | | | |
| the foundation has been in existenc | e if less than 5 years | | | | | _3 | | .047522 |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 | | | | 4 | 1 | 6,597,099. | | |
| | • | | | | | | | |
| 5 Multiply line 4 by line 3 | • | | | | | 5 | | 788,727. |
| | | | | | | | | |
| 6 Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | 6 | | 4,312. |
| | 1 | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | 7 | | <u>793,</u> 039. |
| 8 Enter qualifying distributions from F | Part XII, line 4 | | | | | 8 | | 968,616. |
| If line 8 is equal to or greater than li | ne 7, check the box in Part VI, line | | | | rate. | | | roges with the sets and |

| 0111 | 1000 11 (2005) DEAVES OF GRASS FOND ZZ ZOZE | . 1)) | | 8 |
|------------|--|---------------------------------------|-------------------|--|
| 2 | art VII-A: Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | Seculion 512(U)(13)? It Yes, "atlacii scrieolule (see mistrucitions) ? *********************************** | '6' | 24 4 1 B | <u> </u> |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | х |
| 12 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | | X |
| - | Website address ► N/A | | | |
| 14 | The books are in care of ► BARBARA WHITE Telephone no. ► 508-35 | 8-2 | 566 | |
| 14 | Located at ▶PO BOX 233, LINCOLN, MA ZIP+4 ▶01 | | 300 | |
| | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | 113 | _ | 1 |
| 15 | | N | /A | ـــا |
| Б | and enter the amount of tax-exempt interest received or accrued during the year art VII B Statements Regarding Activities for Which Form 4720 May Be Required | | / A. | |
| F (| | الأسط الاستاد | V | NI - |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | Zin z | Yes | No |
| 1. | a During the year did the foundation (either directly or indirectly): | | 430 | X |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | 9 | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | \$500 m | *** |
| | a disqualified person? | | , 525°4. | 24X - |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | ` 72 Z | 7 No. |] }} |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1000 | | \$ 34. |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | £ | 3, |
| | for the benefit or use of a disqualified person)? | y: | ···· ^ | . * } |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | 1 | 2. 27 | , , (|
| | if the foundation agreed to make a grant to or to employ the official for a period after | 30 | | 1 |
| | termination of government service, if terminating within 90 days.) | 86 C | • | 31. v |
| | f any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | Ř. | | |
| - | 'sĕction 53.494'ī(d)-3'or'in a current notice regarding disaster assistance (see page 20 of the instructions)? | ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 2.5 | بئە د د |
| | Organizations relying on a current notice regarding disaster assistance check here | χ, | Diam. | |
| | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | · · · · · | * <i>}</i> " |
| | before the first day of the tax year beginning in 2009? | 1c | | X |
| 2 | l'axes on failure to distribute încome (section 4942) (does not apply for years the roundation was a private operating foundation | , |) V, t | , |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | 9.5 | * |
| | a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | ×. | - 4, | . R |
| | before 2009? Yes X No | 35 | , % | \$. \$ |
| | If "Yes," list the years ▶ , , , , | ` , | , | ¥", ¢ |
| 1 | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | 1 3 | /s | Ŕ, |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | ો | æ |
| | statement - see instructions.) N/A | 2b | *** | - viii. |
| | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | ٠. | 186 |
| | | 74 | 3.4 | |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | ã. | 77 |
| | during the year? | | * 4 | Ž. |
| | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after | | 3 4 | . # |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | , | |
| | of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | * | * 4 |
| | Form 4720, to determine if the foundation had excess business holdings in 2009) N/A | - 3b - | | |
| 4 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 382. | , 5 . I | -5" |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | ا | X |
| | | n ษ์ษับ | <u>ا</u> برخون | |
| | i dii | | 14 | / |

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|---|--|--|--|--------------|---------------------------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be F | Required (contin | ued) | | · |
| 5a During the year did the foundation pay or incur any amount to: | | | | `." | 1 |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | Y | es 🗓 No | | 34 2 |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | ectly, | i | · 4 : | |
| any voter registration drive? | | Y | es 🗶 No | | ì |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y | es X No . | , / | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | ` | | * 1 |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational nurnoses, or f | | | | 3 65 |
| the prevention of cruelty to children or animals? | or oddoddonar parpooco, or r | | es X No | . 4 | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | for the exceptions described i | | 50 [22] 100 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | Activities and activities | N/A | 5b | |
| section 53.4945 or in a current notice regarding disaster assistance (see Instru | | | | 30 | 2.82 |
| Organizations relying on a current notice regarding disaster assistance check h | | | - - . | 1.3 | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi | | | | S WE. | 3 8 |
| expenditure responsibility for the grant? | | I/A Y | es 🔛 No 📙 | 113 | 3,4, |
| If "Yes," attach the statement required by Regulations section 53.494 | | | * | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | 12, | |
| a personal benefit contract? | | Y | es 🗓 No 📗 | | 1 |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | L | 6b | X |
| If "Yes" to 6b, file Form 8870 | | | [| , | ۶ ^ ۰ |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y | es X No | | 3 |
| b If yes, did the foundation receive any proceeds or have any net income attribut | | | N/A | 7b | |
| Information About Officers Directors Trust | | nagers, Highly | y | | |
| Part VIII Paid Employees, and Contractors | • | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Exp | ense |
| (a) Name and address | to position | (If not paid, enter -0-) | and deferred compensation | allowa | , other inces |
| | | 1 | - COMPONICATION | <u> </u> | |
| | | | | | |
| See Statement 12 | | 0. | 0. | | 0. |
| | | | · | <u> </u> | |
| | | | ł | | |
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| مرامليني الديا والمتأوي المائد للأسأن ومداحك والإياب بالموايات الأواوارية المستقليليين والموجود الدوار والديار والدارات | | | | 13000 | |
| | | | | | |
| | | | <u> </u> | <u> </u> | |
| | | | | | |
| | | | | | |
| C. Community of five high and proid any least of About how the series | luded on line d\ ld name | anter INONE II | l | <u> </u> | |
| 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average | enter "NUNE." | (d) Contributions to | (e) Exp | nence |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | l account | , other |
| | devoted to position | | compensation | allowa | nces |
| NONE | | | | i | |
| ^ ' | | | | | |
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| | | | | <u> </u> | |
| | | | | | |
| | | 1 | | † ·- · | |
| | | 1 | | | |
| Total number of other employees paid over \$50,000 | <u> </u> | | | _ | 0 |
| | | | Form | 990-PF | |
| | | | 1 0/111 | 11 | (2003) |
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| the contract of the entropy of the second section of the second of the entropy of the second of the | e contra to the to | * * * | 499 3 4 | ٠ . | 400 |
| | | | | | |

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|--|------------------------|-----------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued) | nagers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service (c | c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | > | 0 |
| Part IX-A Summary of Direct Charitable Activities | | La Company |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ation such as the Ex | cpenses |
| 1 N/A | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| 2 | | |
| | | |

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

All other-program-related investments Sae instructions.

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▶

0.

Total. Add lines-1.through 3

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | see 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 | 15,622,019. |
| • | Average of monthly cash balances | 1b | 1,227,828. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 16,849,847. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | ^ | |
| | 1c (attach detailed explanation) le 0 • | , , | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 16,849,847. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 252,748. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 16,597,099. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 829,855. |
| ·P | 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 | |
| <u>1</u> | Minimum investment return from Part X, line 6 | 1 | 829,855. |
| 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 | 4,312. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 825,543. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 825,543. |
| 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 | 825,543. |
| _ | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | I | |
| 1 | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 968,616. |
| _ | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 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: | اللث | |
| - | Suitability test (prior IRS approval required) | 3a | |
| | 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 | 968,616. |
| 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 | 4,312. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 4,312. 964,304. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (| ualifies for | |
| | 4940(e) reduction of tax in those years. | | |

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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, | 144 (\$ \$ 1 E) | | . 4 | |
| | line 7 | | | | 825,543. |
| | Undistributed income, if any, as of the end of 2009 | | | <u>``</u> | |
| | i Enter amount for 2008 only | A Charles and the second secon | time of the second of the second | 953;055. | A STATE OF THE STA |
| ŧ | Total for prior years: | | 0. | | |
| 3 | Excess distributions carryover, if any, to 2009: | | »· ;; | (%) | 3) **** |
| - | From 2004 | 40 30 20 20 20 | A . V . V . V | | ************************************** |
| | From 2005 | | | | , |
| | From 2006 | | *** | , 3' 1" 1" A | \$ |
| | 1From 2007 | | | , *, * | , , |
| | From 2008 | | | | |
| | Total of lines 3a through e | 0. | | | |
| | Qualifying distributions for 2009 from | **** | * | * | <u> </u> |
| | Part XII, line 4: ►\$ 968,616. | | | , · i + | * * |
| 8 | Applied to 2008, but not more than line 2a | | | 953,055. | \$ X. |
| t | Applied to undistributed income of prior | \$@ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | Y % . | Ĭ, |
| | years (Election required - see instructions) | | 0. | 1. 1. |) |
| (| Treated as distributions out of corpus | , | | | |
| | (Election required - see instructions) | 0. | | | |
| (| Applied to 2009 distributable amount | ' 1 (* 4 4) - 3 | | | 15,561. |
| • | Remaining amount distributed out of corpus | 0. | ** ** | * *:: | · , , |
| 5 | Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount | 0. | * *** | * : | 0. |
| | must be shown in column (a)) | | | | |
| 6 | Enter the net total of each column as indicated below: | 4 4 5 | v % | | |
| ٠. | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | Harris and the | و ميند الله الله الله الله الله الله الله الل | ele ja filozofik en |
| | Prior years' undistributed income. Subtract | \$ -40 2,40 | | | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |
| _ | line 4b from line 2b | | 0. | * ** | |
| (| Enter the amount of prior years' | | | » | 7 |
| | undistributed income for which a notice of | | | , | ^ <y< th=""></y<> |
| | deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | ı |
| | assessed | | 0. | | *** |
| (| Subtract line 6c from line 6b. Taxable | , 4 h, | _ | | · 🐴 😘 💢 🐪 |
| | amount - see instructions | | 0. | * . | * |
| • | Undistributed income for 2008. Subtract line | | | | |
| _ | 4a from line 2a. Taxable amount - see instr. | * \$ | | 0. | |
| ſ | Undistributed income for 2009. Subtract | | , ŧ | . 2 1/4 1/5 | |
| | lines 4d and 5 from line 1. This amount must be distributed in 2010 | | | * | 809,982. |
| 7 | Amounts treated as distributions out of | · *** | | <u>* </u> | 009,902. |
| • | corpus to satisfy requirements imposed by | | | | /** <u>.</u> |
| | section 170(b)(1)(F) or 4942(g)(3) | 0. | | | 7*%. × |
| 8 | Excess distributions carryover from 2004 | | 8. 15 J. 16 | | 7.4 |
| _ | not applied on line 5 or line 7 | 0. | \$ 1.2. 1 · · · · · · · · · · · · · · · · · · | | |
| 9 | Excess distributions carryover to 2010. | · | TAREA NEWS | · | \$ 12 W |
| | Subtract lines 7 and 8 from line 6a | 0. | | ** | |
| 0 | Analysis of line 9: | 1, 1, 0 | | * * * | |
| - | Excess from 2005 | | | | |
| | Excess from 2006 | | And the state of t | | اد داره ها المحادث الم المحادث المحادث المحاد |
| | Excess from 2007 | | * | * | * *** |
| | Excess from 2008 | | * ** | \$ | |
| - 6 | Excess from 2009 | | 4 | | Earm 000 DE (2000) |

| | <u>OF GRASS FU</u> | | | | 24793 Page 10 |
|---|---|--|------------------------------|--|-------------------------------|
| Part XIV Private Operating F | oundations (see ins | structions and Part V | II-A, question 9) | N/A | |
| 1 a if the foundation has received a ruling of | r determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective for | r 2009, enter the date of t | he ruling | ▶ | | |
| b Check box to indicate whether the found | lation is a private operatir | ig foundation described | in section | 4942(j)(3) or 4942(j) | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| investment return from Part X for | <u> </u> | | | 1 11 11 11 | |
| each year listed | | | | | |
| b 85% of line 2a | | | | 1. |] |
| c Qualifying distributions from Part XII, | | | | | T |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | 3 * *** |
| e Qualifying distributions made directly | | | | | |
| *** **กับการตินงฮาซบกดับซาไซโ องยากุฎเรื่อนสังกายระ | and the comment of the sounds. | the second contracts | The transfer of | A Part Landon Branch | part outer think over them it |
| Subtract line 2d from line 2c 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 | | | if the foundation | n had \$5,000 or m | ore in assets |
| at any time during t | he year-see the i | instructions.) | | | |
| ำ "information Regarding Foundation a List any managers of the foundation wh year (but only if they have contributed n | o have contributed more nore than \$5,000). (See s | than 2% of the total cor ection 507(d)(2).) | ntributions received by th | e foundation before the clo | |
| b List any managers of the foundation who other entity) of which the foundation has | | | ı (or an equally large port | ion of the ownership of a p | artnership or |
| None | | | <u> </u> | | |
| 2 Information Regarding Contribute Check here ► X if the foundation of the foundation makes gifts, grants, etc. | nly makes contributions t | to preselected charitable | e organizations and does | | |
| a The name, address, and telephone num | ber of the person to whor | n applications should b | e addressed: | | |
| b The form in which applications should be | e submitted and informat | tion and materials they | should include; | | |
| c Any submission deadlines: | - ' ' ' | | | ······································ | |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable field | s, kinds of institutions, or | other factors: | |

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| Recognet as an individual state of the property of the propert | 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | |
|--|---|--|-----------|----------------------------------|---|--|--|
| See Statement 13 Total D Approved for Nature payment None | | If recipient is an individual, show any relationship to any foundation manage: | status of | Purpose of grant or contribution | Amount | | |
| See Statement 13 Total None Total Total Total | | or substantial contributor | recipient | | | | |
| Total Approved for future payment None Total Total | a Paid during the year | or substantial contributor | recipient | | | | |
| None Total | Total | | | ▶ 3a | 956,000. | | |
| Total | None | | | | | | |
| | y week on the second | | • | , i es | * * * 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| | Tabl | | | | | | |
| | Total 923611 02-02-10 | | | | U • nrm 990-PF (2009) | | |

| Part XVI-A Analysis of Income-Producing A |
|---|
|---|

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | | 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 |
| r Program Service revenue. | | | | | |
| M | ļ | | <u> </u> | | |
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| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | - |
| · | | | - | | |
| 3 Interest on savings and temporary cash | | | 14 | 2 038. | |
| Investments 4 Dividends and interest from securities | ļ | | $\frac{14}{14}$ | | |
| | , ` .i`. | - *3 | 13 | * , | |
| 5 Net rental income or (loss) from real estate: | y 4 . | " | \vdash | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | \vdash | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | ļ | | 14 | 31,485. | |
| 7 Other investment income | ļ | | 14 | 31,403. | |
| 8 Gain or (loss) from sales of assets other | | | 18 | -353,822. | |
| than inventory | | | 10 | -333,044. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | - | | |
| 11 Other revenue: | | | 01 | 30 100 | |
| a EXCISE TAX REFUND | | | 01 | 30,189. | |
| b | <u> </u> | | ļ | | |
| c | | | | | · · · |
| | · | | <u> </u> | n matematical contract desired to the second of a contract | materials of the first war the states. |
| 6 | | 0. | <u> </u> | 209,900. | 0. |
| 12 Subtotal. Add columns (b), (d), and (e) | <u> </u> | 0. | <u> </u> | | 209,900. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 203,300. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | o the Acc | omplishment of Ex | emp | t Purposes | |
| Line No. Explain below how each activity for which incor | no ic reported | in column (a) of Part VI/I-A | contrib | outed importantly to the accord | anlichment of |
| — the form details arrowed manage (either then b | | | COILLI | Juled importantly to the accom | ipiisiiilielit oi |
| the foundation's exempt purposes (other than t | | mas for saon parposcoj. | | | |
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| | | | S OF GRASS FUND | | | 22-2824 | | | ge 13 |
|-----------|--------------------------------|---|--|----------------------------|---------------------------------------|---------------------------------------|---|----------|-----------|
| P | art X\ | | egarding Transfers To | and Transactions a | nd Relationshi | ips With Nonchar | itable | е | |
| <u> </u> | 5 | Exempt Organ | | | | - F01/a\ a4 | , , | Yes | No |
| 1 | | | rectly engage in any of the followin | | | 1 50 1(0) 01 | | . 23 | 140 |
| _ | | |)(3) organizations) or in section 53 | | Zations | | 1 | á. | 16 |
| а | | | ation to a noncharitable exempt or | yanızanon ol. | | | 1a(1) | 33. | X |
| | (1) 0 | | | | | | 1a(2) | | X |
| _ | | ther assets transactions: | | | | | 14(2) | \vdash | |
| D | | transactions. ales of assets to a noncharita | hla avamnt organization | | | | 1b(1) | | X |
| | | | ncharitable exempt organization | | | | 1b(2) | | X |
| | | ental of facilities, equipment, | | | | | 1b(3) | _ | X |
| | | eimbursement arrangements | | | | | 1b(4) | | X |
| | | oans or loan guarantees | | | | | 1b(5) | | Х |
| - | • • | - | embership or fundraising solicitation | ons | | | 1b(6) | | X |
| c | | | uling lists, other assets, or paid en | | | | 1c | | Х |
| | | | "Yes," complete the following sch | | ays show the fair ma | rket value of the goods, o | ther ass | ets, | 4-/24 44. |
| | | | oundation. If the foundation receiv | | | | | | |
| | colun | n (d) the value of the goods, | other assets, or services received. | • | | | | | |
| (a) | Line no | (b) Amount involved | (c) Name of noncharitable | e exempt organization | (d) Description of | transfers, transactions, and s | haring ar | rangeme | nts |
| | | | N/A | | | | | | |
| | - | | | | | | | | |
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| | lo the | foundation directly or indirec | tly affiliated with, or related to, one | or more tay-evennt organiz | ations described | | | | |
| 20 | | • | er than section 501(c)(3)) or in sec | | ations described | | Yes | ΓX |] No |
| , | | s," complete the following sch | , , , , , , | | | <u></u> | 163 | | טאו ב |
| | | (a) Name of or | pánization | (b) Type of organization | (c | Description of relationsh | iip | · | - :: |
| _ | | N/A | <u> </u> | , , , , , | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | |
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| | | | have examined this return, including acc er than taxpayer or fiduciary) is based or | | | y knowledge and belief, it is t | rue, corre | ect, | |
| | a-10 Co | \mathcal{D} | C.V | | | | | | |
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| Sign Here | Si | gnature of officer or trustee | | Date | Title | it if | | | |
| 듩 | ω . | Preparer's | | i i | ate Check | ···· | 's identif | ying num | iDer |
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| | | address, and ZIP code BOST | OH, PA UZIIO | | | Phone no. 617 – 9 | <u>, , , , , , , , , , , , , , , , , , , </u> | 200 | U |

| Frank for Capital Gains and Los | ទទិមិន លោកនគឺ បីជាពីលើម៉ឺងព្រៃ៤៨ ជាបិបី៣៤ ។ | | | | 70 K T 24 Y F P | |
|--|--|--|--------------------------------------|----------------------------------|---|---------------------|
| (a) List and 2-story br | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | | |
| 1a AXIOM II SHORT | -TERM | | | P | 01/01/09 | 12/31/09 |
| D AXTOM-TI LONG- | | | | P | 01/01/01 | 12/31/09 |
| c PIMCO LONG-TER | | | | P | 01/01/01 | |
| d NYES LEDGE SHO | | | | P | | 12/31/09 |
| e NYES LEDGE LON | | | | P | 01/01/01 | L |
| † GUGGENHEIM PLU | | | | P | 01/01/09 | |
| g GUGGENHEIM PLU | | | | | 01/01/01 | |
| | D II BONG IBIGI | | | | 01/01/01 | 22/32/05 |
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| <u>n</u> | | | | | | |
| 0 | (A) Decreased and allowed | (a) Cook on other book | | (6) | Corpor (loca) | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (N) (e) n | Gain or (loss) lus (f) minus (g) | |
| | (or anowabic) | · · · · · · · · · · · · · · · · · · · | | (0) p | | 75 565 |
| <u>a</u> | | 75,565. | | | | -75,565. |
| b 3,325. | | 66,818. | | | | -63,493. |
| c 14,953. | | | | | | 14,953. |
| d ~ 200 4 711;366: | made on the Addition of the absence | | | ٠. | . 1 | -11,300. |
| e | | 65,570. | | | | -65,570. |
| 1 4,612. | | 100 100 | | | | 4,612. |
| 9 | | 180,127. | | | | 180,127. |
| h | 1 | | | | | |
| 1 | | | | | | |
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| 0 | | i | | | | |
| Complete only for assets showing | ng gain in column (h) and owned by t | he foundation on 12/31/69 | | | ses (from col. (h)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis | (k) Excess of col. (ı) | | Gains (excess of | of col. (h) gain ove ot less than "-0-") | r col. (k), |
| (1)1.101.v. as of 12/3 1/09 | as of 12/31/69 | over col. (j), if any | | | orioss man o j | |
| a | | | | | | -75,565. |
| b | | | | | | -63,493. |
| С | | | | | | 14,953. |
| d | | | | | | 11,368. |
| e | ; | | | | | <u>-65,570.</u> |
| f | | | | | | 4,612. |
| 9 | | | | | _ | 180,127. |
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| 0 | | = - | | | · — — — — — — — — — — — — — — — — — — — | |
| | . If goin also cate | in Dart I line 7 | | | | |
| 2 Capital gain net income or (net ca | apital loss) { If gain, also enter If (loss), enter "-0 | -" in Part I, line 7 | 2 | | | 353,822. |
| 3 Net short-term capital gain or (los | | , I | | | - | |
| If gain, also enter in Part I, line 8, | column (c). | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| If (loss), enter "-0-" in Part I, line I | | J | 3 | | N/A | |

| Form 990-PF Interest on Savings a | and Temporary Ca | sh Investments | Statement 1 | |
|---|--|---|----------------------|--|
| Source MELLON CHECKING ACCOUNT | | | Amount | |
| MELLON PRIVATE ASSET MANAGEMENT | and the second of the second o | in the second of the second | 1,993. | |
| Total to Form 990-PF, Part I, line | e 3, Column A | | 2,038. | |
| Form 990-PF Dividends and | l Interest from | Securities | Statement 2 | |
| Source | Gross Amount | Capital Gains Dividends | Column (A) Amount | |
| AXIOM II | 30,507. | 0. | 30,507. | |
| CAPITAL INTERNATIONAL - EMERGING MARKETS GRANTHAM, MAYO, VAN OTERLOO CORE | 2,556. | 0. | 2,556. | |
| EQUITY III | 10,531. | 0. | 10,531. | |
| GUGGENHEIM PLUS II | 30,091. | 0. | 30,091. | |
| GUGGENHEIM REIT NYES LEDGE CAPITAL K-1 | 60. 14,887. | 0. | 60. 14,887. | |
| PIMCO | 411,378. | | 411,378 | |
| Total.to.Fm.990-PE, Dartely in 1. | 500,010 | | | |
| Form -9.90-PF | Other Income | | Statement 3 | |
| Description | (a) Revenue Per Books | (b) Net Invest- ment Income | • | |
| AMORTIZATION OTHER INCOME - FROM K-1 EXCISE TAX REFUND | 15,2 16,2 30,1 | 81. 16,281 | • | |
| Total to Form 990-PF, Part I, line | e 11 61,6 | 74. 31,485 | • | |
| , | | | | |

| Form 990-PF | Legal | Fees | S | tatement 4 |
|---|------------------------------|-----------------------------------|---------------------------------------|-------------------------------|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| LEGAL FEES | 563. | 0. | | 563. |
| To Fm 990-PF, Pg 1, ln 16a | 563. | 0. | | 563. |
| e persone — the | | | | |
| Form 990 Promit more and account | ****Accounti | ng' fees' '''' | · · · · · · · · · · · · · · · · · · · | tatemetric Amb |
| Description | | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| TAX PREP FEES | 8,251. | 0. | | 8,251. |
| To Form 990-PF, Pg 1, ln 16b | 8,251. | 0. | | 8,251. |
| Form 990-PF (| ther Profes | sional Fees | S | tatement 6 |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| OTHER PROFESSIONAL FEES & SUBCRIPTIONS | 38,805. | 38,805. | | 0. |
| To Förm 990-PF, Pg 1, 1n 16c = | 77387,805. | ~~^^^387,805; | | Min the market of U. |
| Form 990-PF Tax | | es | S | tatement 7 |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| MA ANNUAL FILE FEE FOREIGN TAX WITHHELD FEDERAL AND STATE TAXES | 250. 4,008. | 4,008. | | 250. 0. |
| PAID | 650. | 0. | | 0. |
| To Form 990-PF, Pg 1, ln 18 | 4,908. | 4,008. | | 250. |
| = | | | | |

| Form 990-PF | Other E | xpenses | | | Statement 8 |
|--------------------------------------|------------------------------|-----------------------------|----------|------------------------------|-----------------------|
| Description | (a) Expenses Per Books | (b) Net Inve ment Inc | | (c) Adjusted Net Incom | |
| INVESTMENT FEES MISCELLANEOUS | 38,079. 3,552. | 38, | 046. | | 0. 3,552. |
| To Form 990-PF, Pg 1, ln 23 | 41,631. | 38, | 046. | | 3,552. |
| Form 990-PF | Other F | unds | | | Statement 9 |
| Description | | | Begi | (A) inning of Year | (B) End of Year |
| Endewment Fund. | y a manufacture of the | e e | 18 | 3,836,027. | 17,074,221 |
| Total to Form 990-PF, Part II | , line 29 | : | 18 | 3,836,027. | 17,974,331. |
| Form 990-PF U.S. and S | tate/City G | overnment | Obli | igations | Statement 10 |
| Description | U.S Gov' | | Вос | ok Value | Fair Market Value |
| RESOLUTION FUNDING FINANCING CORP | X | | | 79,681. 142,532. | 92,536. 178,135. |
| Total U.S. Government Obligat | ions | , | | 222,213. | 270,671. |
| Total State and Municipal Gov | ernment Obl | igations | <u> </u> | | |
| Total to Form 990-PF, Part II | , line 10a | | | 222,213. | 270,671. |

The first state of the state of

| Form 990-PF | Other Investments | | Stateme | ent 1 |
|---|--|--|--|-------------|
| Description | Valuation Method | Book Value | Fair Malı | |
| PIMCO TOTAL RETURN FUND | COST | 6,282,004. | | 71,343 |
| ROGERS RAW MATERIALS FUND, LE | | 7,378. | | 7,378 |
| GUGGENHEIM PLUS II LP | COST | 2,232,358. | | 64,945 |
| GUGGENHEIM REIT - PREF SHARE | | 560. | | 560 |
| LONGLEAF FUNDS | COST | 1,012,257. | | 85,721 |
| WELLS FARGO SMALL CAP GRTH Z | COST | 887,661. | | 61,957 |
| GMO CORE EQUITY III | COST | 3,161,499. | | 42,889 |
| CAPITAL INTERNATIONAL - EMERG | | 3,101,433. | 4,5 | 12,000 |
| MARKETS | SING CODI | 208,762. | 1' | 71,667 |
| NYES LEDGE CAPITAL PARTNERS | COST | 2,099,331. | | 65,512 |
| AXIOM INTERNATIONAL FUND II | COST | | | |
| AXIOM INTERNATIONAL FUND II | COST | 1,477,502. | | 10,025 |
| Total to Form 990-PF, Part II | [, line 13 | 17,369,312. | 16,58 | 81,997 |
| | - List of Officers, E s and Foundation Mana | igers | Stateme | ent 1, |
| | | ngers Em | nployee en Plan Ex | xpense |
| Trustees | s and Foundation Mana Title and | engers Em Compen- Be | nployee en Plan Ex | xpense |
| Name and Address | Title and Avrg Hrs/Wk TRUSTEE | Compen- Be sation C | nployee en Plan Er Contrib. | xpense |
| Mamo-and Address | Title and | engers Em Compen- Be | nployee en Plan Ex | xpense |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA 01773 | Title and Avrg Hrs/Wk TRUSTEE 0.00 | Compen- Be sation C | nployee en Plan Er Contrib. | xpense |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA 01773 BARBARA WHITE | Title and Avrg Hrs/Wk TRUSTEE 0.00 | Compen-Bessation C | aployee en Plan Er contrib. A | kpense |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA 01773 | Title and Avrg Hrs/Wk TRUSTEE 0.00 | Compen- Be sation C | nployee en Plan Er Contrib. | kpense |
| Name and Address | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Bessation C | aployee en Plan Er contrib. A | kpense |
| Mamo and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA. 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG | Title and Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Be Sation 0. | oployee en Plan Exceptible Acceptable 0. | kpense |
| Name and Address | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Bessation C | aployee en Plan Er contrib. A | kpense |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG P. O. Box 233 LINCOLN, MA 01773 | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Be Sation 0. | oployee en Plan Exceptible Acceptable 0. | kpense |
| Mame and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG P. O. Box 233 LINCOLN, MA 01773 JAMES HERZOG | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Bessation Co. | oployee en Plan Extends Associated Associate | o o |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG P. O. Box 233 LINCOLN, MA 01773 JAMES HERZOG P. O. Box 233 | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Be Sation 0. | oployee en Plan Exceptible Acceptable 0. | o o |
| Mame and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG P. O. Box 233 LINCOLN, MA 01773 JAMES HERZOG | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Bessation Co. | oployee en Plan Extends Associated Associate | egovet 0 |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA. 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG P. O. Box 233 LINCOLN, MA 01773 JAMES HERZOG P. O. Box 233 LINCOLN, MA 01773 | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Bessation Co. | oployee en Plan Extends Associated Associate | egovet 0 |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA. 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG P. O. Box 233 LINCOLN, MA 01773 JAMES HERZOG P. O. Box 233 LINCOLN, MA 01773 NOAH HERZOG | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 | Compense Employee Compension Comp | oployee In Plan Extended Action Actio | o o |
| Name and Address HENRY S. WHITE P. O. Box 233 LINCOLN, MA. 01773 BARBARA WHITE P. O. Box 233 LINCOLN, MA 01773 ELEANOR HERZOG P. O. Box 233 LINCOLN, MA 01773 JAMES HERZOG P. O. Box 233 LINCOLN, MA 01773 | Title and Avrg Hrs/Wk TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 TRUSTEE 0.00 | Compen-Bessation Co. | oployee en Plan Extends Associated Associate | o o |

| LEAVES OF GRASS FUND | | | 22-2824793 |
|---|--|---------------------------------------|--|
| EVE ROBBINS P. O. Box 233 LINCOLN, MA 01773 | TRUSTEE 0.00 | 0. | 0. 0. |
| JARED WHITE P. O. Box 233 LINCOLN, MA 01773 | TRUSTEE 0.00 | 0. | 0. 0. |
| MIRANDA WHITE P. O. Box 233 LINCOLN, MA 01773 | TRUSTEE 0.00 | 0. | 0. 0. |
| Totals included on 990-PF, Page | · | 0. | 0. 0. |
| المتحاري والمناطق والمحاكية والمناطق والمناطق والمناطقة والمنطقة والمنطقة والمنطقة والمنطقة والمنطقة والمتحارية | ing to decide and the property of the property of the second of the seco | an deline and the face of the face of | a alternation to the state of t |
| | and Contributions During the Year | | Statement 13 |
| Recipient Name and Address BETH ISRAEL/DEACONESS HOSPITAL 330 BROOKLINE AVENUE BOSTON, MA 02215 | Recipient Relations and Purpose of Gran NONE CHARITABLE | | |
| CHILDREN'S HOSPITAL - CAROLINE BASS FUND 1295 BOYLSTON STREET BOSTON, MA 02215 | NONE CHARITABLE | EXEMPT | 10,000. |
| COMMUNITY SERVINGS 125 MAGAZINE STREET ROXBURY, MA | | EXEMPT | 15,000. |
| CORRECTION ASSOCIATION OF NEW 2090 ADAM CLAYTON POWELL BLVD., SUITE 200 NEW YORK, NY 10027 | NONE CHARITABLE | EXEMPT | 7,500. |
| CRADLES TO CRAYONS | NONE | EXEMPT | 7,500. |

CHARITABLE

82 MYRTLE STREET QUINCY, MA

02171

| LEAVES OF GRASS FUND | 4 T | | 22-2824793 |
|---|--------------------|--------|------------|
| | NONE | EXEMPT | 2,000. |
| DOCTORS WITHOUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001 | | EXEMPT | 40,000. |
| GREATER BOSTON FOODBANK 70 SOUTH BAY AVENUE BOSTON, MA 021182700 | | EXEMPT | 75,000. |
| HARVARD SCHOOL OF PUBLIC HEALTH 401 PARK DRIVE, EAST ATRIUM, THIRD FLOOR BOSTON, MA 02215 | NONE CHARITABLE | EXEMPT | 20,000. |
| HEARTH 1640 WASHINGTON STREET BOSTON, MA 02118 | NONE CHARITABLE | EXEMPT | 5,000. |
| HOSPICE OF GOOD SHEPHERD 2042 BEACON STREET NEWTON, MA 02468 | NONE CHARITÀBLE | EXEMPT | 5,000. |
| INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168 | | EXEMPT | 102,000. |
| JUST VISION C/O EARTHWAYS 123 SEVENTH AVE, PMB #226 BROOKLYN, NY 11215 | NONE CHARITABLE | EXEMPT | 1,000. |
| KIDS CLOTHES CLUB 120 CYORESS STREET BROOKLINE, MA 02445 | NONE CHARITABLE | ЕХЕМРТ | 20,000. |
| MARIN AGRICULTURAL LAND TRUST P.O. BOX 809 POINT REYES STATION, CA 94956 | NONE CHARITABLE | ЕХЕМРТ | 26,000 |

| LEAVES OF GRASS FUND | | | 22-2824793 |
|---|--|--------|------------|
| NY FESTIVAL OF SONG 307 SEVENTH AVENUE, SUITE 1601 NEW YORK, NY 10001 | NONE CHARITABLE | EXEMPT | 7,500. |
| ORPHANS OF RWANDA 16 HIGHLAND STREET CAMBRIDGE, MA 01238 | NONE CHARITABLE 1 190 CS * 11 PO 19 | EXEMPT | 30,000. |
| PARTNERS IN HEALTH 800 BOYLSTON STREET, 47TH FLOOR BOSTON, MA 02199 | NONE CHARITABLE | EXEMPT | 3,000. |
| PROJECT 826 BOSTON 3035 WASHINGTON ST. ROXBURY, MA 02119 | NONE CHARITABLE | EXEMPT | 5,000. |
| PROJECT 826 NEW YORK 375 FIFTH AVENUE BROOKLYN, NY 11215 | | EXEMPT | 15,000. |
| RAILS TO TRAILS 2121 WARD CT., NW, 5TH FLOOR WASHINGTON, DC 20037 | NONE CHARITABLE | EXEMPT | 2,500. |
| ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118 | NONE | | 6,000. |
| SPRINGSTONE SCHOOL 1035 CAROL LANE LAFAYETTE, CA 94549 | NONE CHARITABLE | EXEMPT | 12,000. |
| THE FOOD PROJECT 10 LEWIS STREET LINCOLN, MA 01773 | NONE CHARITABLE | EXEMPT | 10,000. |
| UNICEF MALARIA MATCHING GRANT 125 MAIDEN LANE NEW YORK, NY 10038 | | EXEMPT | 500. |

| LEAVES OF GRASS FUND | | | 22-2824793 |
|---|--------------------|--------|------------|
| WATERAID AMERICA 232 MADISON AVENUE, SUITE 1202 NEW YORK, NY 10016 | NONE CHARITABLE | EXEMPT | 10,000. |
| WOMEN OF MEANS 148 LINDEN STREET, SUITE 104A WELLESLEY, MA 02482 | NONE CHARITABLE | EXEMPT | 15,000. |
| Artists Striving to End Poverty 165 West 46th Street, Suite 1303 NEW YORK, NY 10036 | CHARITABLE | EXEMPT | 5,000. |
| BIKES NOT BOMBS 18 BARTLETT SQ JAMAICA PLAIN, MA 02130 | NONE | EXEMPT | 2,500. |
| CAF America 1800 Diagonal Road, Suite 150 Alexandria, VA 22314 | NONE CHARITABLE | EXEMPT | 3,000. |
| Center for Policy and Budget Priorities 820 First Street, NE, Suite 510 WASHINGTON, DC 20002 | NONE CHARITABLE | EXEMPT | 5,000. |
| CHILDRENS HEALTH WATCH 88 E. Newton Street, Vose Hall 4th Floor Boston, MA 02118 | NONE CHARITABLE | EXEMPT | 12,000. |
| CITY HARVEST 575-Eighth-Avenue, 4th Floor- NEW YORK, NY 10018 | | EXEMPT | 10,000. |
| Cultural Survival 215 Prospect Street CAMBRIDGE, MA 02139 | NONE CHARITABLE | EXEMPT | 6,000. |
| Dry Stone Conservancy 1065 Dove Run Rd, Suite 6 LEXINGTON, KY 40502 | NONE CHARITABLE | EXEMPT | 500. |

| LEAVES OF GRASS FUND | ************************************** | ************************************** | 324793 |
|---|--|--|--------|
| Environmental Working Group 1436 U Street. NW, Suite 100 Washington, DC 20009 | NONE CHARITABLE | EXEMPT 1 | 1,000. |
| FEEDING AMERICA 35 East Wacker Drive, Suite 2000 CHICAGO, IL 60601 | NONE CHARITABLE | EXEMPT 80 | 0,000. |
| FINCA 1101 14th Street NW, 11th Floor WASHINGTON, DC 20005 | NONE CHARITABLE | EXEMPT 10 | 0,000. |
| Food Research and Action Center 1875 Connecticut Avenue NW, Suite 540 WASHINGTON, DC 20009 | NONE CHARITABLE | EXEMPT 12 | 2,000. |
| LA Food Bank 1734 East 41st Street LOS ANGELES, CA 90058 | NONE CHARITABLE | EXEMPT, 75 | 5,000. |
| Massachusetts Law Reform Institute 99 Chauncy Street, 5th Floor Boston, MA 02111 | NONE CHARITABLE | ЕХЕМРТ 12 | 2,000. |
| Medshare 3240 Clifton Springs Road Decatur, GA 30034 | NONE CHARITABLE | EXEMPT | 5,000. |
| NEW YORK CITY FOOD BANK 39 Broadway, 10th Floor NEW YORK, NY 10006 | NONE CHARITABLE | EXEMPT 75 | 5,000. |
| Southeastern Guide Dogs - Paws for Patriots 4210 77th Street East PALMETTO, FL 34221 | NONE CHARITABLE | | 5,000. |
| Pine Street Inn 444 Harrison Avenue BOSTON, MA 02118 | NONE | EXEMPT 6 | 5,000. |

| LEAVES OF GRASS FUND | | | 22-2824793 |
|--|--------------------|--------------------|--|
| Poetry Flash 1450 Fourth Street, #4 BERKELEY, CA 94710 | NONE CHARITABLE | EXEMPT | 500. |
| Poets in Need Process CA 94705 | | ······CXEMPT······ | ************************************** |
| Poets Project 14 E 60th Street NEW YORK, NY 10022 | NONE CHARITABLE | EXEMPT | 2,000. |
| Project Bread 145 Border Street EAST BOSTON, MA 02128 | NONE CHARITABLE | EXEMPT | 50,000. |
| Recycle a Bicycle 35 Pearl Street BROOKLYN, NY 11201 | NONE CHARITABLE | EXEMPT | 1,000. |
| Springwell 125 Walnut Street Watertown, MA 02472 | | EXEMPT | 60,000. |
| Women for Women 4455 Connecticut Ave NW Washington, DC 20008 | NONE CHARITABLE | EXEMPT | 2,500. |
| Total to Form 990-PF, Part XV, li | ne 3a | | 956,000. |

OMB No. 1545-0150 **Power of Attorney** Form 2848 For IRS Use Only (Roy March 2004) and Declaration of Representative Rocewood by. Department of the Treasury Internal Re-➤ Type or print. ➤ See the separate instructions. Power of Attorney Caution: Form 2848 will not be honored for any purpose other than representation before the IRS 1 Taxpayer Information. Taxpayer(s) must sign and date this form on page 2, line 9. Date . במשפים השתיים של שיום ביות של יותר יותר של היותר ביותר של במוצעות ביותר במוצעות ביותר ב Social security numberis? Employer ideminication number 22-2824793 LEAVES OF GRASS FUND Plan number (if applicable) P.O. BOX 233 Daytime telephone number LINCOLN, MA 01773-0233 508-358-2566 hereby appoint(s) the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II. Name and address 4000-47302R CAF No. EMILY M. PAUL 617-933-3610 PAUL-MCCOY FAMILY OFFICE SERVICES LLP 617-933-3666 Fax No. 31 ST. JAMES AVENUE SUITE #740 Telephone No. Fax No. [Check if new: Address BOSTON, MA 02116 Name and address Telephone No. Fax No. Check if new: Address Telephone No. Fax No. Name and address CAF No. Telephone No. Fax No. Check if new: Address Telephone No. Fax No. " to represent the taxpayer(s) defore the internal Revenue Service lor the Tollowing tax matters: 3 Tax Matters Type of Tax (Income, Employment, Excise, etc.) Tax Form Number Year(s) or Period(s) -- -- or Civil Penalty (see the Instructions for line 3) (1040, 941, 720, etc.) (see the instructions for line 3) 2008 thru 2012 PRIVATE FOUNDATION 990-PF Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific uses not recorded on CAF. Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information. Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. List any specific additions or deletions to the acts otherwise authorized in this power of attorney: 6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here and list the name of that representative below.

Name of representative to receive refund check(s)

| orm 2848 (Rov 3-2004) | LEAVES OF GRASS FU | | 22-2824 | 193 Pag |
|--|--|---|--|--|
| Notices and cor | nmunications. Original notices and other writte | en communications will be sent to you and a | copy to the first representative listed of | |
| , | the second representative listed to receive a co | | | ▶ □ |
| b If you do not wa | nt any notices or communications sent to you | r representative(s), check this box | | `". > 🗀 |
| Retention/revor | ation of prior power(s) of attorney. The filing | of this power of attorney automatically revol | kes all earlier | |
| | rney on file with the Internal Revenue Service t | • | | |
| | do not want to revoke a prior power of attorn | au chark hara | | ▶ [|
| YOU MUST ATT | ACH A COPY OF ANY POWER OF ATTORNEY | | | |
| | payer(s). If a tax matter concerns a joint retur | | eoresentation is | · |
| | wise, see the instructions. If signed by a corpo | | | |
| • | r trustee on behalf of the taxpayer, I certify that | | | |
| | | | | |
| ► IF NOT SIGN | ED AND DATED, THIS POWER OF ATTORNEY | WILL BE RETURNED. | _ 10 | |
| وكورة والمرازي والمرازية | Surprise 19 安生 | Contract to the contract of the state of the contract of | The second section of the second sections of the section section sections of the section section section sections of the section section section section sections of the section section section section sections of the section section section se | Car and and and an area |
| 4 | In Vary Votale | / J-L7· | MANAGER | |
| | Signature | Oate | Title (if applical | ble) |
| | | | | |
| BARBARA V | WHITE. | LEAVES | OF GRASS FUND | |
| | Print Name PIN | Number Print | name of taxpayer from line 1 if other than indi | midual |
| | | | | |
| | | | | |
| | Signature | Dato | Title (if applical | bie) |
| | | | | |
| | | | | |
| | Print Name PIN | Number | | |
| | | | | |
| Part II Dec | Investion of Convenentative | | | |
| | | | | |
| | laration of Representative | | | |
| | with a special order to represent taxpayer | s in Qualified Low Income Taxpayer Chi | nics or the Student Tax Clinic | |
| rogram, see the in | with a special order to represent taxpayer structions for Part II. | s in Qualified Low Income Taxpayer Cli | nics or the Student Tax Clinic | |
| ro <i>gram, see the in</i> nder penalties of pei | with a special order to represent taxpayer structions for Part II. pury, I declare that: | | nics or the Student Tax Clinic | |
| rogram, see the in nder penalties of pei • I am not currei | with a special order to represent taxpayer structions for Part II. rjury, I declare that; ntly under suspension or disbarment from prac | clice before the Internal Revenue Service; | | |
| rogram, see the in nder penalties of per • I am not currer • I am aware of i | with a special order to represent taxpayer istructions for Part II. rjury, I declare that: ntly under suspension or disbarment from pracegulations contained in Treasury Department (| ctice before the Internal Revenue Service; Circular No. 230 (31 CFR, Part 10), as amend | | |
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