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Return of Private Foundation

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

OMB No 1545-0052

For call and year 2009, or tax year beginning DEC 1, 2009, and ending NOV 30, 2010 Check as the INSIN Name of foundation Andreas change A			enue Service	N	ote. The founda				return to sati		rting requirements.	
Use the IRS Name of foundation	Forc	alen	dar year 2009	, or tax yea	r beginning	DEC	1,	2009	, and e	nding	NOV 30, 201	0
Use the IRB Name of foundation A Employer identification number 77 - 6256995	G CI	neck	all that apply:		Initial return			nitial return of a fo	ormer public o	harity	Final retu	rn
SOUTHANSON TRUST Interference service (FO his recursive if med is not delivered to street addresse) The property of the control of the					Amended return	า		Address chan	ge		Name change	
Total common plans, manufacture and service of the control of the common plans, manufacture and service of the control of th	Use	the I	RS Name of t	foundation						·	A Employer identification	on number
See Specific Contributions of the Contributions o]									
Or Table Sol ARBORWAY Sol So	Othe	rwis	e, SOUTH	LANSON	TRUST						77-625699	5
See Specific City or Itown, State, and ZiP code If It City or Itown, State, and ZiP code If It In City or Itown, State, and ZiP code If It Itom code and State, and ZiP code If It Itom code and State, and ZiP code If It Itom code and State, and ZiP code If It Itom code and State, and ZiP code If It Itom code and State, and ZiP code If It Itom code and ZiP code If It Itom code and ZiP code If It Itom code If It Itom code If It Itom code If It Itom code If Itom code and State, and ZiP code If Itom code and ZiP code and ZiP code If Itom code and ZiP code and ZiP code If Itom code and ZiP code and ZiP code If Itom code and ZiP code and ZiP code If Itom code and ZiP code and ZiP code If Itom code and ZiP code and ZiP code If Itom code and ZiP code and ZiP code If Itom code and				-		ail is not di	elivered to s	treet address)		Room/suite		
Instructions Contributions			:: 30 1 1								NONE	
H. Check type of organization: XS Section 501(03) exempt private foundation Section 4947(8)(1) nonexempt charable trust Other tixable private foundation Far market value of all sasests and of year Accounting method XC csh XC csh Accounting method XC csh			GRY OF IO									
Section 4947(a)(1) nonexempt charable trust			PAMAI					 			D 1. Foreign organizatio	ns, check here
Far market value of all assets at end of year J. Accounting method. X Cash Accrual (from Part II, col. (c), line 18) J. Accounting method X Cash Accrual (from Part II, col. (c), line 18) J. Accounting method X Cash Accrual (from Part II, col. (c), line 18) J. Accounting method X Cash Accrual (from Part II, col. (c), line 18) J. Accounting method X Cash Accounti	H CI					• •					check here and attach	computation
If the foundation is in a 60-month termination under section 507(b)(1)(B), clerk kere Part I, column (c) must be on cash basis.) Part II Analysis of Revenue and Expenses (a) Revenue and Expenses (c) Applications (c) Appli	<u> </u>								1 1			
Name					nd of year J		_		Accr	ual	under section 507(b)(1)(A), check here
Part Analysis of Revenue and Expenses (not of may not necessary vacual the amounts in column (b) (s) and (d) may not necessary vacual the amounts in column (b) (s) and (d) may not necessary vacual the amounts in column (b) (s) and (d) may not necessary vacual the amounts in column (b) (s) and (d) may not necessary vacual the amounts in column (b) (s) and (d) may not necessary vacual the amounts in column (b) (s) and (d) may not necessary vacual the amounts in column (b) (s) and (d) may not necessary vacual the amounts in column (c) (s) and (d) may not necessary vacual the amounts in column (c) (s) and (d) may not necessary vacual the amounts in column (c) (s) and (d) may not necessary vacual the amounts of the			Part II, col. (c)		744				t \	<u> </u>		
Chart state of enomates in columns (b), (a and of oney not expenses per books Contributions, office, grants, etc., received Contributions, office, grants and ended Contributions, office, grants Co			Analysis of E			iπ I, colu	1				 	
1 Contributions, giffs, grants, etc., received 2 Check	- Pa	π Ι	(The total of am	ounts in colur	mns (b), (c), and (d)	may not						for charitable purposes
2 C mark. ► ■ data foundations and required to attach Sch. 8 3 Indirection or seuroge and temporary 3 about novembers of the control of the					• • • • • • • • • • • • • • • • • • • •		0,00	noco per books	11100	JIIIC	111001110	(cash basis only)
Interest to naturally and temporary 1,664. 1,664. 0.STATEMENT 1								•			<u> </u>	_
4 Dividends and interest from securities 5 a Gross rent 5 a Gross rent 5 b Net rent income or (loss) 6 a Net gain or (loss) from sale of asserts not on line 10 6 disassis on line 6 a 7 Capitagian nat income (from Part IV, line 2) 9 Income modification 10 a and dislowances 0 Less Cost of goods soid 0 Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 1 Capital 13 Compensation of officers, unusuer, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 15 Legal fees 15 Accounting fees 17 Capital (loss) 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Cocupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, girts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 25 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (regative, enter-0) 10 Cocupancy 11 Taylor of the compenses and disbursements b Net investment income (regative, enter-0) 10 Cocupancy 11 Taylor of the compenses and disbursements b Net investment income of regative, enter-0) 11 Depreciation and conference, enter-0 11 Depreciation and disbursements 12 Depreciation and disbursements 13 Depreciation and disbursements 14 Depreciation and disbursements 15 Depreciation and		2	Interest on savin	if the foundation gs and tempo	n is not required to attac grary	n Sch B		1 551		1 66/	 	CTATEMENT 1
Sea Gross rents bett rental mome or (loss) 6a Not gam or (loss) from sale of assets not on line 10 because asies price for all because on line 6a 7 Captul gam net income (from Part IV. line 2) 8 Net short-term capital gam 9 Income modification 10 Gross calles price for all 2 Net short-term capital gam 9 Income modification 10 Gross asies less term 10 Income modification 10 Gross asies less term 10 Income modification 11 Inter income 12 Total Add lines 1 Income (from Part IV. line 2) 13 Compensation of officers. Javacoine: Yourself, 98 14 Other employee salaries and wages 15 Penson plans, employee benefits 16a Legal fees 16 Accounting fees 17 Interest 18 Taxes 18 Taxes 18 Taxes 18 Taxes 17 Interest 18 Taxes 19 Depreciation and depletion 10 Occupancy 11 Travel, conferences, and meetings 12 Total operating and administrative 12 Expenses Add lines 13 through 23 13 Compensation 1 Interest 13 Total operating and administrative 14 Total operating and administrative 15 Total expenses and disbursements 16 Total expenses and disbursements 17 Total operating and administrative 18 Excess of revenues over expenses and desbursements 19 Subtract line 26 from line 12: 18 Excess of revenue over expenses and desbursements 10 Total expenses 11 Total expenses 11 Total expenses over expenses and desbursements 11 Total expenses over expenses and desbursements 12 Total expenses over expenses and desbursements 13 Total expenses over expenses and desbursements 14 Total expenses over expenses and desbursements 15 Total	5 I							1,004.		1,004.		·DIRIEMENT I
B Net rental income or (loss) 8 Net gain or (loss) from sale of assets not on time 10 B Net contributions or (loss) 8 Net short-term capital gain 9 Income modification 100 and disvarsos 110 ther income 12 Total. Add lines 1 through 110 CDEN UT 1,664 1, 1,664 0. 13 Compensation of officers fursibles; rest 14 Other income 15 Total. Add lines 1 through 110 CDEN UT 1,664 1,664 0. 16 Consideration of officers fursibles; rest 17 Consideration of officers fursibles; rest 18 Compensation of officers fursibles; rest 19 Deptication of officers fursibles; rest 19 Deptication and depletion 10 Congensation of officers fursibles; rest 10 Compensation of officers fursibles; rest 11 Compensation of officers fursibles; rest 12 Compensation of officers fursibles; rest 13 Compensation of officers fursibles; rest 14 Compensation of officers fursibles; rest 15 Pension plans, employee benefits 16 Legal fees 16 Legal fees 17 Compensation of officers fursibles; rest 18 Taxes 19 Deptication and depletion 10 Occupancy 11 Interest 12 Compensation and depletion 13 Compensation of officers fursibles; rest 14 Total expenses STMT 3 15 Time rest 15 Pension plans, employee benefits 16 Legal fees 17 Compensation of officers fursibles; rest 18 Taxes 19 Deptication and depletion 10 Occupancy 11 Interest 12 Compensation and depletion 13 Compensation of officers fursible; rest and institutive 14 Compensation of officers fursible; rest and institutive 18 Taxes 19 Total expenses STMT 4 10 Compensation of officers fursible; rest and institutive 19 Total expenses and disbursements 10 Compensation of officers fursible; rest and di		-		interest no	iii securiies							
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12 Total Add lines 1 through 1 CODEN	ļ	C	Gross profit of	r (loss)	0012	W ZUI	ילטון			<u></u>	1	
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14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes STMT 2 C Other professional fees 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		12	Total. Add lin	es 1 throug	h 110GDE	NU	Γ					
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b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0 •						ients		-36,982.				
1,0,000										1,589.		
											0	

Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u></u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	182,726.	46,744.	46,744.
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable			
	l ′	Less: allowance for doubtful accounts			
	۱.	Inventories for sale or use			
Assets	٥				
Ass	40-	Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
		Investments - corporate bonds		ļ	-
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			<u> </u>
	12	Investments - mortgage loans	1 000	100 000	100 000
	13		1,000.	100,000.	100,000.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			<u> </u>
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	183,726.	146,744.	146,744.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			†
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
abi	21	Mortgages and other notes payable			
⊐	22	Other liabilities (describe)			
		·			1
	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.			
ces	24	Unrestricted			
	25	Temporarily restricted			
3al	26	· -			
ğ		Foundations that do not follow SFAS 117, check here			
Ĕ		and complete lines 27 through 31.			
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds	0.	0.	
ets			i o i	0.	•
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	183,726.	146,744.	
at A	29	Retained earnings, accumulated income, endowment, or other funds	183,726.	146,744.	
ž	30	Total net assets or fund balances	103,720.	140,/44.	
	١.,	W A LUCKUUM A L	102 726	146,744.	
_	31	Total liabilities and net assets/fund balances	183,726.	140,/44•	<u> </u>
F	art	Analysis of Changes in Net Assets or Fund B	Balances		
=		<u> </u>			
1		il net assets or fund balances at beginning of year - Part II, column (a), line	30		100 706
	•	st agree with end-of-year figure reported on prior year's return)		1	183,726.
2		er amount from Part I, line 27a		2	-36,982.
3		er increases not included in line 2 (itemize)	. <u>.</u>	3	0.
4		lines 1, 2, and 3		4	146,744.
5		reases not included in line 2 (itemize)		5	0.
6	Tota	ıl net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	146,744.
					Form 990-PF (2009)

923511 02-02-10

Partily Capital Gains	and Lo	osses for Tax on In	vestment	Income						
(a) List and design 2-story brick w	cribe the k arehouse;	ind(s) of property sold (e.g. or common stock, 200 shs	, real estate, MLC Co.)		ľΡ	How ac - Purch - Dona	nase	(c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NC	NE									
<u>c</u>					-					
<u>d</u>					-					
e	1 (0	Decrees the sellenged	(a) Caa	t or other bose	<u> Ц</u>			/h) C	aun or /loon	<u> </u>
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus	
<u>a</u>	<u> </u>									
<u>b</u>	 									
d	<u> </u>									
e	 									
Complete only for assets show	ino dain in	column (h) and owned by t	he foundation	on 12/31/69			(1)	Gaine (C	ol. (h) gaın	minue
Complete only for absets show	I gan n	(j) Adjusted basis		cess of col. (I)				(k), but r	ot less tha	n -0-) or
(i) F M.V. as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col ((h))
a	 									
b	 									
C	1									
d	 									
е										
		∫ If gain, also enter	in Part L line	7	7					
2 Capital gain net income or (net o	•	f) { If (loss), enter -0-	- ın Part I, lıne	, 7	•	2				
3 Net short-term capital gain or (lo			d (6):		٦					
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		(C).			•	3				
PartV Qualification	Jnder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estm	nent Inc	ome		
Was the foundation liable for the se f "Yes," the foundation does not qu 1 Enter the appropriate amount in	alıfy under	section 4940(e) Do not co	mplete this pa	rt.						Yes X No
	r cacii ooid	(b)	30110113 201010	making any onti-	(c)	`				(d)
(a) Base period years Calendar year (or tax year begini	nng in)	Adjusted qualifying dis		Net value of no		rıtable-			Distril (col. (b) div	bution ratio vided by col. (c))
2008			9,604.				2,035			.32166
2007			5,107.				4,797			.03099
2006		4	6,603.			10	9,839	•		.24548
2005								-		·-
2004								+	l	
2 Total of line 1, column (d)								2		.59813
3 Average distribution ratio for the the foundation has been in exist	-	·	on line 2 by 5,	or by the number	r of ye	ears		3		.19937
			luna E							
4 Enter the net value of noncharita	ivie-use as	SSELS FOR ZOUS FROM PARTX,	IIIIE O					4		157,758
5 Multiply line 4 by line 3								5		31,454
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)						6		16
7 Add lines 5 and 6								7		31,470
8 Enter qualifying distributions fro	ım Part YI	I line 4						8		35,000
If line 8 is equal to or greater th		•	1b, and comp	olete that part usin	ng a 1	% tax	rate	L	L	23,000
See the Part VI instructions.										
923521 02-02-10									F	orm 990-PF (2009

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Part 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	Х	_
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	202		
14 The books are in care of ► CRAIG MORGAN Telephone no. ► (617)		7205	_
Located at ► 501 ARBORWAY, JAMAICA PLAIN, MA ZIP+4 ► 02	130		_
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	AT /	∕»►└─	L
and enter the amount of tax-exempt interest received or accrued during the year Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	N/	A	_
	г Г	res No	_
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly):		163 140	_
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?		l	!
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			į
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 1		1
(5) Transfer any income or assets to a disqualified person (or make any of either available			Ì
for the benefit or use of a disqualified person)?			1
(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	1 1	- 1	
termination of government service, if terminating within 90 days.)	1 1	1	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	1	į
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		_
Organizations relying on a current notice regarding disaster assistance check here			
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			
before the first day of the tax year beginning in 2009?	1c	X	
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			_
defined in section 4942(j)(3) or 4942(j)(5)):			ļ
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		- 1	
before 2009? Yes X No			Ì
If "Yes," list the years 🖊,,,			
b Are there any years listed in 2a for which the foundation is not 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.) N/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.			
<u> </u>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
		ł	
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,		l	
Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	3b	∤	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X	_
b Did the foundation invest during the year any amount in a mariner that would jeopardize its charitable purpose that	70	- ^	_
had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X	
		PF (200	_

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pro		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 year of	n lines 1 and 2	Amount
1 N/A	II IIIIES 1 dilu 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2009)

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions.)
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	0.
	Average of monthly cash balances	1b	160,160.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	160,160.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le le l		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	160,160.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,402.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	157,758.
6	Minimum investment return. Enter 5% of line 5	6	7,888.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	7,888.
2a	Tax on investment income for 2009 from Part VI, line 5		
ь	Income tax for 2009. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	16.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,872.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,872.
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	7,872.
<u>_</u>	art XII Qualifying Distributions (see instructions)	·····	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		25 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	35,000.
	Program-related investments - total from Part IX-B	1b	U •
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.		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	25 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	35,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	<u> </u>	1.0
	income. Enter 1% of Part I, line 27b	5	16.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	34,984.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI,				7,872.
line 7				7,072.
2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only			0	
b Total for prior years:			•	
g rounted prior years.	•	- O.		
3 Excess distributions carryover, if any, to 2009:			<u>,,</u>	
a From 2004				
b From 2005				
c From 2006 38,038.				
d From 2007				
eFrom 2008 25,794.				
f Total of lines 3a through e	63,832.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$35,000•		`		
a Applied to 2008, but not more than line 2a			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				7,872.
e Remaining amount distributed out of corpus	27,128.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	90,960.		:	
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 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				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.	00 000		1	
Subtract lines 7 and 8 from line 6a	90,960.			
10 Analysis of line 9:	15			
a Excess from 2005				
b Excess from 2006 38,038.				
c Excess from 2007 d Excess from 2008 25,794.				
AB 4AA				
e Excess from 2009 27,128.			L	Form QQQ_DE (2000)

3 Grants and Contributions Paid During the	Year or Approved for Future	rayment	-	
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		
a Paid duning the year REV. JAMES LAFONTAINE			CHARITABLE CONTRIBUTION	5,000
THE DEXTER SCHOOL		501(C)(3)	CHARITABLE CONTRIBUTION	30,000
		<u> </u>	<u> </u>	35 000
Total		<u> </u>	<u>▶ 3a</u>	35,000
b Approved for future payment				
NONE				
Total 923611 02-02-10			▶ 3b	orm 990-PF (2009

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
•			-		
a	 		-		
	 		_		
d	 	<u></u>	+		
	 		:		
	 		+		
g Fees and contracts from government agencies					
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash	h +				
investments	1 1		14	1,664.	
4 Dividends and interest from securities	 		+	2,0010	
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	1 1				
7 Other investment income			+		
8 Gain or (loss) from sales of assets other	1		1		
than inventory	1 1				
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory					<u></u>
11 Other revenue		 	1		
a					
b			1		
					
d					
e			1		
12 Subtotal. Add columns (b), (d), and (e)		0		1,664.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,664.
(See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt 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).
-	
	
923621 02-02-10	Form 990-PF (200

P	art X	/II Information Re Exempt Organ		o and Transactions an	d Relationships With Nonch	aritable	е	-
1	Did th	<u></u>		wing with any other organization	described in section 501(c) of		Yes	No
•				527, relating to political organiza		-	1.00	
а		•	ation to a noncharitable exempt		110113			
	(1) (• •	ation to a nonchantable exempt	organization of.		1a(1)		Х
	• •	Other assets				1a(2)	1	X
		transactions;				14(2)	 	
		Gales of assets to a noncharita	ible evennt organization			1b(1)		X
	• •		oncharitable exempt organization	n		16(1)	 	X
	٠,	Rental of facilities, equipment,		ı		1b(2)	 	X
	• •	Reimbursement arrangements				1b(4)		X
		oans or loan guarantees.				1b(5)	_	X
		-	embership or fundraising solicit	ations		1b(6)	_	X
			·			1c		X
			ailing lists, other assets, or paid		ys show the fair market value of the good:		l	
٠					in any transaction or sharing arrangement		oc 13,	
			other assets, or services receiv		in any transaction of snaming arrangement	, SHOW III		
7a\	Line no	(b) Amount involved		able exempt organization	(d) Description of transfers, transactions, a	nd sharing ar	ranceme	ente
- (4)	LING NO	(b) Amount involved	N/A		(b) bescription of datasets, transactions, and		rangonic	-
_			14/2					
_								
	-							-
_								
_								
_								
								
		 	+	·				
			 					
_		-	 					
_		<u>"-</u>	 					
_								
_								
	ın se	ction 501(c) of the Code (othe s," complete the following sch	er than section 501(c)(3)) or in s nedule	one or more tax-exempt organiza section 527?	tions described	Yes	[X	☐ No
		(a) Name of or	ganization	(b) Type of organization	(c) Description of relatio	nship		
_		N/A						
_								
_								
		1						
Sign Here	and co	ignature of officer or trustee		accompanying schedules and statemer d on all information of which preparer had been school and the school and t	Title	parer's identif		nber
Sign	Paid Preparer's Use Only	signature	1441 —		employed ► □ ρ_{ℓ}	<u> </u>	33C	<u></u>
-,	Paid spare	Firm's name (or yours RSM	MCGLADREY, INC	C	EIN ►			
	reg Use	if self-employed),	CITY SQUARE					
		address, and ZIP code BOST	ON, MA 02129		Phone no.			

77-62561

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH IN	VESTMENTS S	TATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME				1,664.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	_	1,664.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	3,000.	0.	0.	0.
FORM 990-PF	TAX	ES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LICENSES AND TAXES	571.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	571.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
				
BANK FEES	75.	75.	0.	0.

FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT 5	
DESCRIPTION	VALUATION METHOD	BOOK VALUI		FAIR MARKET VALUE	
MF GLOBAL	COST	100,00	00.	100,000.	
TOTAL TO FORM 990-PF, PART I	I, LINE 13	100,00	00.	100,000.	
	- LIST OF OFFICERS, S AND FOUNDATION MAN		STAT	EMENT 6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
JENNIFER M. PETERSON 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.	0.	
VICENT MORGAN 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.	0.	
VICENT MORGAN, JR. 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.	0.	
CRAIG MORGAN 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.	0.	
CHRISTIAN MORGAN 501 ARBORWAY JAMAICA PLAIN, MA 02130	TRUSTEE 2.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, P.	AGE 6, PART VIII	0.	0.	0.	

Form **8868**

(Rev January 2011) 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.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 \triangleright X

Form 8868 (Rev. 1-2011)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8886 II Electronic filing (e-file) You can electronically file (e-file) You can electronically file Form 8986 In your extension of time. You can electronically file Form 8986 In or extension of time to file any of the forms listed in Part or Part II with the exception of Form 8970. Homematics are strained in Part or Part II with the exception of Form 8970. Homematics Return of the form 990 file and clack on e-file for Chantles & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II (on page 2 of this	form)			
required to file Form 990 T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8988 to required an extension of time to file any of the form sited in Part I or Part I with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wast waw in govide/ite and clack on e-file for Charlines & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Do not co	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously f	iled Fo	rm 8868		
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Cartain Personal Benefit Contracts, which must be sent to the IRS in paper from the centronic Form one details on the electronic filing of this form, will wrive vs. govifelife and click on e-file for Chantes & Nonprotits. Part I	Electronic	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration	
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fling of this form, view war war goverhele and cick on a "file for Charless & Nonprofits". Part	required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically file F	orm 8	868 to request an ex	rtension	
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fling of this form, view war war goverhele and cick on a "file for Charless & Nonprofits". Part	of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	nsfers.	Associated With Cei	rtaın	
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
Acorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns. Type or print Type or print SOUTHANSON TRUST SOUTHANSON TRUST ARBORWAY Mumber, street, and room or suite no. If a PO box, see instructions SOUTHANSON TRUST To a case far suite instructions SOUTHANSON TRUST File by the suite instructions of the complete instructions of the suite instruction	visit www	irs gov/efile and click on e-file for Charities & Nonprofits	S.			ū		
Part Ionly All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization Type or Name of exempt organization SOUTHANSON TRUST SOUTHANSON TRUST SOUTHANSON TRUST TO 6256995 Mumber, street, and orgon or suite no. If a PO box, see instructions SOUTHANSON TRUST City, town or post office, state, and ZIP code For a foreign address, see instructions JAMATCA PLAIN, MA 02130 Enter the Return code for the return that this application is for (file a separate application for each return) D	Part I	Automatic 3-Month Extension of Time	e. Only su	ibmit original (no copies needed).				
All other comporations (including) 1120-C (filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns. Type or print SOUTHANSON TRUST SOUTHANSON TRUST Othy, town or post office, state, and ZIP code For a foreign address, see instructions JAMAICA PLAIN, MA 02130 Enter the Return code for the return that this application is for (file a separate application for each return) DI4 Application Return Application SFor Code Is For Code Form 990 0 01 Form 990-T (corporation) Form 990 1 02 Form 1041-A 08 Form 990 1 03 Form 4720 O99 Form 990 1 04 Form 5227 100 Form 990 1 10 Form 990-T (inst other than above) CRAIG MORGAN The books are in the care of Fool A RBORWAY - JAMAICA PLAIN, MA 02130 Telephone No Form 104 Form 990 1 fit his for part of the group, check this box If this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the organization's return for corporation required to file Form 990-T) extension of time until JULY 15, 2011 If this so from 900-F, 990-T, 4720, or 6069, enter the trust than the extension is for the organization's return for corporation required to file Form 990-T) extension of time until JULY 15, 2011 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 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 Balance due. Subtract line 3 from line 3 include your payment with this form, if required. Balance due. Subtract line 3 from line 3 include your payment with this form, if required. Balance due. Subtract line 3 from line 3 include your payment with this form, if required.	A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and con	nplete			
Type or print SOUTHANSON TRUST SOUTHANSON TRUST Number, street, and room or suite no. If a PO box, see instructions Sol ARBORWAY City, town or post office, state, and ZIP code For a foreign address, see instructions JAMATCA PLAIN, MA 0.21.30 Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Application Form 990 Enter the Return Application Form 990 01	Part I only	,				•		
SOUTHANSON TRUST T7 - 6 2 5 6 9 9 5			IICs, and t	rusts must use Form 7004 to request ar	n exter	ision of time		
SOUTHANSON TRUST	Type or	Name of exempt organization			Emp	loyer identification	number	
Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Application Enter the Return code for the return that this application is for (file a separate application for each return) Application Enter the Return code for the return that this application is for (file a separate application for each return) Application Enter the Return code for the return that this application is for (file a separate application for each return) Application Enter the Return code for the return that this application is for Code Form 990	print					7 6256005	25.6005	
So1 ARBORWAY City, town or post office, state, and ZIP code. For a foreign address, see instructions JAMAICA PLAIN, MA 02130						7-0230333		
Enter the Return code for the return that this application is for (file a separate application for each return) Application	filing your	ngyour 501 ARBORWAY						
Return Application Return Application Return S For Code Is Forn Sol Corporation Code Is Forn Sol Composition Code Is Forn Sol Code Code Is Forn Sol Code Co			oreign add	lress, see instructions				
S For	Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
S For	Application	on	Return	Application			Peturn	
Form 990		•••						
Form 990-BL Form 990-EZ D3 Form 1041-A D9 Form 990-FF D4 Form 5227 D5 Form 6069 D5 Form 6069 T11 Form 990-T (trust other than above) CRATG MORGAN The books are in the care of ▶ 501 ARBORWAY − JAMAICA PLAIN, MA 02130 Telephone No ▶ (617) 393−7205 FAX No ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If the organization of time until JULY 15, 2011 To file the exempt organization return for the organization named above The extension is for the organization's return for If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period The this application is for Form 990-FF, 990-TF, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions The application is for Form 990-FF, 990-TF, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions The form 520 form 102 form								
Form 990-EZ Form 990-FF Form 990-FF Form 990-F		RI	 					
Form 990-PF			 					
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) CRAIG MORGAN The books are in the care of 501 ARBORWAY - JAMAICA PLAIN, MA 02130 Telephone No (617) 393-7205 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole 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 all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JULY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year or X tax year beginning DEC 1, 2009, and ending NOV 30, 2010. 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3a 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 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit 3b \$ 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0.			t — —					
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For Paperwork Reduction Act Notice, see Instructions.

Form 886	88 (Hev 1-2011)					Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	xtension, d	complete only Part II and check this b	ОХ		▶ X	
	ly complete Part II if you have already been granted an				8868		
	are filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month E			copies r	needed).		
Type or	Name of exempt organization				Employer identification number		
print	SOUTHANSON TRUST			7	77-6256995		
File by the extended	by the Number street and record and the PO box accordance						
due date for	501 ARBORWAY						
filing your return See	City, town or post office, state, and ZIP code. For a f	oreign add	fress, see instructions		······		
instructions	JAMAICA PLAIN, MA 02130	-					
							
Enter the	Return code for the return that this application is for (fil	le a separa	ite application for each return)			0 4	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01					
Form 990) BL	02	Form 1041-A			08	
Form 990)-EZ	03	Form 4720			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870						12	
STOP! D	o not complete Part II if you were not already granted	d an autor	natic 3-month extension on a previo	usly file	d Form 886	58.	
	boks are in the care of CRAIG MORGAN -		ARBORWAY - JAMAICA				
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	ne tax year entered in line 5 is for less than 12 months, of			Final	eturn		
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7 Sta	ite in detail why you need the extension						
<u>AI</u>	DDITIONAL TIME IS NEEDED TO	FILE .	A COMPLETE AND ACCU	RATE	RETUR	N.	
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EF	FPS (Electronic Federal Tax Payment System) See instr			8c	\$	0.	
	-		ıd Verification				
Under pen	aities of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this f	ding accomp	panying schedules and statements, and to t	ne best o	t my knowled	ge and belief,	
				_		115/11	
Signature	Title T	MANAG	EK	Date	· - · · · · · · · · · · · · · · · · · ·	יין עיון	
	4				Form 8	8868 (Rev. 1-2011)	