

ALEXANDER, ARONSON, FINNING & CO., P.C.
21 EAST MAIN STREET
WESTBORO, MA 01581
(508) 366-9100

APRIL 4, 2007

**THIS COPY
FOR YOUR FILES**

KENNEDY-DONOVAN CENTER, INC.
ONE COMMERCIAL STREET
FOXBORO, MA 02035-2530

DEAR KEVIN:

ENCLOSED IS THE ORGANIZATION'S 2005 EXEMPT ORGANIZATION
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

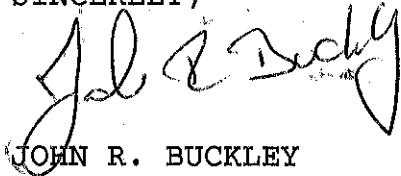
FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2007.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,



JOHN R. BUCKLEY

**Note: There are certain forms and statements included
in IRS Form 990 which are Not Open to Public
Inspection. Please exclude these forms when sending
anyone other than the IRS a copy of your Federal Form
990 (These Forms are Schedule B and any statement
that relates to Contributions, "Highlighted in Yellow")**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: **KENNEDY-DONOVAN CENTER, INC.**

Number and street (or P.O. box if mail is not delivered to street address): **ONE COMMERCIAL STREET**

City or town, state or country, and ZIP + 4: **FOXBORO, MA 02035-2530**

D Employer identification number: **04-2519028**

Room/suite: **508** Telephone number: **508-543-2542**

Accounting method: Cash Accrual
 Other (specify) ▶

THIS COPY FOR YOUR FILES

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.KDC.ORG**

J Organization type (check only one) ▶ 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **19,859,130.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	375,650.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 375,650. noncash \$)	1d	375,650.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	19,409,035.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	24,020.		
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	11,995.	(B) Other	
b	Less: cost or other basis and sales expenses	8a		8b	992.
c	Gain or (loss) (attach schedule)	8b	9,247.	8c	<992.>
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	2,748.	8d	1,756.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 1		STMT 2	
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	38,430.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	19,848,891.		
13	Program services (from line 44, column (B))	13	17,990,958.		
14	Management and general (from line 44, column (C))	14	1,501,102.		
15	Fundraising (from line 44, column (D))	15	197,564.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	19,689,624.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	159,267.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,570,862.		
20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,733,525.		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>N/A</u> noncash \$ <u>N/A</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	107,475.	0.	107,475.	0.
26 Other salaries and wages	9,147,806.	8,226,326.	846,694.	74,786.
27 Pension plan contributions				
28 Other employee benefits	885,972.	801,992.	76,658.	7,322.
29 Payroll taxes	877,501.	794,327.	75,893.	7,281.
30 Professional fundraising fees				
31 Accounting fees	44,058.		44,058.	
32 Legal fees	16,496.		16,496.	
33 Supplies	132,103.	94,723.	15,640.	21,740.
34 Telephone	86,794.	63,739.	23,055.	
35 Postage and shipping	46,451.	22,013.	15,832.	8,606.
36 Occupancy	707,405.	688,325.	18,438.	642.
37 Equipment rental and maintenance	219,080.	152,132.	59,836.	7,112.
38 Printing and publications				
39 Travel	296,568.	283,910.	12,106.	552.
40 Conferences, conventions, and meetings				
41 Interest	141,364.	98,192.	43,172.	
42 Depreciation, depletion, etc. (attach schedule)	152,891.	122,742.	27,102.	3,047.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	6,827,660.	6,642,537.	118,647.	66,476.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	19,689,624.	17,990,958.	1,501,102.	197,564.

Joint Costs. Check If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a ADULT AND FOSTER CARE - PROVIDES SUPPORT TO INDIVIDUALS LIVING IN SEMI OR INDEPENDENT SITUATIONS, AS WELL AS FAMILIES LIVING WITH INDIVIDUALS, WITH MENTAL OR DEVELOPMENT DISABILITIES.

10,769,622.

(Grants and allocations \$) If this amount includes foreign grants, check here

b CHILD AND FAMILY SERVICES - THERAPEUTIC, DAY AND FOSTER CARE PROGRAMS PROVIDING SERVICES TO FAMILIES AND THEIR CHILDREN WHO ARE DEVELOPMENTALLY DELAYED OR AT RISK OF DELAYS.

5,667,556.

(Grants and allocations \$) If this amount includes foreign grants, check here

c EDUCATION SERVICES - A DAY EDUCATIONAL PROGRAM WHICH PROVIDES MEDICAL, THERAPEUTIC AND EDUCATIONAL SERVICES TO IMPROVE SELF - CARE AND SOCIAL SKILLS OF CHILDREN AND ADOLESCENTS WITH SEVERE PHYSICAL DISABILITIES AND/OR MENTAL RETARDATION.

1,553,780.

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 17,990,958.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	468,743.	45	256,935.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	2,375,576.		
		47a			
	b	Less: allowance for doubtful accounts	459,000.	47c	1,916,576.
		47b			
	48 a	Pledges receivable			
		48a			
	b	Less: allowance for doubtful accounts		48c	
		48b			
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		51a			
	b	Less: allowance for doubtful accounts		51c	
	51b				
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	62,604.	53	61,743.	
54	Investments - securities STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	81,457.	54	91,546.	
55 a	Investments - land, buildings, and equipment: basis				
	55a				
b	Less: accumulated depreciation		55c		
	55b				
56	Investments - other SEE STATEMENT 7	814.	56	5,573.	
57 a	Land, buildings, and equipment: basis	4,365,383.			
	57a				
b	Less: accumulated depreciation STMT 8	2,080,698.	57c	2,284,685.	
	57b				
58	Other assets (describe SEE STATEMENT 9)	500,535.	58	517,548.	
59	Total assets (must equal line 74). Add lines 45 through 58	5,993,137.	59	5,134,606.	
Liabilities	60	Accounts payable and accrued expenses	1,642,531.	60	1,574,988.
	61	Grants payable		61	
	62	Deferred revenue	198,896.	62	8,534.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities STMT 10	1,455,000.	64a	1,205,000.
	b	Mortgages and other notes payable STMT 11 STMT 12	1,070,284.	64b	519,179.
	65	Other liabilities (describe FUNDS HELD IN TRUST)	55,564.	65	93,380.
66	Total liabilities. Add lines 60 through 65	4,422,275.	66	3,401,081.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,514,862.	67	1,630,839.
	68	Temporarily restricted	56,000.	68	102,686.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,570,862.	73	1,733,525.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	5,993,137.	74	5,134,606.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed		MA
b	Number of employees employed in the pay period that includes March 12, 2005	90b	351
91 a	The books are in care of		KEVIN CONARE, EXECUTIVE DIRECTOR
	Located at		ONE COMMERCIAL STREET, FOXBORO, MA
	Telephone no.		508-543-2542
	ZIP + 4		02035
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91b			
	If "Yes," enter the name of the foreign country		N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
91c			
	If "Yes," enter the name of the foreign country		N/A
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Analysis of Income-Producing Activities (See the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, THIRD PARTY INSURANCE, CLIENT FEES, Medicare/Medicaid payments, etc.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions.)

Signature and firm information section including: Preparer's signature (Kevin Rodman Conable), Date (4/18/07), Firm's name (ALEXANDER, ARONSON, FINNING & CO., P.C.), Address (21 EAST MAIN STREET, WESTBORO, MA 01581), and Phone no. (508-366-9100).

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **KENNEDY-DONOVAN CENTER, INC.**
Employer identification number: **04 2519028**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BARBARA CHARBONNEAU ONE COMMERCIAL STREET, FOXBORO, MA 02	CONTRACTS MANAGER 40.00	63,508.	307.	
MICHAEL J. HYLAND ONE COMMERCIAL STREET, FOXBORO, MA 02	PROGRAMS VP 40.00	64,096.	3,785.	
DANIEL COUET ONE COMMERCIAL STREET, FOXBORO, MA 02	PROGRAMS VP 40.00	63,509.	9,498.	
ALBERT TOUSIGNANT ONE COMMERCIAL STREET, FOXBORO, MA 02	MIS DIRECTOR 40.00	63,067.	300.	
ANN TAYLOR ONE COMMERCIAL STREET, FOXBORO, MA 02	SR VP 40.00	81,540.	7,506.	
Total number of other employees paid over \$50,000 ▶	5			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
EASTER SEALS OF MASSACHUSETTS 484 MAIN STREET, WORCESTER, MA 01608	OCCUPATIONAL THERAPY	84,134.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	387,647.	367,492.	435,881.	297,446.	1,488,466.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	20206954.	19714654.	19143492.	18525348.	77,590,448.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,885.	12,708.	18,127.	28,484.	75,204.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	29,859.	29,817.	SEE STATEMENT 16 58,950.	55,373.	173,999.
23 Total of lines 15 through 22	20640345.	20124671.	19656450.	18906651.	79,328,117.
24 Line 23 minus line 17	433,391.	410,017.	512,958.	381,303.	1,737,669.
25 Enter 1% of line 23	206,403.	201,247.	196,565.	189,067.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 34,753.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 277,876.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,737,669.
d Add: Amounts from column (e) for lines: 18 75,204. 19 22 173,999. 26b 277,876.					26d 527,079.
e Public support (line 26c minus line 26d total)					26e 1,210,590.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 69.6675%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		0.
38 Total lobbying expenditures (add lines 36 and 37)	38		0.
39 Other exempt purpose expenditures	39		0.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		0.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	0.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		0.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
VARIOUS SECURITIES	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	11,995.	9,247.	0.	2,748.
TOTAL TO FM 990, PART I, LN 8	11,995.	9,247.	0.	2,748.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)	
	VARIOUS	VARIOUS	PURCHASED		
DISPOSAL OF EQUIPMENT					
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	
	0.	281,353.	0.	280,361.	<992.>
TO FM 990, PART I, LN 8		281,353.	0.	280,361.	<992.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,396.
TOTAL TO FORM 990, PART I, LINE 20	3,396.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTANTS AND CONTRACTED SERVICES	6,146,596.	6,079,341.	64,815.	2,440.
STAFF TRAINING	22,831.	18,066.	1,612.	3,153.
MEALS	124,025.	121,931.	776.	1,318.
VEHICLE MAINTENANCE & REPAIRS	49,466.	44,488.	4,978.	
BAD DEBT	305,498.	305,498.		
ADVERTISING	48,636.	42,112.	5,471.	1,053.
MISCELLANEOUS	30,484.	24,329.	2,172.	3,983.
DUES AND SUBSCRIPTIONS	17,324.	6,772.	9,430.	1,122.
LIABILITY INSURANCE	29,393.		29,393.	
EVENT COSTS	53,407.			53,407.
TOTAL TO FM 990, LN 43	6,827,660.	6,642,537.	118,647.	66,476.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	422,310.	0.	422,310.
BUILDING	2,851,295.	1,269,940.	1,581,355.
LEASEHOLD AND BUILDING IMPROVEMENTS	275,729.	140,837.	134,892.
FURNITURE AND EQUIPMENT	552,143.	469,041.	83,102.
VEHICLES	263,906.	200,880.	63,026.
TOTAL TO FORM 990, PART IV, LN 57	4,365,383.	2,080,698.	2,284,685.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
ASSETS OF DISCONTINUED OPERATIONS	2,928.
DEBT SERVICE AND BOND FUND	364,086.
NET BOND ISSUE COSTS	37,279.
SECURITY DEPOSITS	19,875.
FUNDS HELD IN TRUST	93,380.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	517,548.

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 10

PURPOSE OF ISSUE

PURCHASE LAND AND VARIOUS BUILDINGS

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	06/30/10	0.	1,205,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 1,205,000.

FORM 990 MORTGAGES PAYABLE STATEMENT 11

DESCRIPTION	BALANCE DUE
VARIOUS COMPANIES/BANKS	34,179.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	34,179.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 12

LENDER'S NAME TERMS OF REPAYMENT

A BANK ON DEMAND

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	12/31/05	0.	6.25%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

SUBSTANTIALLY ALL OF THE CENTER'S ASSETS LINE OF CREDIT

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	485,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		485,000.

FORM 990

OTHER SECURITIES

STATEMENT 13

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITY SECURITIES	FMV	91,546.
TO FORM 990, LINE 54, COL B		91,546.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 14

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THIRD PARTY INSURANCE REVENUES WERE GENERATED FROM PROVIDING SERVICES FOR EARLY INTERVENTION PROGRAM
93B	CLIENT RESOURCES WERE USED TO FURNISH FOOD, RENT AND UTILITIES FOR RESIDENTIAL SERVICES: CLIENTS AND SLIDING FEES WERE USED TO PROVIDE "DAY CARE SERVICES" TO CHILDREN AGED 15 MONTHS TO 6 YEARS OF AGE

- 93G FEES FROM GOVERNMENT AGENCIES WERE GENERATED BY PROVIDING SERVICES TO INDIVIDUALS IN RELATION TO THE ORGANIZATION'S EXEMPT PURPOSE.
- 93F MEDICARE/MEDICAID PAYMENTS WERE USED TO PROVIDE CARE AND SERVICES FOR PROGRAMS
- 103A MISCELLANEOUS REVENUE ASSOCIATED WITH EXEMPT PURPOSE

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 15

A MEMBER OF THE CENTER'S BOARD OF DIRECTORS IS AN INSURANCE AGENT FOR LIFE INSURANCE, DISABILITY INSURANCE, AND 403(B) PENSION PLAN INVESTMENT INSURANCE OPTIONS FOR THE CENTER. THE TOTAL AMOUNT OF COMMISSIONS EARNED BY THE INSURANCE COMPANY WAS \$13,490.

A MEMBER OF THE CENTER'S BOARD OF DIRECTORS IS EMPLOYED IN A SENIOR POSITION AT A FINANCIAL INSTITUTION AT WHICH THE CENTER MAINTAINS AN ACCOUNT. THE DIRECTOR DOES NOT HAVE SIGNING AUTHORITY ON THE ACCOUNT.

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	29,859.	29,817.	58,950.	55,373.
TOTAL TO SCHEDULE A, LINE 22	29,859.	29,817.	58,950.	55,373.

Kennedy-Donovan Center, Inc.
FEIN: 04-2519028
Attachment to Form 990, Part V
June 30, 2006

BOARD OF DIRECTORS

Mary Graham, Chair
Richard Harwood, Vice Chair
Carolyn A. Chaplin, Clerk
Scott Scales, Treasurer
Deborah Felix
Rose Buckley
Harold Cohen
William O'Donnell
David Boucher
Robert Panessiti
Stephen Peck
Jack Pelrine
Robert Poirier

The above individuals can be reached at:
One Commercial Street
Foxboro, MA 02035
Tel: 508-543-2542

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization KENNEDY-DONOVAN CENTER, INC.	Employer identification number 04-2519028
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE COMMERCIAL STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FOXBORO, MA 02035-2530	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **▶ KEVIN CONARE, EXECUTIVE DIRECTOR**
Telephone No. **▶ 508-543-2542** FAX No. **▶**

• 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 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.

4 I request an additional 3-month extension of time until **MAY 15, 2007**

5 For calendar year **2006**, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
INFORMATION NEEDED TO FILE A RETURN IS NOT YET AVAILABLE.

8a 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 \$ **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 and any amount paid previously with Form 8868 \$ **0**

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **0** N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ [Signature]** Title **▶ CPA** Date **▶ 2-7-07**

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name ALEXANDER, ARONSON, FINNING & CO., P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 21 E. MAIN STREET
	City or town, province or state, and country (including postal or ZIP code) WESTBORO, MA 01581

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 3rd Month Extension**, complete only Part I and check this box
 - If you are filing for an **Additional (not automatic) 3rd 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 3rd month extension on a previously filed Form 8868.**

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

Form 990 corporations requesting an automatic 6th month extension check this box and complete Part I only

All other corporations (including Form 990 filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (efile). Form 8868 can be filed electronically if you want a 3rd month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990 filers). However, you cannot file it electronically if you want the additional (not automatic) 3rd month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization KENNEDY DONOVAN CENTER, INC.	Employer identification number 0402519028
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE COMMERCIAL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FOXBORO, MA 0203502530	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 <input checked="" type="checkbox"/> (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 <input checked="" type="checkbox"/> L | <input type="checkbox"/> Form 990 <input checked="" type="checkbox"/> (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 <input checked="" type="checkbox"/> Z | <input type="checkbox"/> Form 990 <input checked="" type="checkbox"/> (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 <input checked="" type="checkbox"/> F | <input type="checkbox"/> Form 1041 <input checked="" type="checkbox"/> | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **KEVIN CONARE, EXECUTIVE DIRECTOR**
 Telephone No. ▶ **508054302542** FAX No. ▶ _____
- 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 will cover.

1 I request an automatic 3rd month (6th months for a Form 990 corporation) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or _____
 ▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990 L, 990 F, 990 Z, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 F or 990 Z, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.