

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



### Form **990-EZ** Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

A	For t	he 2009 calendar year, or tax year beginning OCT 16, 2009 and ending	DEC 3	1,	2009
В	Check application	If Please C Name of organization	D Emp	loyer	identification number
Г	Add	to use IRS use IRS			
Ī	Nam char	E COID NOCEC FOINDARTON INC	2	7-1	131520
Ī	X Initi				number
Ī	Ten	pun-   Specific   202 POND STREET		•	494-9303
Ī	Am	ended trops City or town, state or country, and 7IP + 4			
ř	—— retu	ASHLAND, MA 01721		nber 🎚	emption
		·*· <del></del>			
	- 26				X Cash Accrual
-	147 - 1	· · · · · · · · · · · · · · · · · · ·	her (specify		
					the organization is <b>not</b>
<u>J</u>					dule B (Form 990, 990-EZ, or 990-PF)
K	Check		-	than \$	25,000 A Form 990-EZ or
_		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a comple			
L		nes 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-E		<u>\$</u>	
L	Part	······································	instructions	tor Pa	irti)
	1	Contributions, gifts, grants, and similar amounts received		1	
•-	2	Program service revenue including government fees and contracts		2	<u> </u>
2010	3	Membership dues and assessments		3	
2	4	Investment income		4	
e v	5a	Gross amount from sale of assets other than inventory 5a			
=	l b	Less cost or other basis and sales expenses			
AUG	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
AC ue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check he	re 🕨 🔙		
70	la	Gross revenue (not including \$ of contributions			
Han	-	reported on line 1) 6a			
Z	6	Less direct expenses other than fundraising expenses 6b		,	
SCANNED Rev	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
ప	7a				
Ø	l b				
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe	1	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	0.
_	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
Ø	1	Salaries, other compensation, and employee benefits		12	
penses	13	Professional fees and other payments to independent contractors		13	
per	.   13	Occupancy, rent, utilities, and maintenance			
ŭ	15	Printing, publications, postage, and shipping   RECEIVED_		14	
		Other expenses (describe	,	15	
	16		— <u> </u>	16	0.
_	17			17	0.
इ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27 column (CDEN), UT		18	<u> </u>
SSe	19	(must agree with end-of-year figure reported on prior year's return) UGDEN. UT			_
Net Assets				19	0.
Š	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	<b>•</b>	21	0.
L	Part I	(0.1)		)-EZ	(5) 5 1 (
		(See the instructions for Part II )  (A) Beginni	ng of year	-	(B) End of year
		sh, savings, and investments		22	
		nd and buildings		23	
		her assets (describe		24	
2		tal assets	0		0.
2		tal liabilities (describe ►)		- 26	0.
	7 NE	t assets or fund balances (line 27 of column (B) must agree with line 21)	0	- 27	0.
93 02	32171 2-08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2009)(

	990-EZ (2009) COLD NOSES FOUNDATION, 1			27-	11315	520 Page <b>2</b>
Pa	art III Statement of Program Service Accomplishm	ents (See the instructions for	Part III.)		E	xpenses
Wha	t is the organization's primary exempt purpose? SEE STATEMEN	NT 2				or section 501(c)(3)
Des	cribe what was achieved in carrying out the organization's exempt p	ourposes In a clear and conc	ise manner, descri	be		4) organizations and
	services provided, the number of persons benefited, and other relev				for others )	47(a)(1) trusts, optional
	N/A FOR 2009					-
		-				
		-			1	
	(Grants \$ ) If this amount includes foreig	n avente abank bara		$\overline{}$	28a	
20	(Grants \$ ) If this amount includes foreig	n grants, check here			204	
29					1	
			<del></del>			
		<u> </u>		_		
	(Grants \$ ) If this amount includes foreign	n grants, check here	<u> </u>		29a	
30		<u> </u>				
	(Grants \$ ) If this amount includes foreign	n grants, check here	<b>&gt;</b>		30a	
31	Other program services (attach schedule) SEE STATEMENT	r 3				
	(Grants \$ ) If this amount includes foreign		•		31a	
	Total program service expenses (add lines 28a through 31a)	rigiants, check here			32	0.
D	rt IV List of Officers, Directors, Trustees, and Key	Employees List cost one or	on if not componented	/C== #>=		for Dark IVI)
	is the later of officers, proceeds, fractions, and free	Litipioyees: List each one ex	en ii not compensated	T	ntributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	_	eferred	other allowances
===				com	pensation	<u></u>
	ALIA HASEOTES	PRESIDENT	_			
	2 POND STREET, ASHLAND, MA 01721	20.00	0.		0.	0.
	ALIA HASEOTES	TREASURER				1
20	2 POND STREET, ASHLAND, MA 01721	20.00	0.		0.	. 0.
TH	ALIA HASEOTES	VICE PRESIDEN	T			
20	2 POND STREET, ASHLAND, MA 01721	20.00	0.		0.	0.
	YCE HASEOTES	DIRECTOR				
	2 POND STREET, ASHLAND, MA 01721	20.00	0.		0.	0.
	Z TOND BIREBI, ABIIDAND, NA 01721	20.00	0.	<u> </u>	- 0 4	•
		<u> </u>				
		_				
		7				
						<del> </del>
		<del> </del>				
						<u> </u>
_		<del></del>				
		_				
				L		
		_				
						<del> </del>
		┥ !				
9321	2.					000 F7 (0000)
02-08	- IU	2			Form	<b>990-EZ</b> (2009)

Yes   No	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		
34 We any changes made to the organization or governing documents? If "es," statch a conformed copy of the changes if the organization had income from business activities, such as those reported on times 2, 64, and 7a (among others), but not reported on Form 990-7, attach a statement explaining why the organization of him 990-17 a tild the organization had income from 1900-17 or this year?  If "Yes," has it filed a fax requirements?  If "Yes," complets Scheduls L, Part II and enter the total amount involved  If "Yes," complets Scheduls L, Part II and enter the total amount of tax myosed on the organization during the year under  If yes, for the year has not a fax requirements of the organization and has one property of the organization and the organization will a disquarement of year or it is a fax req			Y	
38 If the organization had income from business activities, such as those reported on iners 2, 63, and 72 (among others), but not imported on Form 990-7, attach a statement explaining with the organization did not report the income on Form 990-7 and proxy tax requirements?  38 Did the organization have unrelated business gross is issued to \$3,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  37 a finite ramount of political expenditures, direct or indirect, as described in the instructions  38 bit the organization to first without the form 1120-PDL for this year?  39 bit the organization to first without the form 1120-PDL for this year?  30 bit the organization to first without the organization of the section of the section of the section of the organization to the work one, or make any bit and so that organization to the work one, or make any bit and the organization to the work one, or make any bit and the organization to the section of the section of the organization to the section of the section of the section of the organization through the section of the organization through the section of the section of the organization organization or sit alware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the organization or profess of the organization organization or profess of the organization org	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
reported on Form 990-T. attach a statement explanning why the organization during not the income on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy fax requirements?  b If "Yes," has it filed a fax return or Form 990-T for this year?  50 b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  37a	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
a but the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  50 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of SEN N  73 a Enter amount of political expenditures, divect or indirect, as described in the instructions	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>		1
and proxy tax requirements?  If Yes, 'has it filed a tax return on Form 990-T for this year?  Ib dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'a Sib. N/A  38 Did the organization of political expenditures, direct or indirect, as described in the instructions  □ Did the organization for form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		1
b If Yes, *has it filed a tax return on Form 990-T for this year?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, *complete applicable parks of Sch N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  ▶ □ 17 at □ 0.  37b □ 0.  37c □ 0.  37b □ 0.  37c □ 0.  37c □ 0.  37d □ 0.  38a □ 0.  37d □ 0.  38a □ 0	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," organization proving the path of Sch N X X and price of the organization the Form 1120-POL for this year?  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions    38 b Ut the organization the Form 1120-POL for this year?  39 b Ut the organization the Form 1120-POL for this year?  30 b Ut the organization beform from, or make any logical to place the form of the period covered by this return?  38 b Ut 1179s, "complete Schedule I., Part II and enter the total amount involved    38 b Enter amount of political expenditures, direct or indirect, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38 b Enter amount of the period covered by this return?  39 b Enter amount of the period covered by this return?  30 b Enter amount of the period covered by the return?  30 b Enter amount of the period covered by the return of the period covered by the organization sprior Forms 990 or 990-EZ2* If "Yes," complete Schedule I., Part II and the transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ2* If "Yes," complete Schedule I., Part I  40 b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization in the 40c reimbursed by the organization of the visit of the complete form 8886-T  41 List the states with		and proxy tax requirements?		
ocomplete applicable parts of Sch N  37a   Cheir amount of political expenditures, direct or indirect, as described in the instructions  Did the organization the Form 1126-PDL for this year?  38a   Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  Section 501(c)(?) organizations Enter amount of two properties of the period on the organization during the year under section 4011 ▶ 0. section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under section 4911 ▶ 0. section 491(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit (transaction with a disqualified person in any or the organization's prior Form's 990 or 990-E27 if Yes, complete Schedule L, Part 1  List the states with which a copy of this return is fleed ▶ MA  21	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
The complete Schedule Line of the land of the properties of the section 91 (1) or the land of the properties of the section 91 (1) or the land of the properties of the land of the land of the properties of the land	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		
Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b if "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A  38a N/A  38a N/A  38a N/A  38a N/A  38a N/A  38a N/A  38b N/A  38a N/A  38a N/A  38a N/A  38a N/A  38a N/A  38a N/A  38b N/A  38b N/A  38b N/A  38b N/A  38c N/A  39c N/A  3pc			36	X
Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4911 € 0.	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
m a prior year and still outstanding at the end of the period covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 38b N/A 39b N/A 3	b	Did the organization file Form 1120-POL for this year?	37b	X
b If Yes,* complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(?) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. section 4912 ▶ 0. section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E72! If Yes,* complete Schedule L, Part I  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the calendary forming the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes,* complete Form 8886-T  40e	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		1
39 Section 501(c)(7) organizations Enter a Indiation fees and capital contributions included on line 9 b Gross recispts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 . , section 4912 ▶ 0 . , section 4955 ▶ 0 .  b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 becases benefit transaction under the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 991 99-E27 lif "yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organization's Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 9912, 4955, and 4955  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 9912, 4955, and 4955  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization has been discounted by the organization organization a party to a prohibited tax shelter transaction? If "yes," complete Form 8886-1  List the states with which a copy of this return is filed ▶ MA  21 He organization's books are in care of ▶ THALIA HASEOTES  Telephone no ▶ 508-494-9303  Zi(P+4 ▶ 01721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ?  If "Yes," enter the name of the foreign country ▶			38a	<u> X</u>
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \( \bigcirc \text{ 0.} \), section 4912 \( \bigcirc \text{ 0.} \), section 4955 \( \bigcirc \text{ 0.} \) b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 \( \bigcirc \text{ 0.} \), section 4955 \( \bigcirc \text{ 0.} \), section 4915 \( \bigcirc \text{ 0.} \), section 4955 \( \bigcirc \text{ 0.} \), section 4955 \( \bigcirc \text{ 0.} \), section 4955 \( \bigcirc \text{ 0.} \), section 4916 \( \bigcirc \text{ 0.} \), section 4955 \( \bigcirc \text{ 0.} \), section 4956 \( \bigcirc \text{ 0.} \), and 4956 \( \bigcirc \text{ 0.} \), and 4956 \( \bigcirc \text{ 0.} \), and 4958 \( \bigcirc \text{ 0.} \), and 4956 \( \bigcirc \text{ 0.} \text{ 0.} \), and 4956 \( \bigcirc \text{ 0.} \), and 4956	þ			1
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 ▶ 0 - , section 4912 ▶ 0 - , section 4955 ▶ 0  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  of Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-1  1. List the states with which a copy of this return is filled ▶ MA  1. List the states with which a copy of this return is filled ▶ MA  1. List the states with which a copy of this return is filled ▶ MA  1. List the states with which a copy of this return is filled ▶ MA  1. List the states with which a copy of this return is filled ▶ MA  1. List the states with which a copy of this return is filled ▶ MA  1. List the states with which a copy of this return is filled ▶ MA  2. The organization's books are in care of ▶ THALIA HASEOTES  Located at ▶ 20.2 POND STREET, ASHLAND, MA  2. If "Yes," enter the name of the foreign country ▶ .  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country ▶ .  See the instructions for exceptions a	39		. 1	ŧ
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0 section 4916 ▶ 0 section 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T section 501(c)(4) organizations are under sections. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  2 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  2 If "Yes," enter the name of the foreign country ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ. In lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead o	а	· · · · · · · · · · · · · · · · · · ·	.	1
section 4911 \rightarrow 0 \cdot section 4912 \rightarrow 0 \cdot section 4955 \rightarrow 0 \cdot \ b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  1 List the states with which a copy of this return is filed  At the organization's books are in care of That I A HASEOTES  Telephone no 508-494-9303  ZiP+4 101721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  10 did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  11 a yer related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of For				1
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  do Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations organization and that the transaction? If "Yes," complete Form 8886-T  40e  X  41 List the states with which a copy of this return is filed MA  Located at No 20 POND STREET, ASHLAND, MA  Located at No 20 POND STREET, ASHLAND, MA  Located at No 20 POND STREET, ASHLAND, MA  ZIP+4 NO 1721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country over a financial account in a foreign country P  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country P  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  440 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed inste	40 a			ŧ
year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization of the foreign state of the foreign country over a financial account in a foreign country over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country of the form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No			.	ŧ
has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed MA  List the states with which a copy of this return is filed MA  Located at 202 POND STREET, ASHLAND, MA  Located at 202 POND STREET, ASHLAND, MA  TiP+4 01721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country Accounts and enter the amount of tax-exempt interest received or accrued during the tax year  40 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	b			ŧ
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  a All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e  X  1st the states with which a copy of this return is filed ▶ MA  1st organization's books are in care of ▶ THALIA HASEOTES  1cocated at ▶ 202 POND STREET, ASHLAND, MA  2iP+4 ▶ 01721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Ves No  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		
or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. MA  42a The organization's books are in care of MA  42a The organization's books are in care of MA  42a The organization's books are in care of MA  42b A lany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			40b	X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  1 List the states with which a copy of this return is filed.  MA  1 List the states with which a copy of this return is filed.  MA  1 List the states with which a copy of this return is filed.  MA  20 POND STREET, ASHLAND, MA  I List under the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account.)?  If "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country.  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	C			
organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, "complete Form 8886-T  List the states with which a copy of this return is filed  MA  List the organization's books are in care of  THALIA HASEOTES  Telephone no  21P+4  01721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If Yes," enter the name of the foreign country  At 22c  X  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  At 3  N/A  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ				
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filled ▶ MA  The organization's books are in care of ▶ THALIA HASEOTES Located at ▶ 202 POND STREET, ASHLAND, MA  Located at ▶ 202 POND STREET, ASHLAND, MA  Telephone no ▶ 508-494-9303  ZIP+4 ▶ 01721  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S ?  If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	d	· _ · _ · · · · · · · · · · · · ·		1
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed MA  The organization's books are in care of MTHALIA HASEOTES  Tocated at No 202 POND STREET, ASHLAND, MA  Tip +4 No 172 Tocated at No 202 POND STREET, ASHLAND, MA  Tip +4 No 172 Tocated at No 202 POND STREET, ASHLAND, MA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Total Report of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Tyes No  Oblid the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Total Report of Form 990 must be completed instead of Form 990-EZ  Total Report of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Tyes No  Yes No  Yes No  Yes No				
List the states with which a copy of this return is filed ► MA  The organization's books are in care of ► THALIA HASEOTES  Located at ► 202 POND STREET, ASHLAND, MA  TIP+4 ► 01721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	е			1,,
The organization's books are in care of ▶ THALIA HASEOTES  Located at ▶ 202 POND STREET, ASHLAND, MA  In any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  10 the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  11 Sany related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		· · · · · · · · · · · · · · · · · · ·	40e	<u> </u>
Located at > 202 POND STREET, ASHLAND, MA  ZIP+4 > 01721  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country   42c   X  If "Yes," enter the name of the foreign country   42c   X  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year   43   N/A  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   44   X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ   45   X		List the states with which a copy of this return is filed MA	4 03	0.2
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	42 a			03
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country   43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			1/21	
account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	D		Ī.	/ NI-
If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1 Yes No  2 No No  3 No		, , , , , , , , , , , , , , , , , , ,	420	<u> </u>
c At any time during the calendar year, did the organization maintain an office outside of the U S ?  If "Yes," enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ				1
If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Und the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	_	· · · · · · · · · · · · · · · · · · ·	420	v
A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	Ü	·	426	<u></u>
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  144 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X	49			$\blacksquare$
Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X	43	· · · · · · · · · · · · · · · · · · ·	Λ <b>Ι/</b> Δ	
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X		and enter the amount of tax-exempt interest received or accrued during the tax year	.N / A.	
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X			Ī.	/os No
Form 990-EZ  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X	44	Did the organization maintain any depart adviced funde? If "You " Form 000 must be completed instead of		62 140
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X	44		44	T x
completed instead of Form 990-EZ	15		44	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	40	· · · · · · · · · · · · · · · · · · ·	45	x

Form 990-EZ (2009)

Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.						
46 Did th	ne organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to c	andidates for public	;	]	Yes	
office	? If "Yes," complete Schedule C, Part I			Ļ	46		X
	ne organization engage in lobbying activities? If "Yes," complete S			<u> </u>	47		Х
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Y			-	48		X
	ne organization make any transfers to an exempt non-charitable relate	ed organization?		F	49a		X
	s," was the related organization a section 527 organization?				49b		L
	plete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, en		s, trustees and key e	mpioyees) who ea	cn rec	eivea	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e	e) Expe count r allov	
<b>51</b> Comp	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indepinization. If there is none, enter "None."	endent contractors who each recei	ved more than \$100	0,000 of compensa	tion fr	om th	e
	NONE  (a) Name and address of each independent contractor paid mo	ore than \$100,000	(b) Type of se	rvice (c	) Com	nensa	tion
d Total	number of other independent contractors each receiving over \$100,	000	<b>&gt;</b>				
Sign Here	Under penalties of princip, I declare that I have examined this return, including correct, and complete. Declaration of penaler (other than officer) is based on Signature of officer.	g accompanying schedules and statemer all information of which preparer has any	nts, and to the best of m knowledge	by knowledge and bell Date	lef, it is	true,	
	THALIA HASEOTES, PRESIDENT Type or print name and title						_
Paid Preparer's Use Only		0 7 10 6 11 0 5	ployed >	parer's identifying nu	mber (S	See ins	tr)
	Firm's name (or yours of self-employed).  CCR LLP  1400 COMPUTER DR		EIN Phoi	<b>▶</b> ne <b>▶</b>	<del></del>		
	address, and ZIP+4 WESTBOROUGH, MA 01581		no	508-92	26-	220	0
May the IR	S discuss this return with the preparer shown above? See instruction		<u> </u>	▶ []	Ye	s [	No

# **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 27-1131520 COLD NOSES FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I **b** Type II c \_\_\_\_ Type III - Functionally integrated Type III ⋅ Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) Is the (iii) Type of (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col organization n col (i) listed in your organization in col (i) organized in the organization support (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes Yes

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support	rganizations	Described III	Section Sosta	(Complete only	of you checked the bo	ox on line 9 of Part I
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(b) 2000	(6) 2007	(4) 2008	(e) 2009	(i) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,				<del>-</del>	<del> </del>	<del>                                     </del>
merchandise sold or services per-		1				•
formed, or facilities furnished in		1				
any activity that is related to the						
organization's tax-exempt purpose			<del> </del>	<del> -</del>		
3 Gross receipts from activities that are not an unrelated trade or bus-						
						:
iness under section 513		<del> </del>		<del> </del>	-	<u> </u>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				<del> </del>		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<b>_</b>		
6 Total. Add lines 1 through 5					_	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received			•			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>	_	
8 Public support (Subtract line 7c from line 6)						0.
Section B. Total Support					_	
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources				_		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						•
12 Other income Do not include gain				i i		
or loss from the sale of capital						
assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)						0.
14 First five years. If the Form 990 is for the	the organization	's first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	
check this box and stop here	<b>.</b>	,		,		<b>▶</b> X
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2009 (lir			column (f))		15	%
16 Public support percentage from 2008			\ <i>''</i>		16	%
Section D. Computation of Inves	tment Incom	ne Percentage	<u> </u>			
17 Investment income percentage for 200	<b>9</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2009. If the c			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box an						ightharpoons
b 33 1/3% support tests - 2008. If the c						and
line 18 is not more than 33 1/3%, chec						▶□
20 Private foundation. If the organization						▶□
					hedule A (Form 99	0 or 990-EZ) 200

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		TATE	MENT	1
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[ ]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[ ]	YES	[X]	NO

990-EZ PG 2

STATEMENT

2

THE MISSION OF THIS RESCUE ORGANIZATION IS TO RAISE MONEY TO HELP FIND HOMES AND SAFETY FOR THE MOST URGENT NEED ANIMALS, FOCUSING MAINLY ON ANIMALS IN AREAS THE ORGANIZATION CONSIDERS HIGH-RISK FOR ANIMAL ENDANGERMENT-AREAS SUCH AS GREECE, PUERTO RICO, AND THE SOUTHERN UNITED STATES. THE ORGANIZATION WILL ALSO PROMOTE AND PROVIDE EDUCATION TO THE PUBLIC REGARDING PET HEALTH, SAFETY AND SPAY/NEUTER INFORMATION.

FORM 990-EZ	OTHER PROGRAM SERVICES		STATEMENT	3
DESCRIPTION		GRANTS	EXPENSES	;
N/A FOR 2009				
TOTAL TO FORM 990-EZ, LI	NE 31			

MA SOC Filing Number: 200977384440 Date: 10/16/2009 3:19 PM



# The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

Special Instructions

	7	
	غيدق: الم	。
	ت بدار <sup>4</sup> ۸ می	
• •	アマモシ ラゲャー	
r ~-	1m + 2, 1	
	و برخ الواسوي	

Federal Identification Number: 001013985

#### **ARTICLE I**

The name of the corporation is: COLD NOSES FOUNDATION, INC.

#### ARTICLE II

The purpose of the corporation is to engage in the following business activities.

THE MISSION OF THIS RESCUE ORGANIZATION IS TO RAISE MONEY TO HELP FIND HOMES AND SAFETY FOR THE MOST URGENT NEED ANIMALS, FOCUSING MAINLY ON ANIMALS IN AREAS THE ORGANIZATION CONSIDERS HIGH-RISK FOR ANIMAL ENDANGERMENT- AREAS SUCH A GREECE, PUERTO RICO, AND THE SOUTHERN U.S STATES. THE ORGANIZATION WILL ALSO PROMOTE AND PROVIDE EDUCATION TO THE PUBLIC REGARDING PET HEALTH, SAFETY AND SPAY/NEUTER INFORMATION.

#### **ADDITIONAL PURPOSES**

- 1. OBTAIN AND KEEP LONG-TERM DONORS
- 2. ESTABLISH CONNECTIONS WITH RESCUE ORGANIZATIONS IN THE AREAS IN WHICH WE ARE GOING TO BE WORKING
- 3. BECOME FAMILIAR WITH AREA LAWS AND REGULATIONS REGARDING ANIMAL HEALTH, TRANSPORT, ETC.
- 4. ESTABLISH VETERINARY CONNECTIONS WITH LOCAL VETERINARIANS
- 5. CREATE AND OFFER BI-LINGUAL ANIMAL EDUCATION PROGRAMS
- 6. RAISE FUNDING FOR THOSE SHELTERS AND RESCUE ORGANIZATIONS TO HELP FIND HOMES FOR URGENT NEED ANIMALS
- 7. PROMOTE AND PROVIDE EDUCATION TO THE PUBLIC REGARDING ANIMAL HEALTH, SAFTEY AND SPAY/NEUTER INFORMATION.

7.PROMOTE ADOPTION

#### ARTICLE III

A corporation may have one or more classes of members. If it does, the designation of such classes, the manner of election or appointments, the duration of membership and the qualifications and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

#### **ARTICLE IV**

Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows: (If there are no provisions state "NONE")

Note: The preceding four (4) articles are considered to be permanent and may ONLY be changed by filing appropriate Articles of Amendment.

#### **ARTICLE V**

The by-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers, whose names are set out on the following page, have been duly elected.

#### **ARTICLE VI**

The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a later effective date is desired, specify such date which shall not be more than thirty days after the date of filing.

Later Effective Date:

#### **ARTICLE VII**

The information contained in Article VII is not a permanent part of the Articles of Organization

a. The street address (post office boxes are not acceptable) of the principal office of the corporation In Massachusetts is:

No. and Street:

202 POND ST

City or Town:

**ASHLAND** 

State: MA

Zip: 01721

Country: USA

b. The name, residential address and post office address of each director and officer is as follows: (A president, treasurer, clerk, and at least one director are required.)

Title: PRESIDENT Expiration of Term: 1-1-11

First Name: THALIA Middle Name: E Last Name: HASEOTES

Residential Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Post Office Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Title: TREASURER Expiration of Term: 1-1-11

First Name: THALIA Middle Name: E Last Name: HASEOTES

Residential Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Post Office Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Title: CLERK Expiration of Term: 1-1-11

First Name: THALIA Middle Name: E Last Name: HASEOTES

Residential Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Post Office Address: 202 POND STREET

City: ASHLAND State: MA ZIp: 01721

Country: USA

Title: VICE PRESIDENT Expiration of Term: 1-1-11

First Name: THALIA Middle Name: E Last Name: HASEOTES

Residential Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Post Office Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Title: DIRECTOR Expiration of Term: 1-1-11

First Name: THALIA Middle Name: E Last Name: HASEOTES

Residential Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

Post Office Address: 202 POND STREET

City: ASHLAND State: MA Zip: 01721

Country: USA

d. The name and	business address of the res	ildent agent, if any, o	of the corporation is:	
Name:	THALIA E HASEOTES			
No. and Street:	202 POND STREET			
City or Town:	ASHLAND	State: MA	<b>Zip:</b> 01721	Country: USA
been convicted of	of any crimes relating to alco	ohol or gaming withi	n the past ten years. I <i>l</i>	of perjury that I/we have not We do hereby further certify
explain:		ove-named officers h	ave not been similariy	convicted. If so convicted,
explain: S/JOSEPH SAM IN WITNESS WHE	ISON, ESQ. REOF AND UNDER THE PAIN	S AND PENALTIES O	F PERJURY, l/we, who:	se signature(s) appear below a
explain:  S/JOSEPH SAM  IN WITNESS WHE Incorporator(s) an with the intention Articles of Organiz (If an existing corporated, to	ASON, ESQ.  REOF AND UNDER THE PAIN of whose name(s) and busine of forming this corporation uncertain as incorporator(s) this pration is acting as incorporator, the name of the person signing	S AND PENALTIES O ss or residental addre nder the provisions o 16 Day of October, 2 type in the exact name	F PERJURY, I/we, who: ss(es) are beneath eac General Law, Chapter 2009 e of the corporation, the	se signature(s) appear below a h signature do hereby associat 180 and do hereby sign these state of other jurisdiction where it
explain:  S/JOSEPH SAM  IN WITNESS WHE incorporator(s) an with the intention Articles of Organiz (if an existing corporation)	REOF AND UNDER THE PAIN id whose name(s) and busines of forming this corporation usuation as incorporator(s) this pration is acting as incorporator, the name of the person signing in.)	S AND PENALTIES O ss or residental addre nder the provisions o 16 Day of October, 2 type in the exact name	F PERJURY, I/we, who: ss(es) are beneath eac General Law, Chapter 2009 e of the corporation, the	se signature(s) appear below as h signature do hereby associat

© 2001 Secretary of the Commonwealth of Massachusetts
All Rights Reserved

. MA SOC Filing Number: 2009//384440 Date: 10/16/2009 3:19 PM

#### THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 16, 2009 3:19 PM

WILLIAM FRANCIS GALVIN

State Train Balins

Secretary of the Commonwealth