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### Form **990-PF**

Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

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

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

OMB No 1545-0052

For calendar year 2009, or tax year beginning and ending Final return G Check all that apply: Initial return Initial return of a former public charity Amended return Address change Name change A Employer identification number Name of foundation Use the IRS THE AMANDA O HARMELING AND MARK M label. 57-1192624 HARMELING FAMILY FOUNDATION INC Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite print B Telephone number or type. C/O G&S, 400 ATLANTIC AVE 617-482-1776 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions 02110-3333 BOSTON, MA 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis under section 507(b)(1)(B), check here ▶\$ Part I | Analysis of Revenue and Expenses (b) Net investment (d) Disbursements (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income income 0. N/A Contributions, gifts, grants, etc., received 2 Check The foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 0 0 Total. Add lines 1 through 11 0. 0. 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees RECEIVED c Other professional fees 17 Interest 1 9 2010 18 Taxes 19 Depreciation and depletion 20 Occupancy OGDEN 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0. 0 0 expenses, Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 0 Add lines 24 and 25 Subtract line 26 from line 12: 27 0. a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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1 Cash - non-interest-bearing

3 Accounts receivable

4 Pledges receivable ►

disqualified persons 7 Other notes and loans receivable

Inventories for sale or use

b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans

14 Land, buildings, and equipment; basis

16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses

21 Mortgages and other notes payable 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds

Total net assets or fund balances

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg., and equipment fund

Retained earnings, accumulated income, endowment, or other funds

20 Loans from officers, directors, trustees, and other disqualified persons

13 Investments - other

18 Grants payable 19 Deferred revenue

24 Unrestricted 25 Temporarily restricted 26 Permanently restricted

Less accumulated depreciation 15 Other assets (describe ▶

5 Grants receivable

2 Savings and temporary cash investments

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations

6 Receivables due from officers, directors, trustees, and other

HARMELING FAMILY FOUNDATION INC Part II Balance Sheets Attached schedules and amounts in the description

Beginning of year (a) Book Value

57-1192624 Page 2 End of year					
Book Value	(c) Fair Market Value				
	(0)/ 2				
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31 Total liabilities and net assets/fund balances	0.	0.	
Part III Analysis of Changes in Net Assets or	Fund Balances		
1 Total net assets or fund balances at beginning of year - Part II, colum	nn (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	0.	
2 Enter amount from Part I, line 27a	2	0.	
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	0.
5 Decreases not included in line 2 (itemize) ▶		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), line 30	6	0.
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Net Assets or Fund Balances

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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			( <b>b)</b> D	How ac - Purc - Dona	nase i '	mo., day,		(d) Date sold (mo., day, yr.)	
1a									
b NON	<u> </u>			<del> </del>					
<u>C</u>				<del>-</del>					
d				<del></del>					
<u>e</u>	(D.D	1		٠.,			(1) 0		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				n) שבוח e) plus (f)	n or (loss) N minus (d	n)
		ļ					(-/ (-		<del></del>
<u>a</u> b		<del> </del>				<del></del>			
c	<del></del>	<del> </del>							
d	<del></del>	<del>                                     </del>		-		<del></del> -		-	
e		<del>                                     </del>							
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69		-	(1) (	Sains (Col.	. (h) gain i	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				k), but not Losses (fr		
a									
b									
C									
d									
e			· 						
Capital gain net income or (net capit	al loss) { If gain, also enter-0	er in Part I, line D- in Part I, line	7 7	}	2				
Net short-term capital gain or (loss)	Ç , , , ,					-			
If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8		iiu ( <i>v).</i>		}	3				
Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inco	me		<del></del>
Vas the foundation liable for the section "Yes," the foundation does not qualify Enter the appropriate amount in each	under section 4940(e). Do not co	omplete this pa	ırt			· —			Yes X No
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis		Net value of no	(c) oncha		use assets	(00	Distribi ol. (b) divi	(d) ution ratio ded by col. (c))
2008		0.				0.			.00000
2007		0.				<u> </u>	ļ		.00000
2006		0.	L <del></del>			0.	ļ		.00000
2005		0.	L			0.	<del> </del>		.00000
2004			L				<del>                                     </del>		<del> </del>
									00000
? Total of line 1, column (d)	roor book paried I duride the total	an line O hit F	or hu the number	r of w-	1050		2		.00000
Average distribution ratio for the 5-y		on line 2 by 5,	or by the number	r ot ye	ars				.00000
the foundation has been in existence	e it iess than 5 years						3	<del></del>	.00000
Enter the net value of noncharitable	-use assets for 2009 from Part X,	, line 5					4		
5 Multiply line 4 by line 3					5		0		
Enter 1% of net investment income	(1% of Part I, line 27b)						6		0
Add lines 5 and 6							7		0
Enter qualifying distributions from P							8		0
If line 8 is equal to or greater than line See the Part VI instructions.	ne 7, check the box in Part VI, line	e 1b, and comp	elete that part usir	ng a 1	% tax ı	ate. 			

THE AMANDA O HARMELING AND MARK M HARMELING FAMILY FOUNDATION INC 57-1192624 Page 4 Form 990-PF (2009) . Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) **b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here 0. 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-) 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 0. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded > Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b X If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 7 Did the foundation have at least \$5,000 in assets at any time during the year? 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) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) N/A of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar X year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 10 Did any persons become substantial contributors during the tax year? if Yes," attach a schedule listing their names and addresses

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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X

3Ь

4a

Yes X No

N/A

during the year?

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

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		<b>&gt;</b> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant	t statistical information such as the	Гитополо
number of organizations and other beneficiaries served, conferences convened, research paper	rs produced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax $\boldsymbol{y}$	ear on lines 1 and 2.	Amount
1N/A		
		<del></del>
2		
All other program-related investments. See instructions.	ł	
3		
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HARMELING FAMILY FOUNDATION INC

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions	)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	] ]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6_	Minimum investment return. Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	] }	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part iX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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 4	4	0.
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	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (	qualifies for the section	
	AOAN(a) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009				<del></del>
a Enter amount for 2008 only			0.	
b Total for prior years:				
b rotal for prior yours.		0.	,	
3 Excess distributions carryover, if any, to 2009:		<del>_</del>		
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 0 .	Ì			
a Applied to 2008, but not more than line 2a	į		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			<del> </del>
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as				
indicated below:				
2 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'				
undistributed income for which a notice of	ł			•
deficiency has been issued, or on which the section 4942(a) tax has been previously			1	
assessed	İ	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.		 <del></del>	<del></del>
10 Analysis of line 9:				
a Excess from 2005				
<b>b</b> Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009			<u> </u>	Form <b>990-PF</b> (2009)

# other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Grants and Contributions Paid During the	rear or Approved for Future F	rayment	<del></del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Paid during the year				
NONE				
NONE				
Total			<b>▶</b> 3a	
Approved for future payment				
NONE				
			1	

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	-		<del>                                     </del>		
b			<del>                                     </del>		<del> </del>
C	-		<del>  -</del>		<del> </del>
d	-		<del>                                     </del>		<del> </del>
e	-		<del>                                     </del>	<del></del>	
f	-		<del>                                     </del>	<del></del>	
g Fees and contracts from government agencies	<del> </del>		<del>  -  </del>	<del></del>	<del></del>
2 Membership dues and assessments	<del> </del> -		<del>  -  </del>		
3 Interest on savings and temporary cash			1 1		
Investments			<del>                                     </del>	<del></del>	
4 Dividends and interest from securities	<del> </del>		<del>                                     </del>	<del></del>	<del></del>
5 Net rental income or (loss) from real estate:	<del> </del>		+-+	<del></del>	<del></del>
a Debt-financed property	<del></del>		┼╌┼	<del></del>	<del> </del>
b Not debt-financed property	<del> </del>		+-+	<del></del>	<del></del>
6 Net rental income or (loss) from personal			1 1		
property 7 Other investment income			+-+		
8 Gain or (loss) from sales of assets other	<del> </del>	·	$\vdash \vdash$		
than inventory	1				
9 Net income or (loss) from special events			<del> </del>		
O Gross profit or (loss) from sales of inventory			<del>                                     </del>		
1 Other revenue:				<del></del>	
a	1		1 1		
b	2 1				
c	1 1				
d	1		+-+		
e	-				
2 Subtotal. Add columns (b), (d), and (e)	-	0.		0.	0
3 Total. Add line 12, columns (b), (d), and (e)					0
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	come is reported in c	olumn (e) of Part XVI-A			inhishment of
the foundation's exempt purposes (other that	n by providing funds	for such purposes).			piolinoitoi
the formulation and a superior deliberation and	in by providing funds	for such purposes).			
the formulation and a superior deliberation and	in by providing funds	for such purposes).			
4 - 4	in by providing funds	for such purposes).			
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the feet and a second commence (atherest	in by providing funds	for such purposes).			
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Form 990-F		LING FAMILY FOU			57	-1192624	Pa	ge <b>13</b>
Part X	/II Information Re	egarding Transfers To a		nd Relation	nships With N	oncharitable	•	
	Exempt Organ	izations						
1 Did th	e organization directly or indi	rectly engage in any of the followin	ig with any other organizatio	n described in s	ection 501(c) of		Yes	No
the Co	ode (other than section 501(c)	)(3) organizations) or in section 52	?7, relating to political organ	ızatıons?		1		
a Trans	fers from the reporting found:	ation to a noncharitable exempt or	ganization of:			ļ.		
(1) (	ash					1a(1)		X
(2)	ther assets					1a(2)		X
<b>b</b> Other	transactions:					1	[	
(1) S	ales of assets to a noncharita	ble exempt organization				[1b(1)		X_
(2) F	urchases of assets from a no	ncharitable exempt organization				1b(2)		X X X
	Rental of facilities, equipment,	·				1b(3)		X
٠,	Reimbursement arrangements					1b(4)		X
٠,	oans or loan guarantees					1b(5)		Х
		embership or fundraising solicitation	nne			1b(6)		X
		uling lists, other assets, or paid em				1c		X
		"Yes," complete the following sche		vave chow the fa	ir market value of th		ete	
	-	oundation. If the foundation receive					,,	
		other assets, or services received.		c in any danse.	non or stiaring arrain	gement, snow in		
(a) Line no	(b) Amount involved	(c) Name of noncharitable		(d) Descrip	tion of transfers, transa	ctions and sharing at	rangame	
(a) Ellie 110	(b) randant involved	N/A	o oxompt organization	(a) Sessing	MON OF GUISIGIS, BEIGE	onono, and onamig a	- Ingerne	
	· · · · · · · · · · · · · · · · · · ·	N/A		<del>+</del>				
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		tly affiliated with, or related to, one r than section 501(c)(3)) or in sect		zations describe	d	Yes	X	] No
b If Ye	s," complete the following sch		1		( ) D			
	(a) Name of org	janization	(b) Type of organization	·	(c) Description o	relationship		
	N/A	<del></del>				<del></del>		
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		nave examined this return, including according than taxpayer or fiduciary) is based on				belief, it is true, corre	ect,	
	amenda o	. Harme lind	71,2/10	, Pa	sident	+ Dir	10	+,,
2 S	gnature of officer or trustee	· · · · · · · · · · · · · · · · · · ·	Date	Title			<u> </u>	
울  <u>*</u>	· · · · · · · · · · · · · · · · · · ·			ate/	Check if	Preparer's identif	ying nun	nber
Sign Here	Preparer's signature	gant Allen	0	Boporo	self- employed > X	_1 '		

Form **990-PF** (2009)

802-878-1055

VT 05453-0068

MARGARET ATKINS MUNRO E A

EIN ▶

Phone no.

## Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this tomplete Part II unless you have already been granted an automatic 3-month extension on a previously file.	
Parl		
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and combinity	plete
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax retums.	extension of time
noted not au ou m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or collust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Гуре		Employer identification number
print	THE AMANDA O HARMELING AND MARK M HARMELING FAMILY FOUNDATION INC	57-1192624
tie by t	Number, street, and room or suite no. If a P.O. box, see instructions	3, 11,2024
iling you eturn S	ee C/O GRD, 400 ATBANTIC AVE	
nstructi	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BOSTON, MA 02110-3333	
Check	t type of return to be filed (file a separate application for each return):	
	Form 990         Form 990-T (corporation)         Form 47           Form 990-BL         Form 990-T (sec 401(a) or 408(a) trust)         Form 52           Form 990-EZ         Form 990-T (trust other than above)         Form 60           Form 990-PF         Form 1041-A         Form 88	27 69
Tel If ti	AMANDA O HARMELING be books are in the care of ▶ 108 CHESTNUT ST - NORTH READING, MA 018 be books are in the care of ▶ 108 CHESTNUT ST - NORTH READING, MA 018 be phone No ▶ 978-664-2432  FAX No ▶  The organization does not have an office or place of business in the United States, check this box  This is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the light is for part of the group, check this box ▶ and attach a list with the names and EINs of all	s is for the whole group, check this
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a sist for the organization's return for.  X calendar year 2009 or, and ending, and ending	
2	If this tax year is for less than 12 months, check reason:	Change in accounting period
	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	3a \$ 0.
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
	tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
	See instructions.	3c \$ 0.
Cautí	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.