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

2009

OMB No. 1545-0052

G	Cned	ck all that apply:	Initial retur		ון וין		of a former p	прис сия	-		∫ Final return
_		Name of C	Amended	return		Addre	ss change			Name change	
	_	Name of fou	ndation							A Employer identifi	cation number
ŧ	Jse th	1		mTO:T						^	0750515
	lab Other	. CIMMIDDIC	LAIN FOUNDA			luman 4 t		Poors /s			2752515
•	pri	· I rearribor and	street (or P O box	iumper if (man is not del	nverea to stree	(address)	Room/si	116	B Telephone number (see	page 10 of the instruction
	or ty	me	TE 12/ D^V	7 271						/50	8) 394-41
	•	City of town	TE 134, BOX , state, and ZIP co							C If exemption applicat	tion is
ir	ıstruc	tions.	, state, and an con							pending, check here	
		SOUTH D	ENNIS, MA (2660-	-0271					 1 Foreign organizati 2 Foreign organizati 	
H	Chec	k type of organiza				not private f	oundation			85% test, check h	ere and attach
Ϊ	$\overline{}$	ection 4947(a)(1) noi					ivate foundat	ion			
ŕ		market value of all				thod: X C				E If private foundation	status was terminate (1)(A), check here
-	of ye	ear (from Part II, co			ther (speci					F If the foundation is it	
			53,524.				n cash basis.)			1)(1)(B), check here
P	art I	Analysis of Reve	nue and Expens	es (The	(a) Paye	enue and					(d) Disbursen
_		total of amounts in may not necessarily			expen	ses per	(b) Net inve		'	c) Adjusted net income	for charitat purposes
		column (a) (see pag	e 11 of the instruc	tions).)		oks					(cash basis o
Ī	1	Contributions, gifts, grants,	etc , received (attach sc	hedule) .		250,000.	<u> </u>	Katallo :		WALLEY OF A	
	2		foundation is not req Sch. B		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	% #U50 _%	1. Jr . J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	HENCO	加海	Qalabo	
		Interest on savings and	•			2.		2.			SEE SEE
		Dividends and intere				749.		749.			S S
		Gross rents			ಕಟ್ ಒತ್	8 × 78 meg + 1 25 c.s.s.	, . F	DE	ŅĒ	AVED	
		Net rental income or (Id			a Maria	Mire Gr	(),	PARTY CONTRACTOR	(J:4.)		
e	6a b	Net gain or (loss) from : Gross sales price for all	sale of assets not on	line 10	} <u>-</u>	' jk' terû		1 4 2 5 7 5 2 1 4 4 2 5 12	745k.	STORY AND THE	Na A Emilion
Revenue		assets on line 6a			· 1/4 . 3 . 4 ·	***	1 7 7 6		18 M		
æ		Capital gain net inco	•		· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	A CENT	1	** 3**,		, 1 - 18% - 7
		Net short-term capital Income modification	•			* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NA	DF	N. UT	, va (, v.
	10 2	Grace calor loce returns	I	• • •	5. <u>\$</u> + * ;		1 1 2 2	<u></u>	(52,		, get glasser
		and allowances • • • • Less Cost of goods sole	I		· ·	, , , =	- , , , , , ,	· * * * * * * * * * * * * * * * * * * *	3 %	- A A A	- 2 , 0
		Gross profit or (loss)	•					, , , , , , , , , , , , , , , , , , ,			
		Other income (attach									7
	ì	Total. Add lines 1 th				250,751.		751.			
	13	Compensation of office	rs, directors, trustees	, etc					ļ		-
		Other employee sala	ries and wages .					NONE		NONE	
Ses	15	Pension plans, emple	•					NONE	-	NONE	
ben	16a	Legal fees (attach so				1 030		1 020	 	31031	
ŭ	b	Accounting fees (att			 	1,039		1,039.	-	NONE	
8	C	Other professional fe			1		 	-	\vdash		
rat	15 16a b c 17 18 19 20 21	Interest				97					
nist	18	,	. , •			31			 		· · · ·
Ē	20	Depreciation (attach							\vdash		
٩	21	Occupancy Travel, conferences,						NONE		NONE	
and	22	Printing and publicat	-			-		NONE	+	NONE	-
ğ	23	Other expenses (atta	ch schedule) STN	/Τ. 5		35					
rating	24	Total operating and	administrative ex	penses.							
per		Add lines 13 through	h 23			1,171		1,039.		NONE	
Ō	25	Other expenses (atta Total operating and Add lines 13 through Contributions, gifts, Total expenses and disbut Subtract line 26 from Excess of revenue over ex Net investment incoma Adjusted net incoma acy Act and Paperwa	grants paid			55,000		. 1.			5
: _ l	26	Total expenses and disbu	rsements Add lines 2	4 and 25		56,171		1,039.		NONE	
, –	27	Subtract line 26 from	n line 12:							· · ·	
[а	Excess of revenue over ex	penses and disbursem	ents		194,580	'	,			
<u> </u>	b	Net investment inco	ome (if negative, e	nter -0-)				-0-			
(; (;	С	Adjusted net incom	e (if negative, ente	r -0-)							
, 5 0	r Priv	acy Act and Paperw	ork Reduction Ac	t Notice,	see page 3	0 of the inst	ructions.		ISA		Form 990-P
	. 550	AWC111 L035	03/11/2011	12:08	3:37	(04-275251	.5			2

Form 990-PF (2009) 04-2752515 Page 2 Attached schedules and amounts in the Beginning of year End of year Part II Balance Sheets

description column should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 2,985. 196,814 196,814 Cash - non-interest-bearing 1,959. 2,710 2 Accounts receivable Less: allowance for doubtful accounts ▶ Pledgés receivable ▶_____ Less: allowance for doubtful accounts ▶ Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) 7 Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts ▶ ____NONE Inventories for sale or use 8 9 1,054,000. 1,054,000 1,054,000 10 a Investments - U S and state government obligations (attach schedule) . b Investments - corporate stock (attach schedule) c Investments - corporate bonds (attach schedule). Investments - land, buildings, and equipment basis
Less accumulated depreciation (attach schedule) 13 Land, buildings, and in the state of the state of the state of equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe >_ Total assets (to be completed by all filers - see the 16 1,058,944. 1,253,524 17 18 Grants payable 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) Other liabilities (describe 22 Total liabilities (add lines 17 through 22) 23 Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Balances 24 25 or Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X 1,058,944. 1,253,524 27 Assets 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds . . 30 Total net assets or fund balances (see page 17 of the Net 1,058,944. 1,253,524 Total liabilities and net assets/fund balances (see page 17 1,058,944 1,253,524 of the instructions) Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 1,058,944. end-of-year figure reported on prior year's return) 1 194,580. 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) ▶_____ Add lines 1, 2, and 3 1,253,524. 4 5 Decreases not included in line 2 (itemize) ▶___

1,253,524. Form **990-PF** (2009)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains and Losses for Tax on Investment Income

	e.g., real estate, shs. MLC Co)	(b) How acquired P-Purchase P-Donation (mo., day, yr.) (d) Date sol (mo., day, yr.)			
b					
C					
ď					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mine	
a			L		
b					
C					
d					
е					
Complete only for assets sho	wing gain in column (h) and owned	d by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less to Losses (from co	
a					
b					
С					
d					
е					
If gain, also enter in Part I, If (loss), enter -0- in Part I, I Part V Qualification Un (For optional use by domestic If section 4940(d)(2) applies,	or (loss) as defined in sections 122 line 8, column (c) (see pages 13 an ine 8	ed Tax on Net Investment Inc. section 4940(a) tax on net investr	nent inco		Yes X No
If "Yes," the foundation does r	not qualify under section 4940(e). I	Do not complete this part.			
1 Enter the appropriate amo	ount in each column for each year;		Tore mak	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	col (c))
2008	53,078.	1,086,624.			384670318
2007	25,145.	1,071,360.			347016876
2006	24,035.		ļ		325182705
2005	20,880.				129250731
2004	20,932.	411,664.	 	0.05	084729294
3 Average distribution ratio	for the 5-year base period - divide dation has been in existence if less	the total on line 2 by 5, or by the	2		270849924 254169985
·					
4 Enter the net value of non	charitable-use assets for 2009 from		4		1,293,198.
5 Multiply line 4 by line 3			5		55,015.
6 Enter 1% of net investmer	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		55,015.
8 Enter qualifying distribution	ons from Part XII, line 4 eater than line 7, check the box i	in Bort VI line 1h and complete	8	using a 10/ 4-	55,035.
Part VI instructions on page		m rait vi, mie ib, and complete	and part	using a 1/0 la	. 1010. DEC 1116

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Page	4

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page	18 of the	ne ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				255
			1, 1,		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			N	ONE
	here ► X and enter 1% of Part I, line 27b	的是被	Special Contraction of the Contr		177
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% J				لستنت
	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-) 2				
3	Add lines 1 and 2				<u>IONE</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4				<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			N	ONE
6	Credits/Payments:		1866 -	, હું સંક્રે	
а			(10.1)	2, 198Ž.	?
b		1365		DO.	1
c				kûkirot J	
d		<u> </u>	¥*: ' } }		ا بن
7	Total credits and payments. Add lines 6a through 6d				<u>50.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10				<u>50.</u>
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 50 . Refunded ▶ 11				
	t VII-A Statements Regarding Activities		or (3,51.8		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		2,186	Yes	No.
	participate or intervene in any political campaign?		1a		<u> X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				v
	of the instructions for definition)?		1b	11-1388	<u>X</u> :5≃\$1,1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				i d
	published or distributed by the foundation in connection with the activities.		second		- S
C			1c	©ka ∶.	1
d					
	(1) On the foundation. ▶\$(2) On foundation managers. ▶\$			- 19	Tree.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers. • \$		2	o Laidealla	ات مستسا X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • • • •	, j	{5, ``	*: 1
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		\$1. 're		
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	-42-241	X
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
4a L	tome at a first and a first an				
- b	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				Х
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				
ŭ	By language in the governing instrument, or			,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		٠,	•	
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part)		7	X	
8a				1 4	, ,
	instructions) ►STMT_6		ts -	·	,*
b	and the second of the second o	eral	ا است		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	1	 	t []	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 1942(j)(5).	age			
	27)? If "Yes," complete Part XIV		9		<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the				
	names and addresses		10		X
		_	~ ~ ~	M DE	

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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?

and Contractors (continued)			
3 Five highest-paid independent contractors for professional services (see page	e 23 of the instructions). If none,	enter "NC	ONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service		pensation
NONE		N(ONE
		<u> </u>	
Total number of others receiving over \$50,000 for professional services	 	<u></u> ▶	NONE
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number	Ехрє	enses
1 NONE			
2			
		-	
3			
4			
Part IX-B Summary of Program-Related Investments (see page 23 of the			
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2	Amo	ount
1 NONE			
2		 	
All other program-related investments See page 24 of the instructions			
3NONE			
		<u> </u>	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,

Fai	see page 24 of the instructions.)	gii iouiluatioi	15,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,088,255.
b	Average of monthly cash balances	1b	224,636.
C	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,312,891.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	1,312,891.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25		
		4	19,693.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,293,198.
6	• •	6	64,660.
Par	Minimum investment return. Enter 5% of line 5		
1	Minimum investment return from Part X, line 6	1	64,660.
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.) 2b		
	Add lines 2a and 2b	2c	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	64,660.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	64,660.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	64,660.
Par	t XII Qualifying Distributions (see page 25 of the instructions)	<u>:</u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	San	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	55,035.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:	مام المام الم	1101112
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	55,035.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	22,033.
~	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,035.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh		
	qualifies for the section 4940(e) reduction of tax in those years.	icaioi die iodi	IGGGOT

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Pai	t XIII Undistributed Income (see page	26 of the instructio	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1		**	į,	, ,	64,660.
_	line 7	et e e	, , , , , , , , , , , , , , , , , , , ,		, , , ,
2	-	. 6",	r, * r, +85.1	54,111.	, , , , , , , , , , , , , , , , , , ,
	Enter amount for 2008 only	\$	NONE		
_		*	47 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12. 1
3	Excess distributions carryover, if any, to 2009: NONE	· · · · · · · · · · · · · · · · · · ·			
a L	From 2004 NONE From 2005 NONE				
D		377 * ***	×** *** ***		
ن	From 2006 NONE From 2007 NONE	, · · · · · · · · · · · · · · · · · · ·	1 () () () () () () () () () (() ##	
u	From 2008 NONE		, */		
	Total of lines 3a through e	NONE	ray turn groter	\$, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
, i	Qualifying distributions for 2009 from Part XII,		(1)		
•	line 4: ► \$ 55,035.				
•	Applied to 2008, but not more than line 2a			54,111.	
	,,	*##\$\```	* AX X		
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		NONE		
_	Treated as distributions out of corpus (Election			to a stime of west	
C	required - see page 26 of the instructions)				
а	Applied to 2009 distributable amount	luir	海底 有能力能等36%	Carried Carried	924.
	Remaining amount distributed out of corpus	NONE	rra galli ght on district addition		"你就我看了。这个一直
5	Excess distributions carryover applied to 2009	NONE	in the same	- 19 , 增, 1、 1 覆	NONE
	(If an amount appears in column (d), the same				2 2 2 2
6	amount must be shown in column (a).) Enter the net total of each column as	Lia Y			
•	indicated below:			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE		* * * * * * * * * * * * * * * * * * * *	
	Prior years' undistributed income. Subtract				
	line 4b from line 2b	Fa'n	NONE		`
C	Enter the amount of prior years' undistributed	Sharette - 3		· ,	
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed	1 1 1	NONE	<u>'</u>	
d	Subtract line 6c from line 6b. Taxable	*51	11011	/	· .
	amount - see page 27 of the instructions	<u> </u>	NONE		,
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page	; '*·			, ,
	27 of the instructions		,		
f	Undistributed income for 2009 Subtract lines	, , ,			
	4d and 5 from line 1 This amount must be	,		1	63,736.
7	distributed in 2010	· · · · · · · · · · · · · · · · · · ·	* 3	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , ,
•	to satisfy requirements imposed by section		· '5 35 2		, '
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	NONE	,		,
8	Excess distributions carryover from 2004 not	110111	1,		: '
-	applied on line 5 or line 7 (see page 27 of the	NONE		,	-2
	Excess distributions carryover to 2010.	1,011			
9	Subtract lines 7 and 8 from line 6a	NONE	, , , , , , , , , , , , , , , , , , ,		
10	Analysis of line 9:	1.			,
	Excess from 2005 NONE	\$6 bc. 3	, .		
b	Excess from 2006 NONE		, ,		٠,
C	Excess from 2007 NONE		,		,
d	Excess from 2008 NONE	影 。			
	Excess from 2009 NONE	<u></u>			
_		· · · · · · · · · · · · · · · · · · ·	·		Form 990-PE (2009)

foundation, and the ruling is effective for 2009, enter the date of the ruling. Check box to indicate whether the foundation is a private persuanting foundation described in section Tax year Privary ayears Firm 3 years Firm 3 years Firm 4 years Firm 4 years Firm 5 years Firm 6 years Firm 7 years Firm 6 years Firm 7 y	1a		•		it it is a private operati	ng	-
23 Enter the lesser of the set Tax year Prior 3 years Tex year Tex ye		foundation, and the ruling	g is effective for 2009, en	ter the date of the ruling		▶∟	
Continue to the continue to	Ь	Check box to indicate who	ether the foundation is a	private operating founda	tion described in section	4942(j)	(3) or 4942(j)(5)
ipused not income from Part (a) 2009 (b) 2000 (d) 2000 (d) 2000 SSN of line 2as (d) 2000 (d) 2000 (d) 2000 SSN of line 2as (d) 2000	2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
setum from Part X for each year listed b 85% of line 2a Constiting admission from Part Xil, nex for each year listed Amounts recitation in the 2 real used directly its some content Considering admissions from Part Considering entirections made directly for some science Considering entirections and directly and some content Considering entirections and science content Considering entirections and science content Considering entirections and science Considering entirections and science Considering entirections and science Considering entirections Considering entirections Considering entirections Considering entirection Co		justed net income from Part		(ь) 2008	(c) 2007	(d) 2006	
year istad b							
Complete statement related upon Assert intended in the 2 conduction of the conduct							···- <u>-</u> -···
XII. In a fer early year leads . Amounts mobilised in line 2 conducted of earned services in line 2 conducted of earned services Conducted by a few or is few to be a service of earned services sobrest line 3 few line 2 conducted on the 2 conducted by the services sobrest line 3 few line 2 conducted by the services sobrest line 3 few line 2 conducted by the services of the services of the 3 few line 2 conducted by the services of th	Ь	85% of line 2a					
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alternative test relied upon Asset Settember 1981 (1) Value of all sects (1) Value of all							
a Assets alternative sets -enter (1) Value of assets quicking under section 4-420(0109)	3						
(2) Value of asset qualifying under section as 342()(3)(3)(6)(6),,,,,,,, .	a						
under section 4343(1/38)(6) b Trotomiser's alternative less enter 2/3 of minimum invests ment return shown in Pan X time of the sub-variabled in- (1) Total support shelf shown gous investment income payments on securities towns (section \$13(a)(5), or (or (or (shelfs)), or (shelfs)), or (or (shelfs)), or (shelfs)), or (shelfs), or (shelfs)), or (shelfs), or (shelfs), or (shelfs)), or (shelfs), or (shelfs), or (shelfs), or (shelfs)), or (shelfs), or (she		(1) Value of all assets					
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1 Total support of the than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or raysities],		line 6 for each year listed					
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Complete this part of section \$17(a)(b), or organization section \$17(a)(b), organization \$17(a)		• •				Ì	
loans (section 512(a)(B)), corroyaltess),		(interest, dividends, rents,			}	}	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (Int3RIGN)							
public and \$ or more seemed organizations as provided in section 4942 (I)(13)(15)(15)(16)(16)(16)(16)(16)(16)(16)(16)(16)(16		or royalties)					
exempt organizations as provided in section 9492 (IXESTREPHING AND PROPERTY OF THE PROPERTY O						1	
(d) 3 Largest amount of support from an exempt organization		exempt organizations as			1		
Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.) 1							
Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) JEAN CHAMBERLAIN, TRUSTEE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ X 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 page 28 of the 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:					1		
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c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		<u></u>					
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		A				- Galda Maria Co	
	d		mitations on awards,	such as by geogra	apnicai areas, charitable	e tielas, kinds of li	istitutions, or other

Form 990-PF (2009)			01 2,32313	Page 11
Part XV Supplementary Information (continued)	avad for E	utura Paumant	
3 Grants and Contributions Paid Dur	Ing the Year or Appr			
Recipient Name and address (home or business)	ff recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year				
SEE STATEMENT 15				
		1		
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		} }		
	1			
T	J.,	<u> </u>	<u> </u>	55,000.
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	: : : : : :		33,000.
b Approved for fature payment				
Total	<u></u>			

Enter gross			/ities			(0)
	s amounts unless otherwise indicated.	Unrela (a)	ted business income (b)	(c)	y section 512, 513, or 514 (d)	function income
1 Prograi	m service revenue:	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions.)
a				ļ		
b						
c						
d						
е						
f				ļ		
-	es and contracts from government agencies		<u> </u>	<u> </u>		
2 Membe	ership dues and assessments	 		<u> </u>		
	on savings and temporary cash investments			14	2.	
4 Divider	nds and interest from securities	with the state of the state	TO ARTHY BESIDENE CO	14	749.	(******
	ntal income or (loss) from real estate:		REPORT OF THE	24 SQUARE 13	HINE STATES	
	bt-financed property			 		
	t debt-financed property			 -		
	tal income or (loss) from personal property .			<u> </u>		
7 Other in	nvestment income			ļ		
8 Gain or	(loss) from sales of assets other than inventory			 		
9 Net inc	ome or (loss) from special events			<u> </u> -		
10 Gross p	profit or (loss) from sales of inventory			<u> </u>		
11 Other r	revenue: a			ļ		
ь _			· · · · · · · · · · · · · · · · · · ·			
c						
d						
е _				_2.7306_80.000% 0.9		'
	al. Add columns (b), (d), and (e)			3.90		
	Add line 12, columns (b), (d), and (e)				13	751.
	theet in line 13 instructions on page 28 to					
Part XV				<u>-</u>		
Line No.	Explain below how each activi	TV TOF WATER	ch incomo ic ronortod			
\blacksquare	the recomplishment of the fe					
	the accomplishment of the for					
	the accomplishment of the for page 29 of the instructions.)					
			exempt purposes (ot	her than b		
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			exempt purposes (ot	her than b		
			exempt purposes (ot	her than b		tributed importantly to such purposes). (See
			exempt purposes (ot	her than b		

Part XVII

		Exempt Orga	nizations								
1 a	ın se	he organization directly ction 501(c) of the Co izations? fers from the reporting for	de (other than	section 501(c)(3) or	ganizations) 🖟						No
		ash							1a(1)	1 1	X
		ther assets							1a(2)		X
b		transactions:								3 1 8	14.3
-		ales of assets to a noncha	ritable evemnt oi	rganization					1b(1)		X
		urchases of assets from a									X
		ental of facilities, equipme									X
		eimbursement arrangeme							· ·		X
		-							· · · · · · · · · · · · · · · · · · ·		$\frac{1}{X}$
		oans or loan guarantees									X
		erformance of services or	•	=						 	$\frac{\Lambda}{X}$
C		ng of facilities, equipment,	-	•	•						
a		e answer to any of t									
		of the goods, other									
4		in any transaction or									
(a) L	ine no	(b) Amount involved	(c) Name of n	oncharitable exempt organ	ızation	(d) Descri	ption of transfe	ers, transactions, and	sharing arra	angements	<u>. </u>
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	section	foundation directly or n 501(c) of the Code (oth s," complete the following	er than section 5	•						es X	No
		(a) Name of organization		(b) Type of org	anization			(c) Description of rela	ationship		_
											_
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		MIMICH		TAUSTOS		3-15	- 11	TRUST	00	_	
<u> 9</u>	Sı	gnature of officer or trustee				Date		Title			
Sign Here	% <u>></u>	Preparer's	1-1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date		Check if self-employe	ed 🕨 🔲 numbe	er's identif er (See Sign D of the insti	ature on	
Si	aid arer's Only	signature		<u>المسي</u>	03/11/		<u> </u>		41207		
	Paid Preparer's Use Only	Firm's name (or yours if	SILVER					EIN ► 20-81	.04440		
	~ ~	self-employed), address,		•	TH FLOOR			}			
		and ZIP code	BOSTON	T, MA		021	09-2167	Phone no. 617	<u>7-502-9</u>	472	
									Form 99	90-PF (2	กกดา

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number Name of the organization 04-2752515 CHAMBERLAIN FOUNDATION Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). 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

Schedule B.(Form 990, 990-EZ, or 990-PF) (2009)	Page	_ of	of Part
Name of organization	Employer identifica	ation numb	er
CHAMPERIATA DOINDARTON	04 2752	C1C	

CIMMIDI	JULIATIV TOOMDATTON		01 2732313
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	JEAN CHAMBERLAIN SILVER BRIDGER ADV 255 STATE ST BOSTON, MA 02109	\$250,000.	Person X 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.)
(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.)

INVESTMENTS	
CASH	
TEMPORARY	
NO	!
INTEREST	
1	į
PART I	
990PF,	
FORM	

NET INVESTMENT	INCOME	! ! !	2.	2.	
REVENUE AND EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1	2.		
				TOTAL	
	DESCRIPTION	1 1 1 1 1 1 1 1 1	INTEREST		

STATEMENT

7

04-2752515

FROM SECURITIES	
INTEREST	
AND	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
DIVIDENDS	
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PART I	
M 990PF,	
FOR	 } }

NET INVESTMENT INCOME	749.
KEVENUE AND EXPENSES PER BOOKS	749.
	TOTAL
DESCRIPTION	T BILL INTEREST

04-2752515

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,039.
REVENUE AND EXPENSES PER BOOKS	1,039.
	TOTALS
DESCRIPTION	TAX PREPARATION FEES

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STATEMENT

FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES
DESCRIPTION
PER BOOKS

EXTENSION PAYMENT
EST TAX PAYMENTS

TOTALS

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STATE(S) WHERE THE FOUNDATION IS REGISTERED

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STATEMENT 6

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

JEAN CHAMBERLAIN SILVER BRIDGER ADV 255 STATE ST BOSTON, MA 02109

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES _______

OFFICER NAME:

JEAN K. CHAMBERLAIN

ADDRESS:

SILVER BRIDGE ADV, 255 STATE ST 6 FL

BOSTON, MA 02109,

TITLE:

TRUSTEE

OFFICER NAME:

ROBERT C. CHAMBERLAIN

ADDRESS:

SILVER BRIDGE ADV, 255 STATE ST 6 FL

BOSTON, MA 02109,

TITLE:

TRUSTEE

RECIPIENT NAME:

CAPE COD ISLANDS

COUNCIL BSA

ADDRESS:

247 WILLOW STREET

YARMOUTHPORT, MA 02675

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 22,500.

RECIPIENT NAME:

THE FAMILY PANTRY

ADDRESS:

133 QUEEN ANNE ROAD

HARWICH, MA 02645

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

CAPE COD CONSERVATORY OF MUSIC

AND ART

ADDRESS:

2235 LYANNOUGH ROAD

WEST BARNSTABLE, MA 02668

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME: MOUNT HOREB LODGE AFGAM ADDRESS: 242 OLD BASS RIVER ROAD SO. DENNIS, MA 02660 RELATIONSHIP: NONE PURPOSE OF GRANT: BUILDING FUND FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: YOUNG AMERICA'S FOUNDATION ADDRESS: 110 ELDEN STREET HERNDON, VA 20170 RELATIONSHIP: NONE PURPOSE OF GRANT: COLLEGE PROGRAM FOUNDATION STATUS OF RECIPIENT: PUBLIC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: LIBERTY HALL INC ADDRESS:

P.O. BOX 52

SO. DENNIS, MA 02660

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

DENNIS LIONS CLUB

ADDRESS:

P.O. BOX 41

DENNISPORT, MA 02639

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

WEST DENNIS LIBRARY

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

CAPE ABILITIES

ADDRESS:

895 MARY DUNN ROAD

HYANNIS, MA 02601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

 RECIPIENT NAME: CAPE COD MUSEUM OF NATURAL HISTORY ADDRESS: 869 MAIN STREET BREWSTER, MA 02631 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PUBLIC

AMOUNT OF GRANT PAID 2,500.

RECIPIENT NAME: DENNIS FIREFIGHTERS ASSOC. ADDRESS:

883 MAIN STREET WEST DENNIS, MA 02670

RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME: DENNIS POLICE ASSOCIATION ADDRESS:

90 BOB CROWELL ROAD SO. DENNIS, MA 02660

RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 1,000. FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

DANA FARBER CANCER INSTITUTE

C/O JOHN GRIFFIN

ADDRESS:

31WINSLOW ROAD

SOUTH DENNIS, MA 02660

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

MARINE CORPS LEAGUE DETACHMENT

#955

ADDRESS:

P.O. BOX 2546

ORLENES, MA 02653

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

COMMUNITY VISIONS INC.

ADDRESS:

424 ROUTE 28

WEST YARMOUTH, MA 02675

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

STATEMENT 13

RECIPIENT NAME:

CAPE COD MUSEUM OF ART

ADDRESS:

P.O. BOX 2034

DENNIS, MA 02638

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

DENNIS CHAMBER OF COMMERCE

ADDRESS:

P.O. BOX 1001

WEST DENNIS, MA 02070

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

RECIPIENT NAME:

ANIMAL RESCUE LEAGUE OF BREWSTER

ADDRESS:

3981 MAIN STREET

BREWSTER, MA 02631

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

04-2752515 CHAMBERLAIN FOUNDATION FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: TOWN OF DENNIS

ADDRESS:

P.O. BOX 2060

SOUTH DENNIS, MA 02660

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

5,000. AMOUNT OF GRANT PAID

TOTAL GRANTS PAID:

55,000.
