

# 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-PF** 

Department of the Treasury

## **Return of Private Foundation**

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

OMB No 1545-0052

	enue service Note. The foundation may o	a abio to abo a copy of tills		ting roquironionts.	
For calen	dar year 2009, or tax year beginning	· <del></del>	, and ending		
G Check	all that apply: Initial return		rmer public charity	Final returi	n
	Amended return	Address chang	ge	Name change	
Use the i	RS Name of foundation			A Employer identification	n number
label.	ILICOMANNI COINTANTONI TI	NC.			
Otherwis	0/0 *************			56-2385301	_
print	· , — — — — — — — — — — — — — — — — — —	ivered to street address)	Room/suite	<b>B</b> Telephone number	
or type			925	· ·	-4657
See Spec	10,0 111111 0111111			C If exemption application is	
Instructio	WORCESTER, MA 01608			D 1. Foreign organization	<del></del>
U. Chask	type of organization: X Section 501(c)(3) exe	omnt private foundation	·	Foreign organizations m check here and attach c	eeting the 85% test,
			stron	check here and attach c	omputation
		Other taxable private founda		E If private foundation sta	
	rket value of all assets at end of year J Accounting	*	LI Accrual	under section 507(b)(1	
-		ner (specify)		F If the foundation is in a	
\$	56,852,841. (Part I, colur	nn (a) must be on cash b	oasis )	under section 507(b)(1	T
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
1	Contributions, gifts, grants, etc., received	23,357.		N/A	
2	Check if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	3,595.	3,595.		STATEMENT 1
4	Dividends and interest from securities	1,398,235.	1,398,235.		STATEMENT 2
5a	Gross rents				
	Net rental income or (loss)				
	Net gain or (loss) from sale of assets not on line 10	-641,690.			
Revenue 2	Gross sales price for all 0 E 20 016	022/0501	, ,,,,		
[ ] e			0.		<del></del>
7 آ	Capital gain net income (from Part IV, line 2)		<u> </u>		
8	Net short-term capital gain				<del></del>
9	Income modification RECEIVED Gross sales less returns				<del>-</del>
	and allowances				
	Less Cost of goods sold O 1 5 2010				
C	Gross profit of (loss)				
11	Other income				
12	Total. Add ines 1 through The No. 1	783,497.	1,401,830.		
13	Compensation of officers, directors, trustees, etc	285,000.	142,500.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
9 16a	Legal fees STMT 3	2,086.	0.		0.
	Accounting fees STMT 4	12,402.	6,201.		0.
ğ	Other professional fees		0,201		<del>``</del>
Administrative Expens 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Interest			· · · · · · · · · · · · · · · · · · ·	-
	Taxes STMT 5	10,133.	10,098.	-	0.
18			10,030.		<del></del>
:일 19	Depreciation and depletion			<del> </del>	
Ē 20	Occupancy			<del> </del>	<del> </del>
₹ 21	Travel, conferences, and meetings			<del> </del>	<del> </del>
듩 22	Printing and publications			<del> </del>	<del> </del>
할 23	Other expenses STMT 6	77,032.	70,876.		0.
; 24	Total operating and administrative				
Operating and	expenses Add lines 13 through 23	386,653.	229,675.		0.
0 25	Contributions, gifts, grants paid	2,574,787.			2,574,787.
	Total expenses and disbursements.				
	Add lines 24 and 25	2,961,440.	229,675.		2,574,787.
27					
	Excess of revenue over expenses and disbursements	-2,177,943.			
1 '	Net investment income (if negative, enter -0-)		1,172,155.		<del> </del>
	c Adjusted net income (if negative, enter -0-)	<del></del>		N/A	<del> </del>
923501 02-02-10	LHA For Privacy Act and Paperwork Reduction	Act Notice see the instruc	tions	1 14/15	Form <b>990-PF</b> (2009)
02 02 10	LOW LOLD STIMMEN WELL AND LANGE AND	MULTIONICE, SEE THE HISTING	uviib.		FULLI 227-F F (2009) #

Form 990-I	PF (2009)
------------	-----------

C/O HENRY LUSARDI

<u>56-2385301</u>

Page 2

Р	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
_	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	5,461,180.	10,218,488.	10,226,875.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
"	١.	Inventories for sale or use			
Assets	l	F			
Ass		Prepaid expenses and deferred charges	0.	2 072 002	2 066 574
-	1	Investments - U.S. and state government obligations STMT 7		2,972,982.	2,966,574.
	_	Investments - corporate stock STMT 8	41,290,536.	31,373,443.	33,933,887.
	C	Investments - corporate bonds STMT 9	9,923,860.	9,913,213.	9,695,545.
	11	Investments - land, buildings, and equipment basis		Ì	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	10,453.	29,960.	29,960.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe )			
_	16	Total assets (to be completed by all filers)	56,686,029.	54,508,086.	56,852,841.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe ▶ )			
		· · · · · · · · · · · · · · · · · · ·	"		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
auc	25	Temporarily restricted			
3ai		Permanently restricted	-	<u></u>	
٦	20	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
þ	27	· · · .	56,686,029.	54,508,086.	
Net Assets or Fund Balance	1	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		
\ss	28		0.	0.	
et/	29	Retained earnings, accumulated income, endowment, or other funds			
Ž	30	Total net assets or fund balances	56,686,029.	54,508,086.	
		Total linkilistics and not accept the discussion	56,686,029.	E4 E00 00C	
_	31	Total liabilities and net assets/fund balances		54,508,086.	· · · · · · · · · · · · · · · · · · ·
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	20		
'			30		FC COC 000
^		st agree with end-of-year figure reported on prior year's return)		1	56,686,029.
		r amount from Part I, line 27a		2	-2,177,943.
3		er increases not included in line 2 (itemize)		3	0.
_		lines 1, 2, and 3		4	54,508,086.
5		reases not included in line 2 (itemize)		5	0.
<u>6</u>	Lota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	54,508,086.
					Form <b>990-PF</b> (2009)

Page 3

(a) List and desc	ribe the kind(s) of property sold (e.g irehouse; or common stock, 200 shs	., real estate,		(b) How ac P - Purcl D - Dona	quired hase ition	c) Date a (mo., da	acquired ay, yr.)	(d) Date (mo., da	
1a									
b SEE ATTACHED	STATEMENT								
C									
d									
<u>e</u>									_
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale				ain or (loss (f) minus		
<u>a</u>									
<u>b</u>				<del></del>					
<u>C</u>			<u> </u>						
d 0 F39 016		1,	170 70	_				C 4.1	<u> </u>
e 9,538,016.	l ng gain in column (h) and owned by		0,179,700	0.		0 (0	-1 (1-)		<u>,690.</u>
Complete only for assets shown		1		_			ol. (h) gaın ıot less tha		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any	ļ	001.	Losses	(from col. (	(h))	
	43 01 12/0 1/03	0401	001. ()), 11 u11y						
<u>a</u>			<u> </u>		<del></del> -				
<u>b</u>				-					
<u>C</u>									
<u>d</u>								C 4.1	600
<u>e</u>				_				-641	<u>,690.</u>
2 Capital gain net income or (net ca	apital loss) If gain, also enter	r in Part I, line î I- in Part I, line	7 7	} _2				-641	,690.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6):							
If gain, also enter in Part I, line 8,		(0).		<b>)</b>					
If (loss), enter -0- in Part I, line 8				J 3			N/A		
If section 4940(d)(2) applies, leave to Was the foundation liable for the sectif "Yes," the foundation does not quate a Enter the appropriate amount in	tion 4942 tax on the distributable an	omplete this pa	rt.					Yes	X No
		uctions before	making any entries			<del>"</del>		(d)	
Base period years	(b) Adjusted qualifying dis	stributions	Net value of nor	(c) acharitable-	use assets		Distrit	(d) oution ratio	(0))
Calendar year (or tax year beginn	mg m/	3,077.					(cor (p) av	rided by col.	
2008	<del>-</del>	30,550.			5,220				47890
2007		32,511.			8, <u>450</u> 7,700				$\frac{47160}{21207}$
2005		0,146.			$\frac{7,700}{2,499}$				$\frac{31397}{21000}$
2004		0,610.			$\frac{2,499}{0,016}$				<u>21900</u> 23026
2004	<u> </u>	00,010		<u>19,57</u>	0,010	•		• 0.	<u> </u>
2 Total of line 1, column (d)						١,		1 '	71272
	5-year base period - divide the total	on line 2 by 5	or by the number	of waara		2	-	• 1	71373
3 Average distribution ratio for the the foundation has been in existe		on line 2 by 5,	or by the number	oi years		,		0	2 4 2 7 5
the loundation has been in existe	ince il less tilati 5 years					3_		• 0	34275
4 Enter the net value of noncharita	ble-use assets for 2009 from Part X,	line 5				4_	4	7,768	,253.
5 Multiply line 4 by line 3						5		1,637	,257.
6 Enter 1% of net investment inco	me (1% of Part I line 27h)					6			<u>,722.</u>
	(170 011 art is into 210)								
7 Add lines 5 and 6						7		1,648	<u>,979.</u>
8 Enter qualifying distributions from	•	n 1h and	lote that nad	a o 40/ ±=-	rata	8		2,574	,787.
See the Part VI instructions.	n line 7, check the box in Part VI, line	e iu, anu comp	nete mat part usin(	y a 176 tax	idit.				

HERMANN FOUNDATION, INC.

	990-PF (2009) C/O HENRY LUSARDI 56-23 t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se				age 4
_	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				<del>-,</del>
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		11	,72	22.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2		11	77	22.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		11	,7:	22.
6	Credits/Payments:				
a	2009 estimated tax payments and 2008 overpayment credited to 2009 <u>6a</u> <u>19,650.</u>				
þ	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
	Total credits and payments. Add lines 6a through 6d		<u> 19</u>	<u>, 6</u> !	<u>50.</u>
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attached				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ,		7	, 9	<u>28.</u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 7,928. Refunded ▶ 11				0.
	rt VII-A Statements Regarding Activities		T.		<del></del>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	_	1	'es	
	any political campaign?	1	a	_	<u>X</u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1	b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities		ŀ		
	Did the foundation file Form 1120-POL for this year?	1_1	C	-	<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ļ	ļ	- [	
_	managers. ► \$0.				**
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>	-	$\dashv$	X
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_ <u>X</u> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?  N/2	7 4			
	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?		b 5		X
5	If "Yes," attach the statement required by General Instruction T.	<del>  '</del>	<del>'</del>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ŀ	I
·	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?	١,	3	$\mathbf{x}$	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
•	If "Yes," complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	İ			
	MA	_			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	<del>-</del>			
_	of each state as required by General Instruction G? If "No," attach explanation	la	ь	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		$\dashv$	$\neg$	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	1	0		X
		Form 9	90-	PF (	2009)

_	1990-PF (2009) C/O HENRY LUSARDI 56-23	385301		Page 5
Pa	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			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	_ 11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ► (508)		<u>465</u>	7
		<u>01608</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· []
<u> </u>	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
		No		
		No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after		i	
	termination of government service, if terminating within 90 days.)	No		
D	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	<u>1b</u>		X
	Organizations relying on a current notice regarding disaster assistance check here  Did the foundation appare in a prior year in any of the acts described in the other than expected acts, that were not appreciated.	<b>-</b>		
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			<b>.</b>
9	before the first day of the tax year beginning in 2009?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		X
2	defined in section 4942(j)(3) or 4942(j)(5)):			
9	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			
٠	before 2009?  Line to the condition have any undistributed income times to and be, i are ximy for tax year(s) beginning  Yes X I	No.		
	If "Yes," list the years •	•		
ŀ	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	A. 2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	No		
t	b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009.)  N/A	A   3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	l	<u> </u>

Form **990-PF** (2009)

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

Form 990-PF (2009) C/O HENRY LUSARDI	2385301 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
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) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
Total / No milos : Milosgii o	Form <b>990-PF</b> (2009)

P	art X Minimum Investment Return (All domestic foundations must complete	this part. Foreign foun	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpose	s:		
а	Average monthly fair market value of securities		1a	42,272,743.
b	Average of monthly cash balances		1b	42,272,743. 6,222,945.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	48,495,688.
е	Reduction claimed for blockage or other factors reported on lines 1a and	Ī		
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	48,495,688.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruction	ns)	4	727,435.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	,	5	47,768,253.
6	Minimum investment return. Enter 5% of line 5		6	2,388,413.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private foreign organizations check here and do not complete this part.)	operating foundations and	d certain	
1	Minimum investment return from Part X, line 6		1	2,388,413.
2a	Tax on investment income for 2009 from Part VI, line 5	11,722.		
b	Income tax for 2009. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	11,722.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	2,376,691.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	2,376,691.
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	2,376,691.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			-,
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	<u>2,574,787.</u>
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpos	ses	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	a 4	4	2,574,787.
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	11,722.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	Ī	6	2,563,065.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether the foundation o	ualifies fo	r the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	Corpus	rears prior to 2000	2000	2009
line 7				2,376,691.
2 Undistributed income, if any, as of the end of 2009	<u></u>			2,370,031.
a Enter amount for 2008 only			2,468,851.	
b Total for prior years:			2,400,031.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008				
<del></del>	0.			
f Total of lines 3a through e	U.			·
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 2,574,787.				
***			2 460 051	
a Applied to 2008, but not more than line 2a			2,468,851.	
<b>b</b> Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			405 006
d Applied to 2009 distributable amount				105,936.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	<del></del>		0.
6 Enter the net total of each column as indicated below:	!			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	7-4			-
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				· · · · · · · · · · · · · · · · · · ·
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line		-		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				2,270,755.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	· ·			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
				Form 000 PE (0000)

Form **990-PF** (2009)

NONE

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

MUST BE A SECTION 501(C)(3) PUBLIC CHARITY

c Any submission deadlines:

56-2385301 Page 11

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment	_	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
				,
		Į		
SEE STATEMENT 11		1		
Total	<del></del>		<b>▶</b> 3a	2,574,787.
<b>b</b> Approved for future payment				
NONE				
Total	· · · · · · · · · · · · · · · · · · ·		<u> </u>	0.
923611 02-02-10			F	orm <b>990-PF</b> (2009)

C/O HENRY LUSARDI

Part XVI-A	Analysis of	<b>Income-Producing</b>	<b>Activities</b>
------------	-------------	-------------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	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
	Code		0000	_	
<b>a</b>				_	
b			ļ		<del></del>
C					· <del>-</del>
d			<u> </u>		
e	<del></del>				
f		<del></del> .			
g Fees and contracts from government agencies		, <u></u>			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		<u>.</u>			3,595
4 Dividends and interest from securities					3,595 1,398,235
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					-641,690
9 Net income or (loss) from special events					<u> </u>
O Gross profit or (loss) from sales of inventory					· <del></del> -·
1 Other revenue:		·			
a					
b	_				
c					
d	— <del>                                    </del>	<del></del>			
12 Subtotal. Add columns (b), (d), and (e)	-	0.	<del></del> -	0.	760,140
13 Total Add line 12, columns (b), (d), and (e)		<u> </u>	<u> </u>		
(See worksheet in line 13 instructions to verify calculation	ac.\			13	760,140
		**		<del></del>	
Part XVI-B Relationship of Activiti	es to the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which	uncome is reported ii	a column (a) of Part VI/I A	contri	hutad importantly to the accome	Nahmant of
			COILLI	buted importantly to the accomp	distinent of
with tourisday a systing purposes (strict	than by providing lan				
			-		
the foundation's exempt purposes (other	than by providing fun	ds for such purposes).			

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

Form **990-PF** (2009)

orn	1 990-F	F (2009) C/O H	ENRY LUSARDI			<u> 56-238</u>	<u>5301</u>	Pa	ge 13
Pa	rt X\	Information Re Exempt Organ	egarding Transfers To a izations	and Transactions ar	nd Relationsh	ips With Noncha	ritable	)	
1	Did th		rectly engage in any of the followin	g with any other organization	described in section	on 501(c) of		Yes	No
			)(3) organizations) or in section 52						
а		•	ation to a noncharitable exempt or						
_	(1) C	• •		<b>9-</b>			1a(1)		Х
		ther assets					1a(2)		X
b		transactions:							
_		ales of assets to a noncharita	ble exempt organization				16(1)		х
			ncharitable exempt organization				1b(2)		Х
	(3) F	ental of facilities, equipment,	or other assets				1b(3)		X
		eimbursement arrangements					1b(4)		X
	(5) L	oans or loan guarantees					1b(5)		X
		=	embership or fundraising solicitation	ons			1b(6)	·	Х
C	Shari	ng of facilities, equipment, ma	uling lists, other assets, or paid em	ployees			1c		Х
d	If the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alw	ays show the fair m	arket value of the goods,	other ass	ets,	
			oundation. If the foundation receiv		in any transaction	or sharing arrangement,	show in		
/2).	ine no	(b) Amount involved	other assets, or services received.  (c) Name of noncharitable		(d) Passantas				
(a)	ine no	(b) Amount involved	N/A	e exempt of gamzation	(u) Description	of transfers, transactions, and	snaring arr	angeme	ents
			IN/A						
						<u> </u>			
		, <u>.</u>	-		<del>                                     </del>				
		<u> </u>			<del> </del>				
				<del></del> .					
					<del>-</del>				
					- · · · · · · · · · · · · · · · · · · ·				
						***			
	_					···········			
	ın se		otly affiliated with, or related to, one er than section 501(c)(3)) or in section to the control of the contro		ations described	[	Yes	X	] No
		(a) Name of or		(b) Type of organization	(	c) Description of relations	ship		
		N/A							
<del>_</del>				<u> </u>	<del> </del>	<del></del>			
			have examined this return, including acciver than taxpayer or fiduciary) is based on		has any knowledge	my knowledge and belief, it is	s true, corre	ct,	
ē	$\sim$ $\frac{1}{5}$	gnature of officer or trustee		Date	Title				
Ŧ	· -	Preparer's	2 /		ate Ch		rer's identify	ying nun	nber
Sign Here	.° ≥		I a de Vico	//	l Sel	<u>-</u>	14 30	25	7 C.
σ,	Paid sparer	Firm's name (or yours SING	ER & LUSARDI	<u> </u>		EIN ►			
	다 경 8		MAIN ST. SIIITE	r 925					

923622 02-02-10

(508)756-4657 Form **990-PF** (2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

Employer identification number

	RMANN FOUNDATION, INC. O HENRY LUSARDI	56-2385301
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r	
Special Rules	nete Parts Land II.	
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	=
aggregate contrib	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one confutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is check purpose Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one confuse exclusively for religious, charitable, etc., purposes, but these contributions did not a ked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because le, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000. vely religious, chantable, etc.,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	
LHA For Privacy Act and	Paperwork Reduction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)

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

Name of organization

HERMANN FOUNDATION, INC.

C/O HENRY LUSARDI

56-2385301

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF FRANCOISE HERMANN  370 MAIN STREET SUITE 925  WORCESTER, MA 01608	\$ <u>20,857.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ESTATE OF FRANCOISE HERMANN  370 MAIN STREET SUITE 925  WORCESTER, MA 01608	\$ 2,500.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HERMANN FOUNDATION, INC.

C/O HENRY LUSARDI

56-2385301

rt II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	KAREN RINALDI ART COLLECTION		
		\$\$.	07/22/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Part IV	Capital Gains and Loss	ses for Tax on Investment Income				
•	(a) List and ( 2-story brid	describe the kind(s) of property sold ck warehouse; or common stock, 20	, e.g., real estate, 0 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a UBS	INVESTMENTS	- DETAILS ON F	LE	P	VARIOUS	VARIOUS
b GRI	MES & CO INV	ESTMENTS - DETAI	LS ON FILE	P	VARIOUS	VARIOUS
c IMA	INVESTMENTS	- DETAILS ON F	LE	P	VARIOUS	VARIOUS
d UBS	INVESTMENTS	- DETAILS ON F	LE	P	VARIOUS	VARIOUS
e UBS	INVESTMENTS	- DETAILS ON F	(LE	P	VARIOUS	VARIOUS
f GRI	MES & CO INV	ESTMENTS - DETA	LS ON FILE	P	VARIOUS	VARIOUS
g IMA	INVESTMENTS	- DETAILS ON F	LE	P	VARIOUS	VARIOUS
h						
<u> </u>						
					<u>_</u>	
<u>k</u>						
_!						
<u>m</u>						
<u>n</u>	<del></del>					
0						<u> </u>
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h (e) r	) Gain or (loss) plus (f) minus (g)	
		(or allowable)		(6) [	nus (i) minus (y)	
<u>a</u>	338.		237.	<del></del>	·	101.
<u>b</u> _	398,137.		434,775.			$\frac{-36,638}{304,141}$
<u>c</u>	1,989,066. 778,785.		1,684,925.		=-	304,141.
d	2,907,991.		788,611. 2,333,155.			$\frac{-9,826}{574,936}$
f	1,814,066.		2,062,204.	<del></del>		574,836. 248,138.
	1,649,633.		2,875,799.	<del></del>		226,166.
<u>g</u> h	1,042,033.		2,013,133.	<del></del> ·		220,100.
<del>"</del>						
<del></del>			-	<del></del> -		<del></del>
k		-		<del></del> ·		
<u> </u>					-	
m						
n						
0						
Compl	ete only for assets showin	g gain in column (h) and owned by t	he foundation on 12/31/69		sses (from col. (h)	
(i) F N	M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)		of col. (h) gain ove not less than "-0-")	
	W.V. 43 01 12/0 1/00	as of 12/31/69	over col. (j), if any			
<u>a</u>						101.
<u>b</u>						-36,638.
<u>c</u>				_		304,141.
<u>d</u>				<del></del> -		<u>-9,826.</u>
<u>e</u>		·				574,836.
<u>f</u>						248,138.
<u>g</u>					<u>-1,</u>	226,166.
<u>h</u>				<del></del>		
1						
k			-			
<u></u>					=	
m	<del></del>				·	
n						
0						
	<b>_</b>		a Dark I II 7			
2 Capital	gain net income or (net ca	pital loss) {   If gain, also enter   If (loss), enter "-0	in Part I, line / -" in Part I, line 7	2		-641,690.
		s) as defined in sections 1222(5) an				
If gain,	also enter in Part I, line 8,	column (c).	- \-'.'			
	, enter "-0-" in Part I, line 8		J	3	<u> </u>	

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
TD BANK					•	3,!	595.
TOTAL TO FORM 990-PF, PART I	, LINE	3, COI	LUMN A			3,!	595.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUR	ITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A	<b>7</b> )
GRIMES & COMPANY, INC. INVESTMENT MANAGEMENT	•		237,308.		0.	237,	308
ASSOCIATES, INC. U.B.S. FINANCIAL SERVICES, I U.B.S. FINANCIAL SERVICES, I		(	189,963. 602,677. 368,287.		0. 0. 0.	189,9 602,0 368,2	577.
TOTAL TO FM 990-PF, PART I,	LN 4	1	398,235.		0.	1,398,	235
	=	LEGAL				STATEMENT	
FORM 990-PF	() EXPE	LEGAL A)			(C) ADJUSTED NET INCOM	STATEMENT (D) CHARIT	ABL
FORM 990-PF DESCRIPTION	() EXPE PER	LEGAL A) NSES	FEES (B) NET INV		(C) ADJUSTED	STATEMENT (D) CHARIT	ABLI
FORM 990-PF  DESCRIPTION  LEGAL	() EXPE PER	LEGAL A) NSES BOOKS	FEES (B) NET INV	COME	(C) ADJUSTED	STATEMENT (D) CHARIT	ABLI SES
FORM 990-PF  DESCRIPTION  LEGAL  TO FM 990-PF, PG 1, LN 16A	() EXPE PER	LEGAL A) NSES BOOKS 2,086.	FEES (B) NET INV	0.	(C) ADJUSTED	STATEMENT (D) CHARIT	ABLI
FORM 990-PF  DESCRIPTION  LEGAL  TO FM 990-PF, PG 1, LN 16A  FORM 990-PF	EXPE PER AC	LEGAL A) NSES BOOKS 2,086.	FEES (B) NET INV	0. 0. EST-	(C) ADJUSTED	STATEMENT  (D) CHARITA STATEMENT  (D) CHARITA	ABLI 0 0
FORM 990-PF  DESCRIPTION  LEGAL  TO FM 990-PF, PG 1, LN 16A  FORM 990-PF	AC  EXPE PER  ( EXPE PER	LEGAL A) NSES BOOKS 2,086. 2,086. COUNTI	FEES  (B)  NET INV  MENT IN  NG FEES  (B)  NET INV  MENT IN	0. 0. EST-	(C) ADJUSTED NET INCOM	STATEMENT  (D) CHARITA STATEMENT  (D) CHARITA	ABLI

FORM 990-PF	TAXES				STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FOREIGN TAX PAID FEDERAL EXCISE TAX	10,098. 35.	10,0	0.		0.	
TO FORM 990-PF, PG 1, LN 18	10,133.	10,0	98.		0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
INVESTMENT MANAGEMENT FEES MASSACHUSETTS ANNUAL REPORT MASSACHUSETTS FORM PC INSURANCE MISCELLANEOUS	70,876. 250. 15. 5,595. 296.	70,8	376. 0. 0. 0.		0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	77,032.	70,8	376.		0.	
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT 7	
DESCRIPTION	GOV'		воо	K VALUE	FAIR MARKET VALUE	
ROCKLAND TRUST - GOV. OBLIGA	TIONS X		2	,972,982.	2,966,574.	
TOTAL U.S. GOVERNMENT OBLIGA	TIONS	_	2	,972,982.	2,966,574.	
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS -				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	<del>-</del>	2	,972,982.	2,966,574.	

FORM 990-PF	CORPORATE STOCK	<u></u>	STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
UBS - COMMON STOCK		7,255,435.	9,000,930
UBS - OTHER EQUITIES		139,887.	65,700
IMA - COMMON STOCK		9,271,902.	9,381,731
GRIMES - COMMON STOCK		8,801,810.	9,556,530
UBS - PREFERRED SECURITIES		51,232.	20,000
UBS - MUTUAL FUNDS		669,662.	651,315
UBS - MUTUAL FUNDS		4,218,820.	4,218,820
UBS - COMMON STOCK		4,695.	92,245
ROCKLAND TRUST - EQUITY MUTUA	LS	960,000.	946,616
TOTAL TO FORM 990-PF, PART II	, LINE 10B	31,373,443.	33,933,887
FORM 990-PF	CORPORATE BONDS		STATEMENT
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
UBS - CORPORATE BONDS		8,595,280.	9 246 414
GRIMES - CORPORATE BONDS		237,933.	8,346,414 270,208
ROCKLAND TRUST - FIXED INCOME	ΜΤΙΤΙΙΔΙ. 3	1,080,000.	1,078,923
ROCKEMED INOUT I INED INCOME	HOTOADD		
TOTAL TO FORM 990-PF, PART II	, LINE 10C	9,913,213.	9,695,545
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 1
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ROCKLAND TRUST - PURCHASED IN	TEREST COST	29,960.	29,960
TOTAL TO FORM 990-PF, PART II	, LINE 13	29,960.	29,960

FORM 990-PF

STATEMENT 11

	DURING THE YEAR	5TAT.	EWENT II
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ABBY KELLY FOSTER HOUSE, INC.	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
BANCROFT HOUSE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	10,000.
BECKER COLLEGE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
BETH ISRAEL DEACONESS MEDICAL CENTER	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
BIG BROTHERS & BIG SISTERS OF CENTRAL MASS	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	5,000.
BOYS & GIRLS CLUB OF SOUTH COAST	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	20,000.
BRIDGE OF HOPE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	34,220.
BROWN UNIVERSITY	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.

GRANTS AND CONTRIBUTIONS

HERMANN FOUNDATION, INC. C/O HE	ENRY LUSAR		56-2385301
BRYANT UNIVERSITY	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	15,000.
CALIFORNIA BALLET ASSOCIATION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
CAMP SUNSHINE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	60,000.
CAPE CARES	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	8,000.
CAPE COD HEALTHCARE FOUNDATION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
CAPE COD SYMPHONY ORCHESTRA	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	20,000.
CASA PROJECT, INC.	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	5,000.
CENTER FOR EYE RESEARCH AND EDUCATION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	75,000.
CENTERVILLE ELEMENTARY BAY LANE PTA	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	10,000.
CITY OF HOPE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.

HERMANN FOUNDATION, INC. C/O HE	NRY LUSAR		56-2385301
CITY SPROUTS INC	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	15,000.
COMMUNITY HEALTH CENTER OF CAPE COD	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	102,500.
COMMUNITY MUSIC CENTER OF BOSTON	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	33,333.
COMPASSIONATE CARE ALS	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
DANA FARBER CANCER INSTITUTE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
ELIZABETH STONE HOUSE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
FALMOUTH ARTISTIC GUILD, INC	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
FALMOUTH HOMELESS PREVENTION PROGRAM	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	5,000.
FALMOUTH PUBLIC LIBRARY FOUNDATION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
GOSNOLD OF CAPE COD	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.

HERMANN FOUNDATION, INC. C/O HE	NRY LUSAR		56-2385301
HOLY TRINITY NURSING & REHABILITATION CENTER	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
HOSPICE & PALLIATIVE CARE OF CAPE COD	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
INDEPENDENCE HOUSE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	33,400.
INJURED MARINE SEMPER FI FUND	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	10,000.
ISLAND AFFORDABLE HOUSING	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	100,000.
JEWISH HEALTHCARE CENTER	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
LAURA'S HOUSE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
LEGAL ASSISTANCE CORP OF CENTRAL MASS	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	10,000.
LONGY SCHOOL OF MUSIC	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
MANOMET CENTER FOR CONSERVATION SCIENCES	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.

HERMANN	FOUNDATION,	TNC	C/0	HENRY	LUSAR
TITILITATION	LOCKDULTON,	T11C •	C/ U	TTTTT/T/T/T	TODE

56-2385301

MARINE CORPS TANKERS ASSOCIATION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
MASS. CONTINUING LEGAL EDUCATION SCHOLARSHIP FUND	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	5,000.
MERCY CENTER OF WORCESTER	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
METROPOLITAN CENTER FOR ASSAULT PREVENTION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	5,000.
MISSION HOSPITAL FOUNDATION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	75,000.
MOHEGAN COUNCIL BOY SCOUTS	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
NEW ENGLAND SHELTER FOR HOMELESS VETERANS	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	30,000.
NORTHEASTERN UNIVERSITY	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	175,000.
ORANGE COUNTY RESCUE MISSION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	40,000.
PENEKESE ISLAND SCHOOL	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	30,000.

HERMANN FOUNDATION, INC. C/O HE	NRY LUSAR		56-2385301
PERKINS SCHOOL FOR THE BLIND	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
PINE STREET INN	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	35,000.
PROJECT ANGEL FOOD	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	30,000.
PROVIDENCE COLLEGE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
PROVINCETOWN CENTER FOR COASTAL STUDIES	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
REACH BEYOND DOMESTIC VIOLENCE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
RECOVERY WITHOUT WALLS	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	15,000.
SEATTLE CHILDREN'S HOSPITAL	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
SISTER'S OBLATES TO DIVINE LOVE	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	5,000.

HERMANN FOUNDATION, INC. C/O HE	NRY LUSAR		56-2385301
SMILE NETWORK INTERNATIONAL	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	45,000.
ST. JOHN'S HIGH SCHOOL	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
STARLIGHT STARBRIGHT	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	45,000.
THE COMMUNITY FAMILY	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
THE GREENWOOD SCHOOL	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	60,000.
THE NATIVITY SCHOOL OF WORCESTER	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.
VENERINI ACADEMY	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	108,334.
WORCESTER ACADEMY SCHOLARSHIP FUND	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
WORCESTER CENTER FOR PERFORMING ARTS, INC.	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	50,000.
WORCESTER COMMUNITY HOUSING RESOURCES	NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION	PUBLIC CHARITY	25,000.

LEDMANNT	ECHADA DITOM	TNO	$\alpha / \alpha$	VCHASILI	TITCAD
UEVIMIN	FOUNDATION,	TNC.	C/0	HENKY	LUSAK

56-2385301

WORCESTER JEWISH COMMUNITY

CENTER

NONE ENABLE DONEE TO CONTINUE EXEMPT FUNCTION

PUBLIC CHARITY 50,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

2,574,787.

Form 8	868 (Rev. 4-2009)			Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox		<b>▶</b> X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously file		868	
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies ne	eeded)	
_	Name of Exempt Organization	Emple	yer iden	tification number
Туре	or HERMANN FOUNDATION, INC.			
print	C/O HENRY LUSARDI	56	5-238	5301
File by t extende	the Number street and some or suite as If a R O have see instructions	For IR	S use onl	у
due dat	° 370 MAIN STREET. NO. 925			
filing the return				
instruct				
Chec	k type of return to be filed (File a separate application for each return)			
	Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A	Fo	rm 5227	Form 8870
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fo Fo	rm 6069	
STOR	P. Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	d Form 8	968
3101	: Do not complete Fart in you were not already granted an automatic 3-month extension on a previo	- Coly Inc	0	
	THE FOUNDATION			_
	e books are in the care of $\blacktriangleright$ 370 MAIN STREET, SUITE 925 - WORCESTER	<u>, MA</u>	0160	8
	lephone No ► <u>(508)756-4657</u> FAX No. ►			
<ul> <li>If t</li> </ul>	he organization does not have an office or place of business in the United States, check this box			<b>&gt;</b>
• If t	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for	the whole	e group, check this
box	▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of a	<u>II memb</u>	ers the ex	tension is for
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010			
5	For calendar year 2009, or other tax year beginning, and ending			
6	If this tax year is for less than 12 months, check reason Initial return Final return	<u> </u>	Change ir	accounting period
7	State in detail why you need the extension			
	THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCU	RATE	TAX	RETURN
	IS NOT YET AVAILABLE.			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	8a	\$	12,066.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	ł		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	ļ		
	previously with Form 8868.	8b	\$	<u> 19,650.</u>
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	ŀ		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction	s 8c	\$	0.
	Signature and Verification			
Unde	r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to	the best of	of my know	ledge and belief,
it is tr	ue, correct, and complete, and that I am authorized to prepare this form.		જા	91,5
Signa	ture > / Juny Knowd - Title > TREASURER	Date		.1/0
	1		Fo	rm <b>8868</b> (Rev. 4-2009)