etil	e GRAPH	ic print - i	DO NOT PROCESS A	s Filed Data -		DLN: 9	3493137044290		
	990		Return of Organ	ization Exempt Fro	m Income	Tax <sup>c</sup>	MBNo 1545-0047		
Form	330	Unde	r section 501(c), 527, or 494	47(a)(1) of the Internal Reve fit trust or private foundation	nue Code (excep		2008		
•	ent of the Treasu Revenue Service	Image: The second se		a copy of this return to satisf	-	requirements	Open to Public Inspection		
A Fo	r the 2008	calendar yea	r, or tax year beginning 07-	01-2008 and ending 06-30-2	2009				
<b>B</b> Che	eck if applicat	Fiease	C Name of organization Sophia Snow House Inc			D Employer ider	ntification number		
☐ Add	ress change	use IRS label or	Doing Business As			57-1144606 E Telephone nu			
∏ Nar	ne change	print or type. See	boiling business ris						
🖵 Initi	al return	Specific Instruc-		ox if mail is not delivered to street ad	Idress) Room/suite	(617) 323-0 G Gross receipts			
	mination	tions.	1215 Centre Street			•			
Am Am	ended return		City or town, state or country, West Roxbury, MA 02132	and ZIP + 4					
Г Арр	lication pend	ng							
			ne and address of Principal RAMISH	Officer		s a group return	for		
		1205-	1215 CENTRE STREET		affilia	tes?	「Yes 「No		
	k-exempt sta		ROXBURY,MA 02132 )(3)	-)(1) [		l affiliates include			
				a)(1) of   527		o," attach a list p Exemption Nur	See instructions )		
		www.sophiasn			H(c) Grou				
<b>К</b> Туре	e of organizat	ion 🔽 Corporat	ion 「trust 「association 「 otl	ner 🕨	L Year of Fo	rmation 2002 M S	State of legal domicile MA		
Da									
Pa		<b>mmary</b> ly describe th	e organization's mission or	most significant activities					
ę		-	-	ENTIAL CARE FACILITY FO	R THE ELDERLY	THE RESIDEN	CE PROVIDES		
anc	нои	SING, MEAL	S,ACTIVITIES AND SUPP	ORTIVE SERVICES FOR MEN	N AND WOMEN				
Governance	<b>7</b> Cha		. <b>6</b> + h						
205				nued its operations or dispose			20		
×6		_		ody (Part VI, line 1a) e governing body (Part VI, line			19		
es			nployees (Part V, line 2a)		10)	· · · _	35		
Activities			olunteers (estimate if neces			5 <u> </u>	9		
Act				Part VIII, line 12, column (C)		7a	0		
	<b>b</b> Net	unrelated bus	ness taxable income from F	Form 990-T, line 34		7Ь	0		
					Pric	or Year	Current Year		
a	<b>8</b> Cor	tributions and	d grants (Part VIII, line 1h)	)	·		0		
Revenue				)		1,304,807	1,465,318		
Hey				Ines 3, 4, and 7d)	•		0		
_				r revenue (Part VIII, column (A ), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12			tegual Part VIII column (A)	line				
	<b>13</b> Gra			t equal Part VIII, column (A),	line	1,304,807	1,465,318		
			ar amounts paid (Part IX, co		line	1,304,807			
	<b>14</b> Ber	nts and simila efits paid to c	ar amounts paid (Part IX, co or for members (Part IX, col	olumn (A), lines 1–3) umn (A), line 4)		1,304,807	1,465,318		
8	<b>14</b> Ber <b>15</b> Sal	nts and simila efits paid to c aries, other co	ar amounts paid (Part IX, co or for members (Part IX, col	olumn (A), lines 1–3)			1,465,318 0 0		
302 GS	14 Ber 15 Sal 10)	nts and simila efits paid to c aries, other co	ar amounts paid (Part IX, co or for members (Part IX, col	olumn (A ), lines 1–3) umn (A ), line 4 ) efits (Part IX, column (A ), line		606,225	1,465,318		
se sue dix	14 Ber 15 Sal 10) 16a Pro	nts and simila efits paid to c aries, other co fessional fund	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben	olumn (A), lines 1–3) umn (A), line 4) efits (Part IX, column (A), line nn (A), line 11e)			1,465,318 0 0 725,050		
Expenses	14 Ber 15 Sal 10) 16a Pro b (Tot	nts and simila efits paid to c aries, other co fessional fund al fundraising ex	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben Iraising fees (Part IX, colum	olumn (A ), lines 1–3) umn (A ), line 4 ) efits (Part IX, column (A ), line nn (A ), line 11e) 25 <u>0</u> )			1,465,318 0 0 725,050		
Expenses	14         Ber           15         Sal           10)           16a         Pro           b         (Tot           17         Oth	nts and simila efits paid to c aries, other co fessional fund al fundraising ex ier expenses	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben lraising fees (Part IX, colum penses, Part IX, column (D), line (Part IX, column (A), lines 1	olumn (A ), lines 1–3) umn (A ), line 4 ) efits (Part IX, column (A ), line nn (A ), line 11e) 25 <u>0</u> )	es 5 -	606,225	1,465,318 0 0 725,050 0		
	14         Ber           15         Sal           10)         10)           16a         Pro           b         (Tot)           17         Oth           18         Tot)	nts and simila efits paid to c aries, other co fessional fund al fundraising ex er expenses al expenses	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben lraising fees (Part IX, colum penses, Part IX, column (D), line (Part IX, column (A), lines 1	olumn (A), lines 1–3) umn (A), line 4) efits (Part IX, column (A), line nn (A), line 11e) 25 <u>0</u> ) L1a–11d, 11f–24f) ial Part IX, line 25, column (A	))	606,225 1,394,484 2,000,709 -695,902	1,465,318 0 0 725,050 0 1,345,076		
	14         Ber           15         Sal           10)         10)           16a         Pro           b         (Tot)           17         Oth           18         Tot)           19         Rev	nts and simila efits paid to c aries, other co fessional fund al fundraising ex ier expenses — al expenses — enue less exp	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben Iraising fees (Part IX, colum penses, Part IX, column (D), line (Part IX, column (A), lines 1 add lines 13–17 (must equ penses Subtract line 18 fro	olumn (A), lines 1–3) umn (A), line 4) efits (Part IX, column (A), line nn (A), line 11e) 25 <u>0</u> ) L1a–11d, 11f–24f) ial Part IX, line 25, column (A	))	606,225 1,394,484 2,000,709 -695,902 ng of Year	1,465,318 0 0 725,050 0 1,345,076 2,070,126		
	14     Ber       15     Sal 10)       16a     Pro       b     (Tot       17     Oth       18     Tot       19     Rev       20     Tot	nts and simila efits paid to c aries, other co fessional fund al fundraising ex er expenses al expenses enue less exp al assets (Pai	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben lraising fees (Part IX, colum penses, Part IX, column (D), line (Part IX, column (A), lines 1 add lines 13–17 (must equ penses Subtract line 18 fro	olumn (A), lines 1–3) umn (A), line 4) efits (Part IX, column (A), line nn (A), line 11e) 25 <u>0</u> ) L1a–11d, 11f–24f) ial Part IX, line 25, column (A	))	606,225 606,225 1,394,484 2,000,709 -695,902 <b>ng of Year</b> 5,496,848	1,465,318 0 0 725,050 0 1,345,076 2,070,126 -604,808 End of Year 5,278,881		
	14     Ber       15     Sal 10)       16a     Pro       b     (Tot       17     Oth       18     Tot       19     Rev       20     Tot	nts and simila efits paid to c aries, other co fessional fund al fundraising ex er expenses al expenses enue less exp al assets (Pai	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben Iraising fees (Part IX, colum penses, Part IX, column (D), line (Part IX, column (A), lines 1 add lines 13–17 (must equ penses Subtract line 18 fro	olumn (A), lines 1–3) umn (A), line 4) efits (Part IX, column (A), line nn (A), line 11e) 25 <u>0</u> ) L1a–11d, 11f–24f) ial Part IX, line 25, column (A	))	606,225 1,394,484 2,000,709 -695,902 ng of Year	1,465,318 0 0 725,050 0 1,345,076 2,070,126 -604,808 End of Year		
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Net Assets or Fund Balances	14     Ber       15     Sal 10)       16a     Pro       b     (Tot       17     Oth       18     Tot       19     Rev       20     Tot       21     Tot       22     Net       til     Si	nts and simila efits paid to o aries, other co fessional fund al fundraising ex- er expenses al expenses enue less exp al assets (Pai al liabilities (I assets or fur <b>gnature Bl</b> er penalties of pe	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben lraising fees (Part IX, colum penses, Part IX, column (D), line (Part IX, column (A), lines 1 -add lines 13–17 (must equ benses Subtract line 18 fro rt X, line 16) Part X, line 26) ad balances Subtract line 2 <b>ock</b> ergury, I declare that I have exam	olumn (A), lines 1–3) umn (A), line 4) efits (Part IX, column (A), line nn (A), line 11e) 25 <u>0</u> ) L1a–11d, 11f–24f) ial Part IX, line 25, column (A m line 12	es 5 -	606,225 1,394,484 2,000,709 -695,902 ng of Year 5,496,848 8,381,244 -2,884,396 tatements, and to th	1,465,318 0 0 725,050 0 1,345,076 2,070,126 -604,808 End of Year 5,278,881 9,181,464 -3,902,583		
ald Net Assets of Eard Balances	14     Ber       15     Sal 10)       16a     Pro       b     (Tot       17     Oth       18     Tot       19     Rev       20     Tot       21     Tot       22     Net       till     Si       undard     Se	nts and simila efits paid to c aries, other co fessional fund al fundraising ex er expenses al expenses enue less exp al assets (Pai al liabilities (f assets or fur <b>gnature Bl</b> er penalties of pe belief, it is true, *****	ar amounts paid (Part IX, co or for members (Part IX, col ompensation, employee ben lraising fees (Part IX, colum penses, Part IX, column (D), line (Part IX, column (A), lines 1 eadd lines 13–17 (must equ benses Subtract line 18 fro rt X, line 16) Part X, line 26) ad balances Subtract line 2 <b>ock</b> enjury, I declare that I have exam correct, and complete Declaration	olumn (A), lines 1–3) umn (A), line 4) efits (Part IX, column (A), line on (A), line 11e) 25 0) L1a–11d, 11f–24f) ial Part IX, line 25, column (A m line 12 1 from line 20	es 5	606,225 1,394,484 2,000,709 -695,902 ng of Year 5,496,848 8,381,244 -2,884,396 tatements, and to th	1,465,318 0 0 725,050 0 1,345,076 2,070,126 -604,808 End of Year 5,278,881 9,181,464 -3,902,583		
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2008)

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

**1** Briefly describe the organization's mission

THE MISSION OF SOFIA SNOW HOUSE IS TO BE THE PREMIER RESIDENCE FOR MEN AND WOMEN WHO SEEK AN AFFORDABLE COMMUNITY SETTING THAT FOSTERS INDEPENDENCE WHILE PROVIDING NEEDED ASSISTANCE AND SUPPORT

2	Did the organization und the prior Form 990 or 99		nt program services during th	e year which were not listed on	└ Yes └ No
	If "Yes," describe these	new services on Sch	edule O		
3	Did the organization cea services?	se conducting or ma	ke sıgnıfıcant changes ın hov	v it conducts any program	└ Yes \/ No
	If "Yes," describe these	changes on Schedul	e O		
4	Section 501(c)(3) and (	4) organızatıons and		three largest program services red to report the amount of grants reported	
4a	(Code	) (Expenses \$	1,580,960 including grants of	f \$ 0 ) (Revenue \$	1,465,318 )
	OPERATES A 36- UNIT LICE SERVICES FOR MEN AND W		FACILITY FOR THE ELDERLY THE F	RESIDENCE PROVIDES HOUSING, MEALS	, ACTIVITIES AND SUPPORTIVE
4b	(Code	) (Expenses \$	including grants of	\$) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of	\$) (Revenue \$	)
4d	Other program service	s (Describe in Sche	dule O )		
	(Expenses \$		ding grants of \$	) (Revenue \$	)
4e	Total program service	expenses \$	1,580,960 Must equal i	Part IX, Line 25, column (B).	
		- ·			Form <b>990</b> (2008)

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If</i> " <i>Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕄	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the US? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> " <i>Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G,</i> Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

# Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part</i>			
	IV	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
с	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV <b>.</b>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
57	organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>Statements</i> filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	_		
	return <sup>7</sup>	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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	4a		No
L	account)?			110
D	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and Financial Accounts .</i>			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ . $$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," dıd the organızatıon notıfy the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club <b>10b</b>			
D	facilities			
	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 120			

Form 990 (2	2008)
Part VI	Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section	A. Governing Body and Management

				Yes	No		
	For each "Yes″ response to lines 2-7 below, and for a "No″ response to lines 8 or 9b below, describe the processes, or changes in Schedule O. See instructions.	cırcumstances,					
1a	Enter the number of voting members of the governing body 1a	20					
b	Enter the number of voting members that are independent 1b	19					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?		2	Yes			
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors or trustees, or key employees to a management company or othe		3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's as	sets?	5		No		
6	6 Does the organization have members or stockholders?						
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?       7a						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other p	persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertake year by the following	en during the					
а	the governing body?		8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?		8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?	[	9a		No		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with those of the organization?		9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All must describe in Schedule O the process, if any, the organization uses to review the Form 990	-	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		No		

## Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>MA</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection Indicate how you make these available Check all that apply
	「 own website 「 another's website 🔽 upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of
	interest policy, and financial statements available to the public See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization
	CECILIA DAVLIN EXECUTIVE DIRECTOR
	1205-1215 CENTRE STREET
	WEST ROXBURY, MA 02132
	(617) 323-0373

### Part VIII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

厂 Check this box if the organization did not compensate any officer, director, trustee or key employee

		<b>(C)</b> Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	<b>(B)</b> A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
										<u> </u>

# Part VII Continued

	<b>(B)</b> A verage hours per week		tion tion that a			all			(E)	(F)
<b>(A)</b> Name and Title		Individual Trustae or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
 1b Total							►	(	176,882	0
2 Total number of individuals (including	those in 1	a) who	ecer	ved	mor	re tha	n \$1	00.000 in reportabl	<u>ا</u>	
compensation from the organization									-	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		
		5		N

# Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization	
	_

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIDINE CORPORATION ONE GATEWAY CENTER SUITE 751 NEWTON, MA 02458	DINING SERVICES	369,724
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	, ,	1

Form **990** (2008)

# Part Statement of Revenue VIII

			<b>(A)</b> Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	<b>(D)</b> Revenue Excluded from Tax under IRC 512, 513, or 514
ants unts	1a b	Federated campaigns 1a Membership dues 1b	_			
s, gr	с	Fundraising events	_			
s, gifts milar a	d	Ic         Related organizations       . 1d         Government grants (contributions)       1e	_			
ber si	f	All other contributions, gifts, grants, and similar amounts not included above	-   -			
Contributions, gifts, grants and other similar amounts	g	<b>1f</b> Noncash contributions included in lines 1a-1f \$				
	h	Total (Add lines 1a-1f)	•			
enne	2a b	Prog serv revenue-Excl 623,00	-	1,465,318		
Не	c					
MC.	d					
Sei	e					
Program Service Revenue	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	• •			
	5	Royalties				
	6a	(I) Real (II) Personal Gross Rents	-			
	Ь	Less rental expenses				
	c	Rental Income or (loss)				
	d	Net rental income or (loss)	•			
	7a	(I) Securities (II) O ther Gross amount from sales of prote other	-			
	Ь	assets other than inventory Less cost or other beam and	-			
	с	other basis and sales expenses Gain or (loss)	_			
	d	Net gain or (loss)	•			
	8a	Gross income from fundraising events (not including				
Other Revenue		\$				
ŭ		\$15,000 a	_			
Othe	b c	Less direct expensesb Net income or (loss) from fundraising events .				
	9a	Gross income from gaming activities See part IV, line 19 <i>Complete Schedule G if total</i> <i>exceeds \$15,000</i>				
	Ь	a Less direct expensesb	_			
	с	Net income or (loss) from gaming activities	•			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold <b>b</b>	- •			
		Miscellaneous Revenue Business Code				
	11a					
	Ь					
	с					
	d	All other revenue				
	e	Total. Add lines 11a-11d         . <td>1,465,318</td> <td>1,465,318</td> <td>C</td> <td>   </td>	1,465,318	1,465,318	C	 
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,           8c,           9c, 10c, and 11e	1,465,318	1,400,318		
	_	· · ·	L	•	•	Form <b>990</b> (2008

# Form 990 (2008) Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r		plete columns	(B), (C), and (D	
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	599,788	415,237		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,910		20,910	
9	Other employee benefits	58,507		58,507	
10	Payroll taxes	45,845		45,845	
11	Fees for services (non-employees)				
а	Management	57,500		57,500	
Ь	Legal	3,847		3,847	
с	Accounting	24,688		24,688	
d	Lobbying				
е	Professional fundraising See Part IV, line 17 .				
f	Investment management fees				
g	Other	59,809	59,809		
.2	Advertising and promotion	13,902		13,902	
.3	Office expenses	6,431		6,431	
4	Information technology				
15	Royalties				
16	Occupancy				
L7	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	199,610	199,610	ļ ļ	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	239,210	239,210		
23	Insurance	40,867		40,867	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Food	398,179	398,179		
Ь	Repairs & Maintenance	130,446	130,446		
с	Utilities	63,491	63,491		
d	Medical	18,953	18,953		
е	A mortization Expense	16,942	16,942		
f	All other expenses	71,201	39,083	32,118	
25	Total functional expenses. Add lines 1 through 24f	2,070,126	1,580,960	489,166	
26	Joint Costs. Check $\prod$ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			172,877	1	11,989
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			23,816	4	34,467
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>	key emp			5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 49!			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			61,230	9	58,036
Assets	10a						
As		Land, buildings, and equipment cost basis	10a	6,200,387			
-	ь	Less accumulated depreciation Complete Part VI of					
		Schedule D	10Ь	1,357,704	5,072,420	10c	4,842,683
	11	Investments—publicly traded securities		•		11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>	t VII of			12	
	13	${\tt Investments-program-related}$ See Part IV , line 11 ${\it Complete Pa}$ of Schedule D $\ .$	rt VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			166,505	15	331,706
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,496,848	16	5,278,881
	17	Accounts payable and accrued expenses .	21,689	17	24,689		
	18	Grants payable			6,135,000	18	6,005,000
	19	Deferred revenue	1,521	19	1,529		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			2,223,034	25	3,150,246
	26	Total liabilities. Add lines 17 through 25			8,381,244	26	9,181,464
es		Organizations that follow SFAS 117, check here 🕨 🔽 and complete through 29, and lines 33 and 34.	ete lines	27			
anc	27	Unrestricted net assets			-2,884,396	27	-3,902,583
Fund Balance		Temporarily restricted net assets				28	
Ë	29	Permanently restricted net assets				29	
n		Organizations that do not follow SFAS 117, check here ►	complet	e			
Ρ		lines 30 through 34.		-			
s S	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
ЧS	32	Retained earnings, endowment, accumulated income, or other fun			32		
Net	33	Total net assets or fund balances			-2,884,396	33	-3,902,583
Z	34	Total liabilities and net assets/fund balances			5,496,848	34	5,278,881
Pa	rt XI	Financial Statements and Reporting					

			Yes	No
1	Accounting method used to prepare the Form 990 🦷 Cash 🔽 accrual 🦵 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
с	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	3a		No
b	If "Yes," dıd the organızatıon undergo the required audit or audits?	Зb		

efil	e GF	RAPHIC pr	int - DO NOT	PROCESS	As Filed	Data -				DL	N: 9349	313704	44290	
SCI	HED	DULE A		Public Ch	narity Sta	atue ar	nd Put	lic Su	nort		ОМВ	No 154	5-004	
<b>(Forr</b> Departm	<b>n 990</b> nent of th	or 990EZ) ne Treasury e Service	To be co	ompleted by a	ll sect ion 501 nonexem	.(c)(3) org pt charital	ganization ble trusts.	s and sect	ion 4947(	a)(1)		200	•	
	revenue		J									Inspect		
Name	e of ti	he organizat	ion						Em	nployer ide	nt if icat io	n numbei	r	
Sophia	Snow	House Inc												
Da	rt I	Peacon	for Public Ch	arity Statu		moleted	by all or	aanizatio		-1144606				
			t a private founda								0115)			
1	Г Г		convention of chi							(A)(i).				
2	Ē		lescribed in <b>Secti</b>							()(-)-				
3	Ē		or a cooperative					t ion 170(b	<b>)(1)(A)(</b>	iii). (Attac	h Schedul	eH)		
4	Γ		research organiz	•	-			-				•		
		hospital's	name, city, and s	tate	-									
5	Г	•			fa college or	universit	y owned o	r operated	by a gov	overnmental unit described in				
		Section 17	0(b)(1)(A)(iv).	Complete Par	tII)									
6	Γ	A federal,	state, or local go	vernment or g	overnmental	unıt descr	ubed in <b>Se</b>	ction 170(	(b)(1)(A)	(v).				
7	Γ	An organız	ation that norma	lly receives a	substantial p	art of its s	support fro	om a govei	rnmental u	unit or from	n the gene	ral publi	с	
		described	in Section 170(b)	(1)(A)(vi) (0	Complete Par	tII)								
8	Γ	A commun	nty trust describe	ed in Section 1	70(b)(1)(A)	<b>(vi)</b> (Com	nplete Par	tII)						
9	ম	An organız	ation that norma	lly receives (	1) more than	331/3% o	of its supp	ort from co	ontributioi	ns, membe	rshıp fees	, and gro	ss	
		receipts fr	om activities rela	ated to its exe	mpt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of		
		its support	t from gross inve	stment income	e and unrelate	ed busines	ss taxable	ıncome (l	ess secti	on 511 tax	) from bus	sinesses		
		acquired b	y the organizatio	n after June 30	0,1975 See	Section 5	09(a)(2).	(Complete	e Part III	)				
10		An organız	ation organized a	and operated e	xclusively to	test for p	ublıc safe	ty See <b>Se</b>	ct ion 509	<b>(a)(4).</b> (Se	e instruct	ions )		
11	Γ	one or mor	ation organized a e publicly suppoi at describes the f	rted organizati	ions describe	d in sectio	on 509 (a)	(1) or sec	tion 509(	a)(2) See	•	• •		
				Type II				nally Integ		d	🗌 Туре	III - Ot	her	
e	Г	•	ng this box, I cert foundation mana	•	-									
f		If the orga check this	nization received box								supportın	g organı	zation,	
g		Since Aug following p	ust 17, 2006, ha ersons?	s the organiza	ition accepted	a any gift	or contrib	ution from	any of the	9				
			on who directly or	indirectly con	itrols, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No	
		and (111) be	low, the governin	g body of the	the supported	d organıza	tion?				11g(	(i)		
		(ii) a famıl	y member of a pe	rson describe	d ın (ı) above	?					11g(	ii)		
		(iii) a 35%	controlled entit	y of a person o	described in (	(i) or (ii) al	bove?				<b>11g(</b>	iii)		
h		Provide th	e following inform	ation about th	ie organizatio	ns the org	janızatıon	supports						
	(i) N	ame of	(ii) EIN	(iii) Type of c	rganization	(iv) I	s the		ou notify	(vi) I	s the	(vii) Ar	nount o	
		ported		(described or	-		ation in	the orga		organiz			port?	
	Orgai	nızatıon		above or IR			listed in		) of your	col (i) o				
				(See Instr	uctions))		verning ment?	supp	ort?	In the	US?			
						Yes	No	Yes	No	Yes	No			
			+ +			105		105		res	NU			
			+											
			+ +											
			+ +											
			++											

Total

Sche	edule A (Form 990 or 990-EZ) 2008						Page <b>2</b>
	Part II Support Schedule for O (Complete only if you chec				)(1)(A)(iv) a	nd 170(b)(1	)(A)(vi)
P	ublic Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gıfts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add line 1-3						
5	The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column						
	(f)						
6	Public Support subtract line 5 from line						
	4						
	otal Support	( ) 2 2 2 4	(1) 2005	( ) 2 2 2 2	(1) 2 2 2 7	( ) 2 2 2 2	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	A mounts from line 4 Gross income from interest, dividends,						
8	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in						
	Part IV )						
11	<b>Total Support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities, etc	(See instructio	ns)	•	•	12	•
13	First Five Years. If the Form 990 is for the			rd fourth or fiftl	h tay yaar as a F		
	organization, check this box and <b>stop here</b>					501(0)(5)	▶
	omputation of Public Support Perc					· · ·	
14	Public Support Percentage for 2008 (line 6			olumn (f))		14	
15	Public Support Percentage for 2007 Scheo	lule A , Part IV -	A, lıne 26f			15	
16a	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies a		,		3 1/3% or more	, check this box	►□
b	<b>33 1/3% Test - 2007.</b> If the organization di				15 is 33 1/3% o	or more, check t	•
	box and <b>stop here.</b> The organization qualifi <b>10% Facts and Circumstances Test - 2008.</b>	es as a publicly	supported orga	nızatıon			►
	more, and if the organization meets the "fa						
b	organization meets the "facts and circums 10% Facts and Circumstances Test - 2007.	If the organizat	ion did not chec	k a box on line 1	L3, 16a, 16b, or	17a and line 15	
	more, and if the organization meets the "fa the organization meets the "facts and circi						
18	Private Foundation. If the organization did		-			-	
	Instructions						▶

Schedule A (Form 990 or 990-EZ) 2008

	rt III	Support Schedule for Or (Complete only if you check				(2)			
-		Public Support							
Cale	-	(or fiscal year beginning in)	<b>(a)</b> 2004	<b>(b)</b> 2005	(c) 2006	( <b>d)</b> 2007	(e)	2008	(f) Total
1	membersh	its, contributions, and iip fees received (Do not y "unusual grants ")							
2		eipts from admissions,							
-		se sold or services performed,							
		s furnished in any activity that	423,692	456,766	830,457	1,304,807		1,465,318	4,481,040
		to the organization's tax-							
	exempt pu	•							
3		eipts from activities that are elated trade or business under							
	section 51								
4		ues levied for the							
•	organizatio	on's benefit and either paid to							
	orexpende	ed on its behalf							
5		of services or facilities							
		by a governmental unit to the							
~	organization Total Add	on without charge	423,692	456,766	830,457	1,304,807		1,465,318	4,481,040
6 7-		ncluded on lines 1, 2, and 3	+23,072	450,700	030,437	1,504,007		1,405,510	4,401,040
7a		rom disqualified persons							
Ь		ncluded on lines 2 and 3							
-		rom other than disqualified							
		nat exceed the greater of 1% of							
		f lines 9, 10c, 11, and 12 for							
	the year o								
		nes 7a and 7b							
8	line 6)	<b>port</b> (Substract line 7c from							4,481,040
	tal Supp	ort							
		(or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	A mounts 1		423,692		830,457	1,304,807		1,465,318	4,481,040
10a		ome from interest, dividends,			,				<u> </u>
		received on securities loans,							
		alties and income from similar							
	sources								
b		business taxable income (less							
		1 taxes) from businesses							
~		ifter 30 June, 1975 10a and 10b							
с 11		e from unrelated business							
		not included in line 10b.							
		r not the business is regularly							
	carried on								
12		ome Do not include gain or loss							
		ale of capital assets							
10	(Explain ir Total Sup	<b>port</b> (Add lines 9, 10c, 11 and							
13	12)								4,481,040
14	,	<b>Years</b> If the Form 990 is for the c	organization's fir	st, second, third	d, fourth, or fifth i	tax year as a 50	01(c)(3	3) organız	ation,
	check this	box and <b>stop here</b>							▶
			_						
		on of Public Support Perce					1		
15	Public Sup	port Percentage for 2008 (line 8	column (f) divid	ded by line 13 co	olumn (f))		15		100 000 %
16	Public Sup	port Percentage for 2007 Sched	ule A , Part IV - A	A, line 27g			16		
_									
Co	mputatio	on of Investment Income	Percentage						
17		nt Income Percentage for <b>2008</b> (II		(f) divided by lin	e 13 column (f))	1	17		0 %
18	Investmer	t Income Percentage from <b>2007</b>	Schedule A Pau	rt IV-A lune 27h	n				
						orothan 22 de	<b>18</b>	ط انت	
199		<b>ests - 2008.</b> If the organization d nore than 33 1/3%, check this bo							n 🕨 🔽
b		<b>"ests - 2007.</b> If the organization d							
-		not more than 33 1/3%, check th							
20		undation If the organization did r							▶

**Part II** Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

# Software ID:

Software Version:

**EIN:** 57-1144606

Name: Sophia Snow House Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
			<b>(C</b> tion (d hat aj	chec		I				(F)	
<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employ ee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
ANDREA D'AMATO , DIRECTOR	80	х						0	0	0	
JUERGEN BLUDAU , DIRECTOR	80	Х						0	0	0	
DONALD CALL , DIRECTOR	80	Х						0	0	0	
MICHAEL CONNELLY , DIRECTOR	80	Х						0	0	0	
ILENE GREENBERG , DIRECTOR	80	Х						0	0	0	
ELIZABETH HANSON , DIRECTOR	80	Х						0	0	0	
ERLING A HANSON JR , DIRECTOR	80	Х						0	0	0	
CYNTHIA KELIHER, DIRECTOR	80	Х						0	0	0	
MPATRICIA NEWMAN , DIRECTOR	80	х						0	0	0	
RICHARD B OSTERBERG , DIRECTOR	80	Х						0	0	0	
HELEN B PANKEY , DIRECTOR	80	Х						0	0	0	
SUZANNE PRESLEY , DIRECTOR	80	х						0	0	0	
LINN T SPALDING , DIRECTOR	80	х						0	0	0	
JAMES H STATON , DIRECTOR	80	х						0	0	0	
JOYCE WILLIAMS , DIRECTOR	80	х						0	0	0	
ELLEN GAFFNEY , VICE CHAIRMAN	4 00			Х				0	0	0	
KURT E HANSON , TREASURER	4 0 0			Х				0	0	0	
HELAYNE GOLDSTEIN-RAMIRE , CLERK	80			х				0	0	0	
LINCOLN WILLIAMS , CHAIRMAN	4 00			Х				0	0	0	
DANA W RAMISH , CEO	40 00				Х			0	176,882	0	

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CHEDULE D					OMBNo 1545-0047
orm 990)	Suppler	nental Financi	al Statements		2008
atment of the Treesury	🕨 Attach to For	m 990. To be complet	ed by organizations that		Open to Public
artment of the Treasury rnal Revenue Service	answered "Yes," t	o Form 990, Part IV,	line 6, 7, 8, 9, 10, 11, or 12.		Inspection
ame of the organi			Em	ployer ic	lent if icat ion number
ophia Snow House Inc			57-	11446	06
	izations Maintaining Dono		or Other Similar Funds		
organiz	ation answered "Yes" to Form			(b) Euro	ds and other accounts
Total number at	t end of vear			<b>(D)</b> Full	
	tributions to (during year)				
	nts from (during year)				
	e at end of year				
	ation inform all donors and donor rganization's property, subject to			rised	∏Yes ∏No
	ation inform all grantees, donors, haritable purposes and not for the private benefit?			be	∏Yes ∏No
art II Conse	rvation Easements. Comple	ete if the organizati	on answered "Yes" to For	m 990,	Part IV, line 7.
<ul><li>Preservati</li><li>Protection</li><li>Preservati</li></ul>	onservation easements held by th on of land for public use (e g , recr of natural habitat on of open space	eation or pleasure)	<ul> <li>Preservation of an histo</li> <li>Preservation of certified</li> </ul>	historic	structure
Complete lines on the last day	2a-2d if the organization held a c of the tax year	qualified conservation	contribution in the form of a c	onserva	Held at the End of the Yea
Total number	of conservation easements			2a	
	restricted by conservation easem	rents		2b	
-	nservation easements on a certifie		ncluded in (a)	2c	
	nservation easements included in			2d	
	servation easements modified, tra			he orga	nızatıon durıng
the taxable yea	ar 🍽	, ,		5	-
Number of stat	es where property subject to cons	ervation easement is	located 🕨		
	nization have a written policy regain the conservation easements it ho		itoring, inspection, violations	, and	∏Yes ∏No
Staff or volunte	eer hours devoted to monitoring, ir	specting and enforcin	g easements during the year	Þ	
A mount of expe	enses incurred in monitoring, insp	ecting, and enforcing (	easements during the year 🕨 :	\$	
	servation easement reported on lı ) and 170(h)(4)(B)(11)?	ne 2(d) above satisfy	the requirements of section		∏Yes ∏No
balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to the			
art IIII Organi	izations Maintaining Collecter	ctions of Art, Hist		ther Si	imilar Assets.
art, historical t	tion elected, as permitted under S reasures, or other similar assets l t XIV , the text of the footnote to it	held for public exhibiti	on, education or research in fi		
historical treas	tion elected, as permitted under S sures, or other similar assets held owing amounts relating to these it	for public exhibition, e			
(i) <sub>Revenues I</sub>	ncluded ın Form 990, Part VIII, lıı	ne 1			<b>►</b> \$
(ii) Assets incl	uded in Form 990, Part X			•	\$
If the organizat	tion received or held works of art, nts required to be reported under s				
-	Ided In Form 990, Part VIII, line 1	-		►	\$
	d in Form 990, Part X			► \$	т
Assets include	a mi om 220, i ait A			- P	

Schedule D (Form 990) 2008

For Paperwork Reduction Act Notice, see the Intructions f	or Form 990 Cat No 52283D

								Page <b>2</b>
Organizations Maintaining Collections of Art, I	His	tori	cal Treası	ures, or Oth	er Simila	r Asse	ets (co	ontinued)
Using the organization's accession and other records, check any o items (check all that apply)	ofth	e foll	owing that ar	re a sıgnıfıcant	use of its co	ollection	ſ	
Public exhibition	d	Γ	Loan or exc	hange progran	ns			
Scholarly research	е	Γ	Other					
Preservation for future generations								
Provide a description of the organization's collections and explain Part XIV	how	v the	y further the	organızatıon's	exempt purp	ose in		
During the year, did the organization solicit or receive donations or assets to be sold to raise funds rather than to be maintained as pa					ımılar	Г	Yes	∏ No
rt IV Trust, Escrow and Custodial Arrangements. Co				anization ans	wered "Ye	s" to Fo	orm 9	90,
Part Ip/ line 9 or reg orted an amount on Form 990								
Is the organization an agent, trustee, custodian or other intermedi included on Form 990, Part X?	ary	for c	ontributions	or other asset	s not	Г	Yes	∏ No
If "Yes," explain why in Part XIV and complete the following table							*	
					_	Α ποι	Int	
Beginning balance				10	-			
Additions during the year								
Distributions during the year				1e 1f	-			
Ending balance				11				
Did the organization include an amount on Form 990, Part X, line 2	217					ļ	Yes	∏ No
If "Yes," explain the arrangement in Part XIV <b>IFT V</b> Endowment Funds. Complete if the organization a			d "Voc" to	Form 000 D	art TV luna	10		
(a)Current Year		Prior '			d)Three Years		)Four Ye	ears Back
Beginning of year balance						`		
Contributions								
Investment earnings or losses								
Grants or scholarships								
Other expenditures for facilities and programs								
Administrative expenses								
End of year balance								
Provide the estimated percentage of the year end balance held as								
Board designated or quasi-endowment 🕨								
Permanent endowment 🕨								
Term endowment 🕨								
Are there endowment funds not in the possession of the organization organization by	on t	hat a	are held and a	admınıstered f	or the		Yes	No
(i) unrelated organizations	•	•	· · ·			3a(i)		
(ii) related organizations						3a(ii)		
If "Yes" to 3a(II), are the related organizations listed as required o						3b		
Describe in Part XIV the intended uses of the organization's endov rt VI Investments—Land, Buildings, and Equipment				art V Jupo 1(	<u>ן</u>			
Threstments—Lanu, bununigs, and Equipment	. 3		) Cost or other	(b)Cost or othe				
Description of investment			sis (investment)		er (c) Deprec	ation	<b>(d)</b> Bo	ok value
		_						
Land			5,424,893			43,370		

	•	-	•	•	•	•	•	•	•	•	•			
<b>d</b> Equipment												775,494	414,334	

.

. . . 361,160

Part VII Investments—Other Securities. See	<u>Form 990, Part X, line 1</u>	.2.
(a) Description of security or cateory (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
O ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

# Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) 🕨		

### Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	( <b>b</b> ) Book value	
Deferred financing fees, net of accu	331,	,706
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	331,	,706

Part X Other Liabilities. See Form 990, Part >	(, line 25.
(a) Description of Liability	(b) A mount
Federal Income Taxes	
DUE TO AFFILIATE	3,150,246
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) 🖡	3,150,246

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sched	dule D (Form 990) 2008		Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A ), line 12)	1	1,465,318
2	Total expenses (Form 990, Part IX, column (A ), line 25)	2	2,070,126
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-604,808
4	Net unrealized gains (losses) on investments	4	85,108
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-498,487
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-413,379
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,018,187
Part	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		1,550,426
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments   2a   85,108		
b	Donated services and use of facilities		
c d	Recoveries of prior year grants       2c         Other (Describe in Part XIV)       2d		
		7-	8E 108
е 3	Add lines <b>2a</b> through <b>2d</b>	2e 3	85,108
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	3	1,405,518
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,465,318
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	_	, ,
1	Total expenses and losses per audited financial statements	1	2,070,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,070,126
4	Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,070,126
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
		ROUNDING

efi	le GRAPHIC p	print - DO NOT PROCESS	As Filed	Data -		DLN: 93	49313	7044	290
Sch	nedule J	Com	nonea	tion Inf	formation	0 N	1B No 1	545-0	0047
(For	m 990)	For certain Officers,		2008					
Departr	ment of the Treasury	🕨 Attach to F		ated Empl o be comp	leted by organizations		Open to		
Interna	Revenue Service	that answe	ered "Yes"	to Form 9	90, Part IV, line 23.		Inspe	ectio	n
	<b>me of the organi</b> hia Snow House Inc				Em	ployer identifica	ation nur	nber	
					57-	-1144606			
Ра	rt I Questi	ons Regarding Compensat	ion						
								Yes	No
1a		ropiate box(es) if the organization p Section A , line 1a Complete Part :							
	First class	or charter travel		-	allowance or residence for per				
	·	companions		-	for business use of personal				
		ification and gross-up payments			social club dues or initiation				
	Discretion	ary spending account	I	Personal	services (e g , maid, chauffeu	r, chef)			
Ь	Ifline 1a is che	ecked, dıd the organızatıon follow a	written po	licy regard	ling payment or reimbursemer	nt or			
		the expenses described above? If					1b		
2		ation require substantiation prior t ors, trustees, and the CEO/Execut			5 1 7				
	officers, directo	ors, trustees, and the CEO/Execut	ive Directo	n, regardir	ig the items checked in line 1	dr	2		
3		, if any, of the following the organiza CEO/Executive Director Check al			sh the compensation of the				
	🔽 Compensa	tion committee	Г	Written ei	mployment contract				
	☐ Independe	nt compensation consultant	ম	Compens	ation survey or study				
	Form 990	of other organizations	ন	Approval	by the board or compensatior	n committee			
4	During the year	r, dıd any person lısted ın Form 99(	0, Part VII	, Section A	A, line 1a				
а	Receive a seve	erance payment or change of contro	ol payment	?			4a		No
Ь	Participate in, e	or receive payment from, a suppler	nental non	qualified re	etirement plan?		4b		No
с	Participate in,	or receive payment from, an equity	-based cor	mpensatio	n arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	provide th	e applıcab	le amounts for each item in Pa	art III			
	$501(c)(3)$ and $\frac{1}{2}$	501(c)(4) organizations only must	complete l	ines 5-8.					
5	For persons lis	ted in form 990, Part VII, Section contingent on the revenues of	-		ganization pay or accrue any				
а	The organizatio	on?					5a		No
b	Any related org	ganization?					5b	Yes	
	If "Yes," to line	e 5a or 5b, describe in Part III							
6		ted in form 990, Part VII, Section contingent on the net earnings of	A, lıne 1a,	dıd the org	ganızatıon pay or accrue any				
а	The organization	on?					6a		No
b	Any related org	ganization?					6b	Yes	
	If "Yes," to line	e 6a or 6b, describe in Part III							
7		ted in form 990, Part VII, Section described in lines 5 and 6? If "Yes,				ed	7		No
8		ints reported in Form 990, Part VII initial contract exception described				cribe	8		No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 50053T

Schedule J (Form 990) 2008

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

<b>(A)</b> Name	(B) Breakdown of	fW-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation benefits		(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
DANA W RAMISH (1) (11)						176,882		
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Schedule J (Form 990) 2008

### Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ret urn Ref erence	Explanation
	Compensation is based on the followings items - Actual results vs Board approved budget - Completing a draft of a strategic plan - Establishing a comprehensive set of performance metrics - Board recruitment,etc
	Reference

Schedule J (Form 990) 2008

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -	DLN: 9	3493137044290
SCHEDULE O				OMBNo 1545-0047
(Form 990)	2008			
Department of the Treasury Internal Revenue Service			ions to provide additional information for or to provide any additional information.	Open to Public Inspection
Name of the organization Employer identifi				ication number
·			57-1144606	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		ERLING AND ELIZABETH HANSON, WHO ARE BOARD MEMBERS, ARE Husband and WIFE ALSO ERLING AND ELIZABETH ARE THE PARENTS OF KURT HANSON, WHO IS THE TREASURER OF THE ORGANIZATION THE TREASURER IS AN UNPAID POSITION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO ITS FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		POLICY REQUIRES BOARD MEMBERS TO COMPLETE A STATEMENT EACH YEAR, WHICH IS REVIEWED BY THE CEO AND THE BOARD CHAIRMAN

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		FINANCE COMMITTEE CONDUCTS A SURVEY OF ORGANIZATIONS SIMILAR IN SIZE AND MISSION TO SOPHIA SNOW HOUSE, INC TAKING INTO CONSIDERATION ANY DIFFERENCES IN THE DUTIES PERFORMED BY THE VARIOUS CEO'S THE BOARD THEN COMPARES THE RESULTS OF THE SURVEY WITH THE PERFORMANCE OF CEO OF SOPHIA SNOW HOUSE, INC

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL SATEMENTS AVAIABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION MAINTAINS A WEBSITE AT WWW SOPHIASNOWPLACE ORG WHERE DIRECTIONS, PHONE NUMBERS, TOP STAFF NAMES, THE CURRENT BOARD OF DIRECTORS LIST, AND EMAIL ADDRESSES ARE AVAILABLE FOR CONTACT

efile GRAPHIC print -	DO NOT PROCESS As Filed Data	. 1				DLN: 93493137044290
SCHEDULE R (Form 990)	Related C	organizations ar	d Unrelated	Partnerships	i	омв № 1545-0047 <b>2008</b>
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be complet	ed by organizations that ► See separa				
Name of the organization Sophia Snow House Inc	·				Employer ident if i	cation number
					57-1144606	
Part I Identificati	on of Disregarded Entities					
Name, address,	(A) and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income I	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identificati	on of Related Tax-Exempt Organiza	ations	1	1	1	1
Name, address, a	(A) Ind EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	<b>(E)</b> Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
ROXBURY HOME FOR AGED WOMI 1215 CENTRE STREET WEST ROXBURY, MA02132 04-2104858	ENINC	INVESTMENT EXPENSES RELATED TO PORTFOLIO, INCOME FROM WHICH IS USED TO FUND	МА	SECTION 501(C)(3)	509(a)(2)	PARENT CORPORATION
SOPHIA SNOW INDEPENDENT LIVI 1215 CENTRE STREET WEST ROXBURY, MA02132 57-1144610	NG INC	DEVELOP AND PROVIDE PERMANENT HOUSING FOR DESERVING SENIORS	МА	SECTION 501(C)(3)	509(a)(2)	ROXBURY HOME FOR AGED WOMENINC
		1				

# Part III Identification of Related Organizations Taxable as a Partnership

			•								
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of- year assets	<b>(H</b> Disprop allocat	) ortionate ions?	(I) Code V—UBI amount on Box 20 of K-1	man part	<b>J)</b> eral or aging mer?
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust							
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total Income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ow nership

Schedule R (Form 990) 2008

Ра	art V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
с	: Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	<b>1</b> g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	<b>1</b> j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	I	No
n	Sharing of paid employees	1n		No
ο	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	<b>1</b> p		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

### 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Dispropitionate allocations?		<b>(G)</b> Code V—UBI amount on Box 20 of K-1	<b>(H)</b> General or managing partner?	-
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2008