See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
### Exempt Organization Business Income Tax Return

**Name of organization:** CEDAR TREE FOUNDATION

**Number, street, and room or suite no. If a P.O. box, see instructions.**

100 FRANKLIN STREET, NO. 704

**City or town, state, and ZIP code:** BOSTON, MA 02110 531390

**Employer identification number (Enter if applicable):** 13-3601934

**Unrelated business activity codes:**

- 501(c)(3)
- 408(e)
- 220(e)
- 408A
- 530(a)
- 529(a)

**Group exemption number:**

- 501(c) corporation
- 501(c) trust
- 401(a) trust
- Other trust

**Check organization type:**

- Yes
- No

**Telephone number:** 617-695-6767

### Part I. Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cost of goods sold (Schedule A, line 7)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>5</td>
<td>-7,665</td>
<td>-7,665</td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Investment income of a section 501(c)(7), (9), or (17) organization</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Investment income (Schedule G)</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule.)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total. Combine lines 3 through 12</td>
<td>13</td>
<td>-7,665</td>
<td>-7,665</td>
</tr>
</tbody>
</table>

### Part II. Deductions Not Taken Elsewhere

(See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>15</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>16</td>
</tr>
<tr>
<td>Bad debts</td>
<td>17</td>
</tr>
<tr>
<td>Interest (attach schedule)</td>
<td>18</td>
</tr>
<tr>
<td>Taxes and licenses</td>
<td>19</td>
</tr>
<tr>
<td>Charitable contributions (See instructions for limitation rules.)</td>
<td>20</td>
</tr>
<tr>
<td>Depreciation (attach Form 4562)</td>
<td>21</td>
</tr>
<tr>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22b</td>
</tr>
<tr>
<td>Depletion</td>
<td>23</td>
</tr>
<tr>
<td>Contributions to deferred compensation plans</td>
<td>24</td>
</tr>
<tr>
<td>Employee benefit programs</td>
<td>25</td>
</tr>
<tr>
<td>Excess exempt expenses (Schedule I)</td>
<td>26</td>
</tr>
<tr>
<td>Excess readership costs (Schedule J)</td>
<td>27</td>
</tr>
<tr>
<td>Other deductions (attach schedule)</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total deductions.</strong> Add lines 14 through 28</td>
<td>29</td>
</tr>
<tr>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>30</td>
</tr>
<tr>
<td>Net operating loss deduction (limited to the amount on line 30)</td>
<td>31</td>
</tr>
<tr>
<td>Unrelated business taxable income before specific deduction. Subtract line 31 from line 30</td>
<td>32</td>
</tr>
<tr>
<td>Specific deduction (Generally $1,000, but see instructions for exceptions.)</td>
<td>33</td>
</tr>
<tr>
<td><strong>Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32</strong></td>
<td>34</td>
</tr>
</tbody>
</table>
Part III  Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
   a Controlled group members (sections 1561 and 1563) check here □ See instructions and:
      (1) $                                                                 (2) $                                                                 (3) $   □ 35c  0.
   b Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $   □ 36
      (2) Additional 3% tax (not more than $100,000) $
   c Income tax on the amount on line 34
      □ Tax rate schedule or □ Schedule D (Form 1041) □ 37
   □ Alternative minimum tax □ 38
   □ Total, Add lines 37 and 38 to line 35c or 36, whichever applies □ 39  0.

Part IV  Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  □ 40a
   □ Other credits (see instructions) □ 40b
   □ General business credit, Attach Form 3800 □ 40c
   □ Credit for prior year minimum tax (attach Form 8801 or 8827) □ 40d
   □ Total credits. Add lines 40a through 40d □ 40a
   □ Subtract line 40e from line 39 □ 41
   □ Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule) □ 42
   □ Total tax. Add lines 41 and 42 □ 43  0.
   □ Payments: A 2009 overpayment credited to 2010 □ 44a 45,438.
   □ 2010 estimated tax payments □ 44b
   □ Tax deposited with Form 8866 □ 44c
   □ Foreign organizations: Tax paid or withheld at source (see instructions) □ 44d
   □ Backup withholding (see instructions) □ 44e
   □ Credit for small employer health insurance premiums (Attach Form 8941) □ 44f
   □ Other credits and payments: □ Form 2439 □ 44g
   □ Form 4136 □ Other Total □ 44g
   □ Total payments. Add lines 44a through 44g □ 45 45,438.
   □ Estimated tax penalty (see instructions). Check if Form 2220 is attached □ 46
   □ Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed □ 47
   □ Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □ 48 45,438.
   □ Enter the amount of line 48 you want: Credited to 2011 estimated tax □ 49 45,438. Refunded □ 49 0.

Part V  Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? □ Yes □ No
   □ If Yes, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and
     Financial Accounts. If YES, enter the name of the foreign country here □ X
   □ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? □ Yes □ No
      □ If YES, see instructions for other forms the organization may have to file □ X
   □ Enter the amount of tax-exempt interest received or accrued during the tax year □ $

Schedule A - Cost of Goods Sold. Enter method of inventory valuation □ N/A

1 Inventory at beginning of year □ 1
2 Purchases □ 2
3 Cost of labor □ 3
   □ Additional section 263A costs □ 4a
   □ Other costs (attach schedule) □ 4b
   □ Total. Add lines 1 through 4b □ 5

□ N/A

Sign Here

Date

Paid Preparer Use Only

Preparer's signature □ [CBIZ TOFIAS]

Form's EIN □ 26-3753134

Phone no. 617-761-0600

Form 990-T (2010)
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property
   
   (1) 
   (2) 
   (3) 
   (4) 

2. Rent received or accrued
   
   (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)
   (3) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

   (1) 
   (2) 
   (3) 
   (4) 

Total 0. Total 0.

(e) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property
   
   (1) 
   (2) 
   (3) 
   (4) 

2. Gross income from or allocable to debt-financed property
   
   (a) Straight line depreciation (attach schedule)
   (b) Other deductions (attach schedule)
   
   (1) 
   (2) 
   (3) 
   (4) 

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))

(1) 
(2) 
(3) 
(4) 

Totals 0. Totals 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization
   
   (1) 
   (2) 
   (3) 
   (4) 

Exempt Controlled Organizations

   2. Employer identification number
   3. Net unrelated income (loss) (see instructions)
   4. Total of specified payments made
   5. Part of column 4 that is included in the controlling organization's gross income
   6. Deductions directly connected with income in column 5

Nonexempt Controlled Organizations

   7. Taxable income
   8. Net unrelated income (loss) (see instructions)
   9. Total of specified payments made
   10. Part of column 9 that is included in the controlling organization's gross income
   11. Deductions directly connected with income in column 10

(1) 
(2) 
(3) 
(4) 

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A)
Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B)

Totals 0. Totals 0.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDINARY INCOME FROM PARTNERSHIP K-1S</td>
<td>-7,665.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-T, PAGE 1, LINE 5</td>
<td>-7,665.</td>
</tr>
</tbody>
</table>
Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box: □
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension 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 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, visit www.irs.gov/e-file and click on e-file for Charities & Nonprofits.

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation 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 tax returns.

Type or print

Name of exempt organization

CEedar TREE FOUNDATION

Employer identification number

13-3601934

Number, street, and room or suite no. If a P.O. box, see instructions.

100 FRANKLIN STREET, NO. 704

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BOSTON, MA 02210

Enter the Return code for the return that this application is for (file a separate application for each return)

07

Application is for

Return Code

Application Is For

Return Code

Form 990

01

Form 990-T (corporation)

07

Form 990-BL

02

Form 1041-A

08

Form 990-EZ

03

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

DEBRA MONIZ

The books are in the care of

100 FRANKLIN STREET - BOSTON, MA 02210

Telephone No.: 617-695-6767

Fax No.: 617-695-1919

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) in 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

November 15, 2011

for the organization's return for: □

Calendar year 2010 or

Tax year beginning , and ending

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.

3a $ 0

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 prior year overpayment allowed as a credit.

3b $ 45,438

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

LHA

Form 8868 (Rev. 1-2011)
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 9, column (B)

Totals ➤ 0. 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td>(4)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 10, col (A)
Enter here and on page 1, Part I, line 10, col (B)
Enter here and on page 1, Part II, line 26

Totals ➤ 0. 0. 0.

Schedule J - Advertising Income

(see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th></th>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or loss (col 2 minus col 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td>(2)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) ➤ 0. 0. 0.

Part II Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
<th>1 Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or loss (col 2 minus col 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<td>(4)</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

(5) Totals from Part I ➤ 0. 0. 0.

Enter here and on page 1, Part I, line 11, col (A)
Enter here and on page 1, Part I, line 11, col (B)
Enter here and on page 1, Part II, line 27

Totals, Part II (lines 1-5) ➤ 0. 0. 0.

Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(4)</td>
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<td></td>
</tr>
</tbody>
</table>

Total, Enter here and on page 1, Part II, line 14 ➤ 0. 0.

023731
03-03-11

08511025 756948 05240.001 2010.04050 CEDAR TREE FOUNDATION 05240_11

28