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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

rur	calengar yea	r zuii oriax yea	ir deginning			, and e	naing				
	me of foundai		D FOUNDATION	J			,	A Employer identifi	ication	number	
		SEPH MCN		•				22-2757	391		
			of mail is not delivered to stree	t address)		<del> </del>	Room/suite	B Telephone number			<del></del>
]	25-HIC	H-STREE	T					617-342		00	
	y or town, sta	te, and ZIP code	110					C If exemption applicat	bon is p	ending, check here	<b></b>
	Check all that		Initial return		Initial return of a f	ormer nublic c	hardy	D 1. Foreign organi:	zatione	chack hara	▶[]
			Final return		Amended return	onnor paono o	,,uity	5 7. Foreign organiz	Lations	, check here	
			Address change		Name change			Foreign organizati 2. check here and at	ions me	eting the 85% test,	ightharpoons
—H-	Check type of	organization —	X Section 501(c)(3) ex	xempt pr	vate foundation			E If private foundati			
<u>L</u>				Other ta	xable private found			under section 507			<b>~</b> ►□
		ue of all assets at	·   —	•		X Accr	ual	F If the foundation i	ıs ın a f	60-month termini	ation
		ol. (c), line 16)		ther (spe				under section 507	/(b)(1)	(B), check here	▶
	* \$ Analy:	sis of Revenue a	1,275. (Part I, colu	T		T				(4)	
	(The tot	al of amounts in col	umns (b), (c), and (d) may not nts in column (a) )		Revenue and enses per books	(b) Net in		(c) Adjusted ne income	t	(d) Disburse for chantable p	urposes
	T		nts, etc., received		9,181.			N/A		(cash basis	only)
	2 Check		on is not required to attach Sch. B		2,72021			117.22			·····
	3 Interest of	on savings and temp	porary				•			1.'	
		ds and interest fr			114,609.	11	4,609.			STATEME	NT 1
	5a Gross r	ents									<del>,, 11</del>
	D Net renta	il income or (loss)	·····	L				,			
ē	6a Net gain	or (loss) from sale of	assets not on line 10		534,763.						
Revenue	b assets or	les price for all	9,390,553.	ļ	<del></del>		. 550	RF	CF	N/ED	<b>1</b>
æ	7 Capital g	ain net income (from	* *			53	4,763.			1477	
		rt-term capital ga	iln				<del></del>			C 4444	<u> </u>
		modifications les less returns	1					<u>    8</u>   NO	/	2012 5	
	1 .	rances st of goods sold		<del> </del>	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	<del></del>		005	-	Ĭ	
	j	rofit or (loss)	L	<del> </del>			<del></del>	L UGL	<del>)L</del> l	V. UT	1
	11 Other in	come			840,627.	84	0,627.			STATEMEN	VT 2
	12 Total. A	Add lines 1 throug	jh 11	1,	499,180.		9,999.				<del> </del>
	13 Compens	sation of officers, dir	ectors, trustees, etc		0.		0.				0.
		nployee salaries	•								
ş	ĺ	plans, employee	benefits		<del>-</del>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	$\longrightarrow$		
suses	16a Legal fe			<b> </b>							
Expens	b Account	ofessional fees	STMT 3		51,986.	1	4,188.		$\longrightarrow$	77	700
E	17 Interest		DIM 5		31,000.	4.	1,100.		-		798.
ra ţ	18 Taxes		STMT 4		23,610.		1,610.				0.
and Administrative		ation and depletion									
Ē	20 Occupat	псу	-								
À	21 Travel, o	conferences, and	meetings								
and	-	and publications									
ing	23 Other ex	-	STMT 5		98,725.	8′	7,256.			11,	469.
Operating	-	erating and adm			174 221	10					
Ö		s. Add lines 13 t	-	<u> </u>	174,321. 151,250.	13.	3,054.			19,	267.
		itions, gifts, gran penses and disb	·	1	131,230.					1,151,	250.
} :		s 24 and 25	uisements.	1.	325,571.	13	3,054.			1 170	5 1 <i>7</i>
		t line 26 from line	12	<i>'</i>	-20,0,110		,,,,,,,,,			1,170,	<u> </u>
į			ises and disbursements		173,609.						
,			if negative, enter -0-)			1,356	945.			<del>                                      </del>	****
<del></del>	c Adjuster	d net income (if n	egative, enter -0-)					N/A			
1235 12-02	ת 11 LHA	For Paperwork R	eduction Act Notice, see i	instructio	ons			Va		Form <b>990-P</b>	F (2011)

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	En	End of year			
	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						
	2	Savings and temporary cash investments	620,400.	229,836	229,836.			
	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						
		Less allowance for doubtful accounts	1		1			
छ	8	Inventories for sale or use						
Assets	g	Prepaid expenses and deferred charges						
Ą	10a	Investments - U.S. and state government obligations STMT 7	1,794,741.	1,677,981	1,699,476.			
		Investments - corporate stock STMT 8	8,709,769.	9,269,309	8,961,963.			
		Investments - corporate bonds	07.007.000	3,203,003	3/332/3333			
	1	Investments - land, buildings, and equipment basis						
	''	Less accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other						
	14	Land, buildings, and equipment basis	A	<del></del>				
	''	Less. accumulated depreciation						
	15	Other assets (describe		<del></del>				
	'	)						
	16	Total assets (to be completed by all filers)	11.124.910	11 177 126	10,891,275.			
_		Accounts payable and accrued expenses	11,124,910. 475,625.	116 500	10,001,273.			
	18	Grants payable	1/3/023.	110,500	<u>' •  </u>			
s	19	Deferred revenue		······				
Liabilities	20							
ğ	21	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable		<del></del>	<del> </del>			
ڐ		Other liabilities (describe  )			<del> </del>			
		Other Habilities (describe						
	23	Total liabilities (add lines 17 through 22)	475,625.	116,500				
	-	Foundations that follow SFAS 117, check here	1737023.	110,300	<u>'•</u>			
		and complete lines 24 through 26 and lines 30 and 31.						
es	24	Unrestricted						
and and	25	Temporarily restricted						
3ai		Permanently restricted						
ᅙ	20	Foundations that do not follow SFAS 117, check here						
Ξ		and complete lines 27 through 31.						
ō	27	Capital stock, trust principal, or current funds	10,649,285.	10,649,285				
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	10,049,203				
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	411,341	_ <del></del> }			
e e		Total net assets or fund balances	10,649,285.	11,060,626				
Z	30	i oral ner assers of fally paralices	10,049,203.	11,000,020				
	31	Total liabilities and net assets/fund balances	11,124,910.	11,177,126				
		•						
P	art	Analysis of Changes in Net Assets or Fund B	alances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		<del></del>			
		t agree with end-of-year figure reported on prior year's return)			10,649,285.			
		amount from Part I, line 27a	173,609.					
		rincreases not included in line 2 (itemize)	237,732.					
		ines 1, 2, and 3			11,060,626.			
		eases not included in line 2 (itemize)		F	$\frac{11}{5}$ 0.			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		11,060,626.			
_		Tart II, oc			Form <b>990-PF</b> (2011)			

Form 990-PF (2011) C/O JOSEPH MCNAY

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income					
	(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.)				ow acquired Purchase Donation		acquired lay, yr )	(d) Date sold (mo , day, yr )
1a FROM ESSEX ALP	HA K-1				P	VARI	OUS	VARIOUS
b STATE STREET -	SEE ATTACHED				P	VARI	OUS	VARIOUS
c STATE STREET -	SEE ATTACHED		,		P	VARI	OUS	VARIOUS
d STATE STREET -	STATE STREET - SEE ATTACHED				P	VARI	OUS	VARIOUS
<u>e</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	
a 393,118.		ļ						393,118.
ь 3,596,964.			4,240,17					<643,207.
3,983,518.	. <u> </u>		3,451,249					532,269.
d 1,416,953.		ļ	1,164,37	0.				252,583.
<u>e</u>	<u> </u>	<u> </u>						
Complete only for assets showing	ng gain in column (h) and owned by	<u> </u>				(I) Gains ((	Col (h) gain	minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	cess of col (I) col (I), if any		C(		not less tha (from col	
<u>a</u>								393,118.
b								<643,207.
<u>C</u>		ļ		_		-		532,269.
<u>d</u>								252,583.
8								
2 Capital gain net income or (net ca	apital loss) { If gain, also ente			}	2			534,763.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	nd (6)						
If gain, also enter in Part I, line 8,				<b>.</b>			4-	
Part V Qualification U	Inder Section 4940(e) for	<u> </u>		ىلى	3		N/A	<u> </u>
(For optional use by domestic private if section 4940(d)(2) applies, leave to Was the foundation liable for the sectif "Yes," the foundation does not qual	his part blank tion 4942 tax on the distributable ar lify under section 4940(e) Do not c	mount of any ye	ear in the base perion	od?				Yes X No
	each column for each year, see inst	ructions before	making any entries	s				7.1
(a) Base period years Calendar year (or tax year beginnii			Net value of non				Distrit (col (b) div	(d) bution ratio vided by col (c))
2010		4,223.		12,	312,11	5.		.089686
2009		4,251.			480,31			.091831
2008		88,707.			009,26			.086744
2007		31,880.			106,54			.082793
2006	1,58	86,814.		18,	375,13	7.		.086357
2 Total of line 1, column (d)						2		.437411
3 Average distribution ratio for the 5 the foundation has been in exister		on line 2 by 5,	or by the number o	of year	rs .	3		.087482
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5					4	1	2,723,073.	
5 Multiply line 4 by line 3						5		1,113,040.
6 Enter 1% of net investment income (1% of Part I, line 27b)					6		13,569.	
7 Add lines 5 and 6					7		1,126,609.	
8 Enter qualifying distributions from Part XII, line 4					8		2,334,312.	
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1%	tax rate			
123521 12-02-11	·						F	orm <b>990-PF</b> (2011)

THE NEW ENGLAND FOUNDATION

Fore	1112 NEW ENGLAND TOONDATION 1990-PF (2011) C/O JOSEPH MCNAY	22-1	2757:	391		Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49					
	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1					,
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		1	3,5	69.
	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-)	2				0.
3	Add lines 1 and 2	3		1	<u>3,5</u>	69.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<del></del>			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1	3,5	69.
	Credits/Payments					
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 17,285.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)  6c 20,000.					
	Backup withholding erroneously withheld  6d	_		2	7 7	0.5
_	Total credits and payments Add lines 6a through 6d	7			1,2	85.
8	Enter any penalty for underpayment of estimated tax. Check here X of Form 2220 is attached.	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2 7	16
10 11	00 715	10			3,1	0.
10000	irt VII-A Statements Regarding Activities	11				<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i		<del></del>		Yas	No
	any political campaign?	11	}	1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		<u> </u>	1b		X
	If the answer is "Yes" to 100 r 1b, attach a detailed description of the activities and copies of any materials published	d or	ŀ			<del></del> -
	distributed by the foundation in connection with the activities.	, 0,				
C	Did the foundation file Form 1120-POL for this year?		ľ	10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		ŀ			<del></del>
	(1) On the foundation $\blacktriangleright$ \$ 0 . (2) On foundation managers $\blacktriangleright$ \$ 0 .		ľ			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		L	2		X
	If "Yes," attach a detailed description of the activities.		ľ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		.	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	'A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	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	aw				
_	remain in the governing instrument?		 	6	X	<u> </u>
′	Did the foundation have at least \$5,000 in assets at any time during the year?		,	7	X	
0-	If "Yes," complete Part II, col. (c), and Part XV.					
ъa	Enter the states to which the foundation reports or with which it is registered (see instructions)		<u> </u>			
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			_	v	
0	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) or 4942(j)(5) for calen	uar	ĺ			v
10	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		-	9 10	_	X
				10		42

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 2011 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 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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X

3b

4a

Yes X No

N/A

during the year?

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0

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

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ion Managers,	Highly	
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>(b)</b> Typ	e of service	(c) Compensation
ESSEX INVESTMENT MANAGEMENT CO.			
125 HIGH STREET, BOSTON, MA 02109	INVESTMT.	MANAGEMENT	51,986.
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	al information such as ced, etc	s the	Expenses
1 NOT APPLICABLE			0.
2			<u> </u>
3			
4			<del>_</del>
Part X-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lir			
1 NOT APPLICABLE	ies i and 2		Amount
			0.
2			
All other program-related investments. See instructions			
Total Add lines 1 through 3			

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

22-2757391 C/O JOSEPH MCNAY Page 8 Form 990-PF (2011) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 12,637,959. 278,866. a Average monthly fair market value of securities 1a b Average of monthly cash balances 16 c Fair market value of all other assets 10 12,916,825. d Total (add lines 1a, b, and c) 10 Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 12,916,825. 3 Subtract line 2 from line 1d 193,752. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 12,723,073 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 636,154. Minimum investment return Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part ) 636,154. Minimum investment return from Part X, line 6 1 13,569. 2a Tax on investment income for 2011 from Part VI, line 5 2a Income tax for 2011 (This does not include the tax from Part VI) 2b C Add lines 2a and 2b 2¢ 13,569. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 622,585 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 2,334,312. 1a b Program-related investments - total from Part IX-B 1b 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 a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 2,334,312. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4

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

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5

6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

· · · · · · · · · · · · · · · · · · ·				
	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,			m	
line 7				622,585.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years				·
<del></del>		0.	1. 11.11.11.11.11.11.11.11.11.11.11.11.1	<del>'''''' '''' '''' ''' ''' '''' ''' '''</del>
3 Excess distributions carryover, if any, to 2011				
a From 2006 690,525.				
b From 2007 680,805.				
t From 2008 290,780. d From 2009 450,235.				
d From 2009 450, 235. e From 2010 524, 015.				
f Total of lines 3a through e	2,636,360.			
4 Qualifying distributions for 2011 from	2,030,300.			
Part XII, line 4 > \$ 2,334,312.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		· · · · · · · · · · · · · · · · · · ·		<del></del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		····	· · · · · · · · · · · · · · · · · · ·	<del></del>
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		<del>                                      </del>	<del>ulli ili </del>	622,585.
e Remaining amount distributed out of corpus	1,711,727.			
Excess distributions carryover applied to 2011 (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	4,348,087.			
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 2010 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012			·····	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 2006	600 505			
not applied on line 5 or line 7	690,525.			
9 Excess distributions carryover to 2012.	2 657 562			
Subtract lines 7 and 8 from line 6a	3,657,562.			······
O Analysis of line 9 a Excess from 2007 680,805.				
000 700				
b Excess from 2008 290, 780. c Excess from 2009 450, 235.			•	
d Excess from 2010 524, 015.				
e Excess from 2011 1,711,727.				
C D. COOK HOLL DO I L. F. F. D. F.	1			Form 000 DE (2011)

Part 2	(IV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A			
1 a If the foundation has received a ruling or determination letter that it is a private operating								
foundation, and the ruling is effective for 2011, enter the date of the ruling								
<b>b</b> Che	eck box to indicate whether the found	lation is a private operatin	ng foundation described i		4942(J)(3) or 49	)42(j)(5)		
2 a Ent	er the lesser of the adjusted net	Tax year	(1) 0040	Prior 3 years	14, 5000	(1) <b>T</b> -1-1		
-	ome from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total		
	estment return from Part X for							
	h year listed							
	6 of line 2a				<del></del>			
	alifying distributions from Part XII,							
	4 for each year listed							
	ounts included in line 2c not							
	d directly for active conduct of			ŀ				
	mpt activities ilifying distributions made directly		<u> </u>					
	active conduct of exempt activities							
	stract line 2d from line 2c							
3 Cor alte a "As	nplete 3a, b, or c for the rnative test relied upon sets" alternative test - enter Value of all assets							
• • •	Value of assets qualifying under section 4942(j)(3)(B)(i)							
2/3	dowment" alternative test - enter of minimum investment return wn in Part X, line 6 for each year							
<b>c '</b> Su	pport" alternative test - enter							
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
(3)	Largest amount of support from an exempt organization							
(4)	Gross investment income	-						
Part )	(V Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets		
	at any time during t	he year-see instr	uctions.)					
1 Info	ormation Regarding Foundatio	n Managers:						
	any managers of the foundation who r (but only if they have contributed m			ributions received by the	foundation before the clos	se of any tax		
NONE								
oth	any managers of the foundation whe er entity) of which the foundation has			or an equally large portion	on of the ownership of a pa	artnership or		
NONE			<u> </u>		· · · - · -			
Che	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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d							
a The	name, address, and telephone number	ber of the person to whon	n applications should be	addressed				
b The	f b The form in which applications should be submitted and information and materials they should include $N/A$							
c Any	c Any submission deadlines							
d Any	restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kinds of institutions, or o	ther factors			
100001 10	<del>-</del>	<del></del>				F 000 DF (0044)		

Page 11

C/O JOSEPH MCNAY

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	<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
<del></del>	or substantial contributor	recipient		
a Paid during the year				
		İ		
SEE ATTACHED STATEMENT	N/A	ALL PUBLIC	SEE ATTACHED STATEMENT	
		CHARITIES		1,151,250
Total			<b>▶</b> 3a	1,151,250.
b Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0.

## THE NEW ENGLAND FOUNDATION 12/31/2011

EIN: 22-2757391

#### **CHARITABLE CONTRIBUTIONS**

NAME OF CHARITY	RELATIONSHIP	STATUS	PURPOSE	AMOUNT
American Heart Association	None	501(c)(3)	Medical	5,000
Bidwell House Museum	None	501(c)(3)	Culture	1,000
Boston Conservatory	None	501(c)(3)	Education	10,000
Boston Symphony Orchaestra	None	501(c)(3)	Culture	46,000
Boston Ballet	None	501(c)(3)	Culture	20,000
Boston Minstrel Company	None	501(c)(3)	Religious	2,500
Boston Public Library	None	501(c)(3)	General Welfare	1,500
Brigham & Womens Hospital	None	501(c)(3)	Medical	25,000
Central Park Conservatory	None	501(c)(3)	General Welfare	5,000
Charlotte County Day School	None	501(c)(3)	Education	3,500
Church of the Redeemer	None	501(c)(3)	Religious	10,000
Council for Economic Education	None	501(c)(3)	Education	2,500
Foundation for Constitutional Education	None	501(c)(3)	Education	2,500
Daily Bread Food Pantry	None	501(c)(3)	General Welfare	500
Dana Farber Cancer Institute	None	501(c)(3)	Medical	25,500
Dartmouth College	None	501(c)(3)	Education	50,000
Friends of Dartmouth Skiing	None	501(c)(3)	Sports	1,000
Gilder Lehrman Institute of American History	None	501(c)(3)	Education	5,000
MA General Hospital	None	501(c)(3)	Medical	10,000
Max Warburg	None	501(c)(3)	Education	2,500
Miss Hall's School	None	501(c)(3)	Education	1,000
Museum of Fine Arts	None	501(c)(3)	Culture	50,000
National MS Society	None	501(c)(3)	General Welfare	2,500
National Public Radio	None	501(c)(3)	Communications	25,000
New York Historical Society	None	501(c)(3)	Education	61,000
Milford Regional Hospital's Oliva Patient Comfort Fund	None	501(c)(3)	Medical	500
Roxbury Latin	None	501(c)(3)	Education	50,000
Tenacity	None	501(c)(3)	General Welfare	50,000
The Children's Museum	None	501(c)(3)	Education	1,000
Town of Marion MA	None	501(c)(3)	General Welfare	1,000
Turning Point for Women and Children	None	501(c)(3)	General Welfare	7,500
Ucross Foundation	None	501(c)(3)	General Welfare	2,500
US Sailing	None	501(c)(3)	Culture	18,750
USTA Serves	None	501(c)(3)	General Welfare	6,000
West River Sports Association	None	501(c)(3)	General Welfare	5,000
Windsor School	None	501(c)(3)	Education	25,000
Yale University Class of '56 Fund	None	501(c)(3)	Education	500
Yale Alumni Fund	None	501(c)(3)	Education	5,000
Yale Athletic Department	None	501(c)(3)	Education	5,000
Yale University	None	501(c)(3)	Education	355,000
Yale University - School of Management	None	501(c)(3)	Education	250,000
TOTAL		\-/\-/		1,151,250

Form 990-PF (2011)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	5000		1 1	·	
b					
G	i				
d	1 1				
e					· · · · · ·
f	_	··=·			···· ·· · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			111	114 600	·
Dividends and interest from securities			14	114,609.	
Net rental income or (loss) from real estate					
a Debt-financed property			<del>  -</del>		
b Not debt-financed property	-		<del>  </del>		
Net rental income or (loss) from personal property					
Other investment income	<del>                                     </del>		14	840,627.	·
Gain or (loss) from sales of assets other	<del> </del>				
than inventory			18	534,763.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b					
C					
d	_				
0			<u> </u>		
Subtotal Add columns (b), (d), and (e)		0	•	1,489,999.	<u> </u>
3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations	١			13	1,489,999
Part XVI-B Relationship of Activities		mplishment of E	xempt F	Purposes	
ine No. Explain below how each activity for which in					lishment of
▼ the foundation's exempt purposes (other th					
NOT APPLICABLE					
		<del></del>			
	<del> </del>	<del></del>			
					<u></u> .
	<del></del>				
				<del> </del>	
			<del></del>		
			<del></del>		· · · ·
			•		
	<del></del>		•••		
				<del></del>	
			·		· -
		<del></del>			-
3621 -02-11	· <del>.</del>	<del> </del>			Form <b>990-PF</b> (201

22-2757391

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Part	XVII	Information Re Exempt Organ	egarding Transfers T nizations	Гоа	nd Transactions	and	d Relationsh	ips With Nonch	aritable	9	
1 Di	d the o	rganization directly or indi	rectly engage in any of the follo	owin	g with any other organizati	ion (	described in section	n 501(c) of		Yes	No
			(3) organizations) or in section								
			ation to a noncharitable exemp								ĺ
(1	) Cash	1	•						1a(1)		Х
(2	) Othe	r assets							1a(2)		Х
<b>b</b> 01	her trar	nsactions									
(1	) Sales	s of assets to a nonchantal	ble exempt organization						16(1)		Х
(2	) Purc	hases of assets from a nor	ncharitable exempt organization	on					1b(2)		X
(3	) Rent	al of facilities, equipment,	or other assets						1b(3)		X
(4	) Reim	nbursement arrangements	}						1b(4)		Х
(5) Loans or loan guarantees											Х
			embership or fundraising solici	ıtatıo	ns				1b(5) 1b(6)		X
			alling lists, other assets, or paid						10		Х
			"Yes," complete the following :			lway	ys show the fair ma	arket value of the goods	s, other as	sets.	
			oundation If the foundation re							•	
			other assets, or services recen				·				
(a) Line	по	(b) Amount involved	(c) Name of nonchard	table	exempt organization	- i	(d) Description	of transfers, transactions, ar	nd sharing a	тапдете	nts
			N/	Ā					-		
							-				
								·····			
					<u> </u>						
									-		
						T					
									-	-	
							-	······································			
						$\neg$					
ın	section	501(c) of the Code (other omplete the following sche				ıızatı	ions described		Yes	X	No
		(a) Name of orga	anization		(b) Type of organization	<u> </u>	(0	) Description of relation	iship		
		N/A				$\perp$					
			<del> </del>			$\perp$					
	_					_					
						↓_					
	1							<del></del>			
Sign Here	and be	penalties of penury, I declare the left, it is true, correct, and common and the left of t	that I have examined this return, incinpleta Declaration of preparer (other	cluding er than	g accompanying schedules and taxpayer) is based on all inform	matio	on of which preparer h	RMAN	flay the IRS esturn with the hown below	e prepare (see inst	er
	7	Print/Type preparer's nai		r's sic		Da		Check If PTIN			
			4	_	,	1.	ul I s	self- employed			
Paid		DIANA Colo	~ \\			$\parallel \parallel$	1112118				
Prep	arer	Firm's name DET.	OITTE TAX LLP			الل	<del>                                      </del>	Firm's EIN ► 86-1	0657	72	
Use							ļ	innative 00-1		, _	
	,	Firm's address ▶ 200	0 BERKELEY ST	REI	ET						
			STON, MA 02116		<del></del>			Phone no 617-	-437-	200	O.
				-					orm <b>990</b>		
								,		\	1 1

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization

THE NEW ENGLAND FOUNDATION TOCEDH MONAV

Employer identification number

22 2757201

,	C/O JOSEPH MCNAI	22-2/3/371					
Organization type (chec		-					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 501  General Rule  X For an organization	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F  tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in implete Parts I and II.						
Special Rules							
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributio	11(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one control of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or enforced to children or animals. Complete Parts I, II, and III.						
contributions fo If this box is che purpose Do not	or (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to exclusively for religious, charitable, etc., purposes, but these contributions did not to exclusive except the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions of \$5,000 or more during the year.	otal to more than \$1,000. vely religious, charitable, etc ,					
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule						

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 Part I, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

THE NEW ENGLAND FOUNDATION

C/O JOSEPH MCNAY

Employer identification number

22-2757391

Part I	<b>Contributors</b>	(see instructions).	Use duplicate copies of	of Part I if additional	space is needed.
--------	---------------------	---------------------	-------------------------	-------------------------	------------------

Patti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS EBERT BASS IRREVOCABLE TRUST C/O ESSEX INVESTMENT MGMT CO, LLC 125 HIGH STREET  BOSTON, MA 02110	\$ 9,181.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
23452 01-23	3-12	Schedule B (Form	990, 990-EZ, or 990-PF) (20

Name of organization

THE NEW ENGLAND FOUNDATION

C/O JOSEPH MCNAY

Employer identification number

22-2757391

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
---------	---

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>s</b>	
(a) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization **Employer identification number** THE NEW ENGLAND FOUNDATION C/O JOSEPH MCNAY 22-2757391 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once.)

\$\frac{1}{2}\$ Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF DIVIDEN	DS AND INTI	EREST FROM	SEC	URITIES	STATEMENT	1
SOURCE	GROS	SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
DIVIDEND AND INTEREST INCOME		114,609.		0.	114,609	9.
TOTAL TO FM 990-PF, PART I,	LN 4	114,609.		0.	114,609	9.
FORM 990-PF	OTHER	INCOME			STATEMENT	2
DESCRIPTION		(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOMI	E
MISCELLANEOUS INCOME FROM ALPHA FUND	-	1,8 838,8	301. 326.	1,801 838,826		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	840,6	527.	840,627	•	_
FORM 990-PF	OTHER PROFI	ESSIONAL FI	EES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITABI E PURPOSES	
ESSEX INVESTMENT	51,986	5. 44,	188	4	7,798	8.
TO FORM 990-PF, PG 1, LN 16C	51,986	44,	188	•	7,798	3 <b>.</b>
FORM 990-PF	TF	AXES			STATEMENT	<u> </u>
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITABI E PURPOSES	_
FOREIGN TAXES WITHHELD ESTIMATED PAYMENTS	1,610		610.			0.
EXTENSION PAYMENT FOR PRIOR YEAR	12,000		0.	•	C	ο.
TO FORM 990-PF, PG 1, LN 18	23,610	1,	610.			<u> </u>
						=

FORM 990-PF	OTHER E	XPENSES		S1	TATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE		) STED NCOME	(D) CHARITA PURPOS	
CUSTODIAL FEES	6,388.		388.			0.
ACCOUNTING FEES EXPENSES: FROM ESSEX ALPHA	9,975.		0.		9,9	75.
FUND K-1	80,846.	•	846.		1 4	0
BANK FEES MA FILING FEE	1,424. 70.		0. 0.		1,4	70.
ADR FEE	22.		22.			0
TO FORM 990-PF, PG 1, LN 23	98,725.	87,			11,4	69
DESCRIPTION  ADJUSTMENT TO RECONCILE PRIOR  TOTAL TO FORM 990-PF, PART II		BALANCE			237,7 237,7	
	STATE/CITY G	OVERNMENT	OBLIGATION	S SI	PATEMENT	
DESCRIPTION	U.S GOV'		BOOK VALU		AIR MARKE VALUE	T
US TREASURY BILLS AND NOTES	X		1,677,9	81.	1,699,4	76.
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	•	1,677,9	81.	1,699,4	76.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS	<del></del>			
TOTAL TO FORM 990-PF, PART II	, LINE 10A	-	1,677,9	81.	1,699,4	76.

FORM 990-PF CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK ESSEX ALPHA FUND	4,726,334. 4,542,975.	5,105,837. 3,856,126.
TOTAL TO FORM 990-PF, PART II, LINE 10B	9,269,309.	8,961,963.

Form 8868 (Rev. 1-2012)					Page 2	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Me</li> </ul>	onth Extension,	complete only Part II and check this	box		<b>▶</b> X	
Note. Only complete Part II if you have already been gran				8868.		
<ul> <li>If you are filing for an Automatic 3-Month Extension,</li> </ul>		•				
Part II Additional (Not Automatic) 3-Mc			inal (n	o copie:	s needed).	
<u> </u>	•		•	•	r, see instructions	
Type or Name of exempt organization or other filer, se	e instructions				ition number (EIN) or	
print THE NEW ENGLAND FOUNDATI			,		,	
File by the C/O JOSEPH MCNAY			X	22-2	757391	
due date for Number, street, and room or suite no. If a P.O.	Social se		nber (SSN)			
filing your return See 125 HIGH STREET						
Instructions City, town or post office, state, and ZIP code	For a foreign add	dress, see instructions.			<del></del>	
BOSTON, MA 02110	7 07 0 1010/g/, 004	2,000, 200 110.1100.10110.				
Enter the Return code for the return that this application is	s for (file a senar:	ete application for each return)			0 4	
Enter the fictam code for the fotam that this application is	s for this a separt	are application for each return,			41-	
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990	01	is roi			Code	
Form 990-BL	02	Form 1041-A	11-t 1 /		···	
Form 990-EZ	01	Form 4720			08	
Form 990-PF		1			09	
Form 990-T (sec. 401(a) or 408(a) trust)	04	Form 5227			10	
Form 990-T (sec. 40 (a) or 400(a) trust)	05	Form 6069 11				
		Form 8870	:		12	
STOP! Do not complete Part II if you were not already y  JOSEPH MCNA		matic 3-month extension on a prev	iousiy tile	ea Form 8	808.	
• The books are in the care of <b>&gt;</b> 125 HIGH ST		STON MA _ 02110				
Telephone No. ► 617-432-3200	REEI, DO	······································				
·		FAX No. ▶				
If the organization does not have an office or place of the control of the c						
If this is for a Group Return, enter the organization's fo					= '	
box . If it is for part of the group, check this box		ach a list with the names and EINs of	all memb	ers the ex	tension is for.	
I request an additional 3-month extension of time ur		BER 15, 2012				
For calendar year $\frac{2011}{1}$ , or other tax year beginn		, and endin				
6 If the tax year entered in line 5 is for less than 12 mg	onths, check reas	son: LInitial return L	⊥ Finalı	eturn		
Change in accounting period	CONCENT	N/m O				
7 State in detail why you need the extension <u>SEE</u>	STATEME	NT 9				
8a If this application is for Form 990-BL, 990-PF, 990-T	, 4720, or 6069, e	enter the tentative tax, less any	l		27 225	
nonrefundable credits. See instructions.			8a	\$	<u>37,285.</u>	
b If this application is for Form 990-PF, 990-T, 4720, o	•					
tax payments made. Include any prior year overpay	ment allowed as	a credit and any amount paid	<u> </u>			
previously with Form 8868.			8b	\$	37,285.	
c Balance due. Subtract line 8b from line 8a. Include		th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). Se			8c	\$	0.	
_		st be completed for Part II o	-			
Under penaities of perjury, I declare that I have examined this forr it is true, correct, and complete, and that I am authorized to prepa	n, including accom re this form	panying schedules and statements, and to	the best o	f my knowl	edge and belief,	
Signature  Ti	itle 🕨		Date	<b>•</b>		
					9969 /Pov. 1-2012)	

Form 8868 (Rev. 1-2012)					Page 2
• If you are filing for an Additional (Not Automatic)	-Month Extension,	complete only Part II and check the	s box		<b>▶</b> X
Note. Only complete Part II if you have already been	granted an automatic	3-month extension on a previously	iled Form	8868.	
• If you are filing for an Automatic 3-Month Extensi					
Part II Additional (Not Automatic) 3-	Month Extensio	n of Time. Only file the on	ginal (n	o copie	s needed).
			-		r, see instructions
Type or Name of exempt organization or other file	r, see instructions		Employe	identifica	tion number (EIN) or
print THE NEW ENGLAND FOUND					
File by the C/O JOSEPH MCNAY			X	22-2	757391
due date for Number, street, and room or suite no. If a	P.O. box, see instruc	tions	Social se	curity num	nber (SSN)
filing your return, See 125 HIGH STREET					
City, town or post office, state, and ZIP of	ode. For a foreign add	dress, see instructions.			
BOSTON, MA 02110					
Enter the Return code for the return that this applicati	on is for (file a separa	ate application for each return)			0 4
Application	Return	Application			Return
is For	Code	is For			Code
Form 990	01	\$ 150 P. S.	الريزين المعرب	الع أميار أن يُحرِّد أن العربية المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة	
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not alrea	dy granted an autor	natic 3-month extension on a pre-	iously file	d Form 8	868.
JOSEPH MC					
<ul> <li>The books are in the care of ► 125 HIGH</li> </ul>	STREET, BO	STON, MA - 02110			
Telephone No. ► 617-432-3200		FAX No 🕨			<u></u>
<ul> <li>If the organization does not have an office or place</li> </ul>	of business in the Ur	nited States, check this box			<b>•</b> [
<ul> <li>If this is for a Group Return, enter the organization</li> </ul>					
box 🕨 🔛 If it is for part of the group, check this			<u>dmem lla 1</u>	ers the ex	tension is for.
4 I request an additional 3-month extension of time		BER 15, 2012			
5 For calendar year $2011$ , or other tax year be		, and ending	9		
6 If the tax year entered in line 5 is for less than 13	2 months, check reas	on. Initial return	i Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension	EE STATEME	NT 1			
Ba If this application is for Form 990-BL, 990-PF, 98	90∙T, 4720, or 6069, e	nter the tentative tax, less any			22 205
nonrefundable credits. See instructions		<del></del>	_ Ba	\$	37,285.
b If this application is for Form 990-PF, 990-T, 472	•		187, 13		
tax payments made. Include any prior year over	payment allowed as a	a credit and any amount paid	سست		37 305
previously with Form 8868.			86	\$	37,285.
c Balance due. Subtract line 8b from line 8a. Incli		h this form, if required, by using		_	^
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		st be completed for Part II			
Under penalties of perjury, I declare that I have examined this it is true, correct, and complete, and that I am authorized to p	form, including accomp	panying schedules and statements, and t	o the best o	my knowle	idge and belief,
1 /////////////////////////////////////			B-A	- 91	alia
Signature > 121	Title > Ch &	1)W	Date		1116-
				Form	1 8868 (Rev 1-2012)
<i>u</i> (2					