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## 990-PF

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

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

2007

For	cale	endar year 2007, or tax year beginning	, 2	2007	7, and end	ıng		, 20
G	Chec	k all that apply:	n 🗌 Amende	ed re	eturn 🗌	Address change Name		
Us	e the	e IRS Name of foundation The Frascella Family Foundation Corp.			A	Emple 20	oyer identification number 1	mber 4691
	therv prir	Number and street (or P O box number if mail is not delivered in the street in the str	d to street address)	Roc	om/suite B	Teleph	none number (see page 3 ) 862-0684	<del></del>
Se		ecific City or town, state, and ZIP code tions. Greenwich, Ct 06830					nption application is pende	
		k type of organization: 🗸 Section 501(c)(3) exempt					eigh organizations, che eigh organizations mee ick here and attach co	
		ion 4947(a)(1) nonexempt charitable trust  Other parket value of all assets at end J Accounting meth				If priv	ate foundation status	was terminated
0	f yea	r (from Part II, col. (c),  S) ▶ \$  Other (specify multiple of the column (d) multiple of the column	v)			If the	section 507(b)(1)(A), cl foundation is in a 60-п section 507(b)(1)(B), cl	nonth termination
Pa	irt l	<del></del>	(a) Revenue and expenses per books		(b) Net investr	nent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		<del>o</del>	•	÷.		• •
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B		T	<del> </del>		مرود المان الم	i - <u>b</u> , , ,
	3	Interest on savings and temporary cash investments		0		0		
	4	Dividends and interest from securities		Ó		0		
	5a	Gross rents		0		0		
		Net rental income or (loss)		Ĺ	,		<u></u> A	
φ	ı	Net gain or (loss) from sate of assets not on line 10		0	<u></u>	<u> </u>		
Revenue		Gross sales price for all essets on the 6a	·- • ,			•	<u> </u>	
Š	7	Capital gain net income (from Part(IV) line 2)		$\perp$		0	1 h-411 . 1	\$1/43 L L
	8	Net short-lent Capital gain 10		Ĺ	("r ."			
10	9	Income modifications		Ŀ	· · · · · · · · · · · · · · · · · · ·	~ 1		·
2010	10a	Gross sales less returns and allowances	· , · · ·			١,		
Œ		Less Cost of good sold UT	· •				الم أو	. "
$\in$		Gross profit or (loss) (attach schedule)		0 .	• • • • • • • • • • • • • • • • • • • •	A 100		14 14 1
<b>—</b>	11	Other income (attach schedule)		0		0		r. 151.
L U	12	Total. Add lines 1 through 11		0		0		Wat Ed.
	13	Compensation of officers, directors, trustees, etc.		0		0		0
NAMED xpenses	14	Other employee salaries and wages		0		0		0
<b>Z</b> 5	15	Pension plans, employee benefits		0		0		0
	16a	Legal fees (attach schedule)		0		0		0
ට් <u>ම</u>	b	Accounting fees (attach schedule)		0		0	,	0
හ <u>.</u>	С	Other professional fees (attach schedule)		0		0		0
	17	Interest		0		0		0
nis	18	Taxes (attach schedule) (see page 14 of the instructions)		0		0		0
Ē	19	Depreciation (attach schedule) and depletion		0		0		2 12 10 11 1
₽	20	Occupancy		0		0		0
and Adminis	21	Travel, conferences, and meetings		0		0		0
a	22	Printing and publications		0		0		0
Б	23	Other expenses (attach schedule)		0		0		0
Operating	24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23		0		0		0
<u>a</u>	25	Add lines 13 through 23	j	ō	- H	٠,	12, 40 2 2 2 2 2	0
0		Total expenses and disbursements. Add lines 24 and 25		0		0	. 102 2	0
	27	Subtract line 26 from line 12:	AS 1. 1/1	1.				
į		Excess of revenue over expenses and disbursements		0				7 - 2
		Net investment income (if negative, enter -0-)		1-	<del></del>	0	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	777
	C	Adjusted net income (if negative, enter -0-)	l	` , <b> </b> _		اء. ٿا' ہ		

		Attached schedules and arrounts in the description column	Beginning of year	End o	of year
	art II	Balance Sheets should be for end of -year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	0	
		Savings and temporary cash investments	0	0	
		Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	0	0	
	4	Pledges receivable ▶	9.		
	1	Less: allowance for doubtful accounts ▶	0	0	
	5	Grants receivable	0	0	
		Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)	0	0	
	7	Other notes and loans receivable (attach schedule)			
S		Less allowance for doubtful accounts ▶	0	0	
Assets	8	Inventories for sale or use	0	0	
Ass	9	Prepaid expenses and deferred charges	0	0	
	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	
	b	Investments—corporate stock (attach schedule)	0	0	
	С	Investments—corporate bonds (attach schedule)	0	0	
	11	Investments—land, buildings, and equipment: basis ▶		4	
		Less: accumulated depreciation (attach schedule) ▶	0	0	
	12	Investments—mortgage loans	0	0	
	13	Investments—other (attach schedule)	0	0	
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)	0	0	
		Other assets (describe ▶)	0	0	
	16	Total assets (to be completed by all filers-see the			_
	-	instructions. Also, see page 1, item I)	0		
	17	Accounts payable and accrued expenses	0	<u>U</u>	A
es	18	Grants payable	0	- 0	
Liabilities	19	Deferred revenue	0	<u> </u>	
ä	20	Loans from officers, directors, trustees, and other disqualified persons.	0	0	The state of the state of the
Ë		Mortgages and other notes payable (attach schedule)		0	
	22	Other liabilities (describe ►	0	0	The second of th
alances		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.	U		
a	24	Unrestricted			
Ba	1	Temporarily restricted			
ַ	26	Permanently restricted			
r Fun		Foundations that do not follow SFAS 117, check here ▶   and complete lines 27 through 31.	0,	•	
0	1	Capital stock, trust principal, or current funds	0	0	
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund .	0	0	
Net Assets or Fund		Retained earnings, accumulated income, endowment, or other funds. <b>Total net assets or fund balances</b> (see page 17 of the instructions)	0		
ž	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	0	0	
Pa	art III		-		· · · · · · · · · · · · · · · · · · ·
	Total	net assets or fund balances at beginning of year—Part II, columbity of year reported on prior year's return)	umn (a), line 30 (mus		0
2		amount from Part I, line 27a			0
		r increases not included in line 2 (itemize) ▶			O
		lines 1, 2, and 3			C
5	Decre	eases not included in line 2 (itemize)		—	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5	5)—Part II, column (b	o), line 30 <b>6</b>	0

a b c (e) Gross sales price (f) Deprecation allowed (or allowable)		and Losses for Tax on		ent Income	(b) How acquired			
b c c d (e) Gross sales proce (f) Degreciation allowed (g) Cost or other basis (e) plus (f) minus (g) a b (g) plus (f) minus (g) a b (g) plus expense of sale (g) plus (f) minus (g) a b (g) plus expense of sale (g) plus (f) minus (g) a b (g) plus (g) minus (g) a b (g) plus expense of sale (g) plus (g) minus (g) a b (g) plus (g) minus (g) a b (g) plus expense of sale (g) plus (g) minus (g) a b (g) plus (g) minus (g) a color (g) plus (g) pl					P—Purchase			(d) Date so (mo , day, y
d d e (e) Gross sales price (b) Gross sales price (c) allowable)  (c) allowable)  (e) Gross sales price (f) Depreciation allowed (c) allowable)  (e) Gross sales price (f) Depreciation allowed (c) allowable)  (g) Find V as of 12/31/69 (g) Find V as of 12/31/69  (g) Find V as of 12/31/69  (g) Find V as of 12/31/69  (g) Adjusted basis (g) Excess of col. (g) (g) Gans (Col. (g) gain minus (g) Find V as of 12/31/69  (g) Gans (Col. (g) gain minus (g) Find V as of 12/31/69  (g) Excess of col. (g) (g) Gans (Col. (g) gain minus (g) Find V as of 12/31/69  (g) Gans (Col. (g) gain minus (g) Find V as of 12/31/69  (g) Excess of col. (g) (g) Gans (Col. (g) gain minus (g) Find V as of 12/31/69  (g) Gans (Col. (g) gain minus (g) Find V as of 12/31/69  (g) Gans (Col. (g) gain minus (g) Find V as of 12/31/69  (g	la							
e  (e) Gross sales price  (f) Depreciation allowed (g) Cost or other basis plus expense of sale  (h) Gain or (loss) (h) Depreciation allowed (graillowable)  (g) Cost or other basis plus expense of sale  (h) Gain or (loss) (h) Plus (f) minus (g)  (h) Depreciation allowed (graillowable)  (h) Plus (grainlowable)  (h) Plus (h) Allowable  (h) Depreciation allowed (graillowable)  (h) Plus (h) Allowable  (h) Plus (h) Allowable  (h) Depreciation allowed (graillowable)  (h) Plus (h) Allowable  (h) Plus (h) Allowable  (h) Depreciation allowed (graillowable)  (h) Plus (h) Plus (h) Allowable  (h) Depreciation allowed (graillowable)  (h) Plus (h)	b							
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(or allowable) plus expense of sale  (e) plus (f) minus (g)  b  C  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (g) FMV as of 12/31/69  (g) Adjusted basis as of 12/31/69  (g) Adjusted basis as of 12/31/69  (g) Excess of cel (h) Cover col (h, if any)  (g) Gains (Col (h) gain minus (or expense of sale  (h) but not less than -0-1 or expense of sale  (g) plus (h) minus (g)  (h) Gains (Col (h) gain minus (or expense of sale  (h) Capital gain in column (h) and owned by the foundation on 12/31/69  (h) Excess of cel (h) Cover col (h, if any)  (h) Capital gain minus (col (h) gain minus (col (h) but not less than -0-1 or expense of sale  (h) Data minus (g)  (h) Gains (Col (h) gain minus (col (h) gai		49 Depression allowed		(a) Cost or of	ther basis		(h) Gau	or floss)
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Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iii) Excess of col (i), if any col (iii) Gains (Col (iii)) gain minus col (iii) HMV as of 12/31/69  (iv) Excess of col (i), if any col (iv) Cosses (from col (iv))  a  b  C  Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 7  If (loss), enter -0 - in Part I, line 8  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 8  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 8  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 8  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 8  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 8  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 8  If gain, also enter in Part I, line 7  If (loss), enter -0 - in Part I, line 7  If (los	<u>c</u>		-				<del></del>	
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(i) FMV as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iii) Adjusted basis as of 12/31/69  (iii) Adjusted basis as of 12/31/69  (iv) Excess of col (i) over col (i), if any  (iv) Excess of col (i) over col (i), if any  (iv) Excess of col (i) over col (iii), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or over col (iv), but not less than 0-) or in Part I, line 7  [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss), enter -0- in Part I, line 7 [If (loss	<del></del>	nowing gain in column (h) and (	nwned by ti	ne foundation	on 12/31/69			· ·
a b c d e Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7   ft (loss), enter -0- in Part I, line 7   ft (loss), enter -0- in Part I, line 7   ft (loss), enter -0- in Part I, line 7   ft (loss), enter -0- in Part I, line 7   ft (loss), enter -0- in Part I, line 7   ft (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).   ft (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).   ft (loss), enter -0- in Part I, line 8   art V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income or optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.   section 4940(d)(2) applies, leave this part blank.   as the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?   Yes (left)   Yes,	Complete only for assets si	1	- I				(I) Gains (Col col (k), but not	(h) gain minus less than -0-) or
c d d e Capital gain net income or (net capital loss)	(i) FMV as of 12/31/69			over col (j)	), if any			
c c d d e e Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7   f (loss), enter -0- in Part I, line 7   f (loss), enter -0- in Part I, line 7   f (loss), enter -0- in Part I, line 7   f (loss), enter -0- in Part I, line 7   f (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 8   f (loss), enter -0- in Part I, line 7   f (loss), e	a							
de Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).  If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).  If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).  If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).  If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss), enter -0- in Part I, line 8  If (loss	b							
Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } } 2  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). } If (loss), enter -0- in Part I, line 8	С							
Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	<u>d</u>							
If (loss), enter -0- in Part I, line 7	e	<u> </u>	L.		<del> </del>			
per optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  section 4940(d)(2) applies, leave this part blank.  as the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries  (a)  Base period years  (b)  Adjusted qualifying distributions  Net value of noncharitable-use assets  (c)  Net value of noncharitable-use assets  (d)  Distribution ratio (col (b) divided by col (c)  2006  2005  2004  2003  2002  Total of line 1, column (d)  Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years					∫ Net Investm	_	ncome	
section 4940(d)(2) applies, leave this part blank.  as the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes  "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries  (a)  Base period years (a)  Base period years beginning in)  Adjusted qualifying distributions  Net value of noncharitable-use assets  (b)  Adjusted qualifying distributions  Net value of noncharitable-use assets  (col (b) divided by col (col (col (b) divided by col (col (col (col (col (b) divided by col (col (col (col (col (col (col (col								a )
as the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries  (a)  Base period years (b)  Adjusted qualifying distributions  Net value of noncharitable-use assets  (c)  (d)  Distribution ratio (col (b) divided by col (c)  2006  2005  2004  2003  2002  Total of line 1, column (d)  Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years  Enter the net value of noncharitable-use assets for 2007 from Part X, line 5	•	·	oct to the .	3600011 4340	(a) tax on her	11146311	mont moonit	J.,
Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries  (a)  Base period years (a)  Calendar year (or tax year beginning in)  Adjusted qualifying distributions  (b)  Adjusted qualifying distributions  (c)  Net value of noncharitable-use assets (col)  (col)  Distribution ratio (col)  Distribution ratio (col)  (col)  Distribution ratio (col)  D								. —
(a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions  Adjusted qualifying distributions  O  O  O  O  O  O  O  O  O  O  O  O  O						n the b	case period?	? ∐ Yes Ы
Base period years (or tax year beginning in)  Adjusted qualifying distributions  Net value of noncharitable-use assets  Col (b) divided by col (col (b	Enter the appropriate am	nount in each column for ea	ich year; s	ee page 18	of the instructi	ons b	efore makınç	any entries.
2006 0 0 0 2005 2004 2003 2002  Total of line 1, column (d)	Base period years	Adjusted qualifying distr	ributions	Net value of n		ssets	Dist	ribution ratio
2004 2003 2002  Total of line 1, column (d)			0			0		
2003 2002  Total of line 1, column (d)	2005							· · · · · · · · · · · · · · · · · · ·
Total of line 1, column (d)	2004							
Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years								
Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	2002			<u></u>			· · · · · · · · · · · · · · · · · · ·	
Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		0				ļ	2	
number of years the foundation has been in existence if less than 5 years		41						
Enter the net value of nonchantable-use assets for 2007 from Part X, line 5		•	-15 -5 -1 - 41-	- 4-4-1 12				
Enter the flet value of horionantable-use assets for 2007 from Fart X, fine 3	Average distribution ratio	for the 5-year base period-			ne 2 by 5, or by	y the	3	
	Average distribution ratio	for the 5-year base period-			ne 2 by 5, or by	y the	3	
Multiply line 4 by line 3	Average distribution ratio number of years the four	for the 5-year base period- ndation has been in existenc	e if less tl	nan 5 years				
	Average distribution ratio number of years the four	for the 5-year base period- ndation has been in existenc	e if less tl	nan 5 years				
	Average distribution ratio number of years the four	for the 5-year base period- ndation has been in existenc	e if less tl	nan 5 years			4	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

7 Add lines 5 and 6

8

0

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of	the instruct	ions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. )						
	Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ▶ ☐ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% ) of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0					
3	Add lines 1 and 2	0					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4	0					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	0					
6	Credits/Payments:						
а	2007 estimated tax payments and 2006 overpayment credited to 2007   6a   0						
b	Exempt foreign organizations—tax withheld at source 6b 0	#	1				
С	Tax paid with application for extension of time to file (Form 8868)  6c  0		1				
d	Backup withholding erroneously withheld	<u> </u>	2.2				
7	Total credits and payments. Add lines 6a through 6d	0	├—				
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8	0	├				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	0	<del> </del>				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . ► 10 Enter the amount of line 10 to be: Credited to 2008 estimated tax ► 0 Refunded ► 11	0					
	t VII-A Statements Regarding Activities	<del></del>	<u> </u>				
		Yes	No				
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	1				
<b>h</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19						
U	of the instructions for definition)?	1b	✓				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1.0					
	published or distributed by the foundation in connection with the activities.	1c	./				
	Did the foundation file Form 1120-POL for this year?						
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$		***				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		.014				
е	foundation managers. > \$0		ľ,				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<b>V</b>				
_	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<b>✓</b>				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	/				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b N	<del>[A</del>				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<b>✓</b>				
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6 √					
_	conflict with the state law remain in the governing instrument?	7	/				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.						
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If "No," attach explanation</i>	8b <b>/</b> /	A				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)						
	or 4942(j)(5) for calendar year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9	1				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	1				

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Pai	t VII-A Statements Regarding Activities (continued)			
11a	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. (see page 20 of the instructions)	11a		✓
b	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest,			1/2
	rents, royalties, and annuities described in the attachment for line 11a?	11b	N.	14
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_√_	
	Website address ▶ n/a			
14	A Deville Brill O	38620	·	
	20 T4 V	06830	) 	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ ∟
Par	and enter the amount of tax-exempt interest received or accrued during the year ▶   15    t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
			Yes	No
10	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  During the year did the foundation (either directly or indirectly):		100	
Ia	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .   Yes  No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			100
	disqualified person?		3	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .   Yes  No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .   Yes  No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			رو م
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)		F. 14	:
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	$N_{\ell}$	<i>H</i>
	Organizations relying on a current notice regarding disaster assistance check here			-
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		****	
_	were not corrected before the first day of the tax year beginning in 2007?	1c		<b>V</b>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		5	7.7
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		6 2 2	
а	At the end of tax year 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007?			
	6e, Part XIII) for tax year(s) beginning before 2007?	-		
<b>h</b>				,
J	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		-1e-1	10
	to all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b	NI	A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		Ţ.,	
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
h	If "Yes," did it have excess business holdings in 2007 as a result of (1) any purchase by the foundation or	,		
_	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	10%	и.,	
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		19.00	
_	foundation had excess business holdings in 2007.)	3b	~/	Pt_
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<b>V</b>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2007?	4b	·( ) }	

:								_ (
Form 990-PF (2007) Part VII-B Statements Regarding Activitie	s for V	Which Forn	4720	May Re	Requi	ed (continued		Page C
			1 4120	Way De	requi	ed (continued)	<del>'</del>	7-
5a During the year did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt			on (coct	ion 1915/e	110	☐ Yes 🗹 No	10.45	1.
		•	•	-	,, .	L Tes E NO	12-	
(2) Influence the outcome of any specific public directly or indirectly, any voter registration of		•			-	☐ Yes ☑ No		
(3) Provide a grant to an individual for travel, s		 r other simula						( )
						L 162 E NO		
(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(d						☐ Yes ☑ No		3.
(5) Provide for any purpose other than re						L res E NO		-[
educational purposes, or for the prevent	eligious, tion of	, chantable,	SCIER	illic, litera	ry, or ale?	T ves V No		F
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the								1,77
Regulations section 53.4945 or in a current notice							5b //	VA
Organizations relying on a current notice regard	_	_						
c If the answer is "Yes" to question 5a(4), does t	-							
because it maintained expenditure responsibilit						☐ Yes ☐ No		
If "Yes," attach the statement required by Regu	-	-				L. NO		1
6a Did the foundation, during the year, receive any			•	•	miume			1 1 5
on a personal benefit contract?					mums	☐ Yes 🔽 No		1
<b>b</b> Did the foundation, during the year, pay premium:	s, direct	ly or indirect	y, on a	personal be	enefit co		6b	✓
If you answered "Yes" to 6b, also file Form 8870.			•	•				1.5
7a At any time during the tax year, was the foundation a								
<b>b</b> If yes, did the foundation receive any proceeds or	r have a	ny net incom	e attribu	table to the	e transa	ction?	7b /	VA
Part VIII Information About Officers, Dire	ectors	, Trustees,	Found	dation Ma	anager	s, Highly Paid	i Employe	és,
and Contractors								
1 List all officers, directors, trustees, foundati							instruction	ns).
(a) Name and address	hou	e, and average rs per week	(c) Cor	mpensation paid, enter	emplo	Contributions to eyee benefit plans	(e) Expense ad other allows	
	devot	ed to position	ļ	-0-)	and def	erred compensation	Other dilowe	
Anthony Frascella	Dir / T	reas / 0		0		0		0
9 Boulder Brook, Greenwich, CT 06830	ļ		ļ <u>.</u>		ļ			
Jennifer Kratt Frascella	Dir / P	res / 0		0		0	1	0
9 Boulder Brook, Greenwich, CT 06830	ļ				<b></b>		<u> </u>	
Charlean Kratt	Dir / S	iec / 0		0		0	i	0
9 Boulder Brook, Greenwich, CT 06830	ļ				<del> </del>		<del></del>	
					ł			
2 Compensation of five highest-paid employee	es (oth	er than thos	e inclu	ded on lin	e 1—s	ee page 23 of t	he instructi	ons).
If none, enter "NONE."								
(a) Name and address of each employee paid more than \$50	0,000	(b) Title, and hours per devoted to p	week -	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a	
NONE				•		I	I	

(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 and deferred compensation

(e) Expense account other allowances

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

Part VII	Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid	d Employees,
3 Five	nighest-paid independent contractors for professional serv	ices (see page 23 of the instructions	). If none, enter
"NON	E." (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None			
Total nun	ber of others receiving over \$50,000 for professional services		▶ 0
Part IX-	A Summary of Direct Charitable Activities  undation's four largest direct charitable activities during the tax year. Include rel	evant statistical information such as the number	_
	ations and other beneficiaries served, conferences convened, research papers p		Expenses
1 None			
2			
3			
4			

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 None	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3	
OTAL ADD SIDES 1 TOYOUGO 3	n

Pa	Minimum Investment Return (All domestic foundations must complete this part. see page 24 of the instructions.)	Foreign foundations	ί,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pai	<b>TEXIO</b> Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) profoundations and certain foreign organizations check here ▶ ☐ and do not complete this part		
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2007 from Part VI line 5	YEL	
b	Income tax for 2007. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0
Pai	t XII Qualifying Distributions (see page 26 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
a b	Program-related investments—total from Part IX-B	1b	0
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
2	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:	3a	0
	Suitability test (prior IRS approval required)		0
_	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the foundation	on 

Par	t XIII Undistributed Income (see page :	26 of the instructi	ons)		
		(a)	(b)	(c) 2006	(d) 2007
1	Distributable amount for 2007 from Part XI,	Corpus	Years pnor to 2006	2006	2007
	line 7		· · · · · · · · · · · · · · · · · · ·		,
2	Undistributed income, if any, as of the end of 2006:	1		0	=
a	Enter amount for 2006 only	· · · · · · · · · · · · · · · · · · ·	n/a	0	.*
þ	Total for prior years: 20,20,20		ina .		
3	Excess distributions carryover, if any, to 2007:		- , -, -		
a	From 2002				
D	From 2003				,
Ç	From 2004	17 × 3	(*		
a	From 2005				
•	FIOIII 2000 ,	0	mat a		4
, I	Total of lines 3a through e	E			-1
4	Qualifying distributions for 2007 from Part XII, line 4: ► \$0	-		1	
•	Applied to 2006, but not more than line 2a .			0	~ · · · · · · · · · · · · · · · · · · ·
a L				1 1 1	
b	Applied to undistributed income of prior years (Election required—see page 27 of the instructions)		n/a	-145	
_	Treated as distributions out of corpus (Election			32 P. S. S. S.	1.00
C	required—see page 27 of the instructions)	0	<b>5</b>		1 41 (CE) 1 3
А	Applied to 2007 distributable amount	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			0
e	Remaining amount distributed out of corpus .	0	40 2 2 2 3	7	4.名一等15 图
5	Excess distributions carryover applied to 2007.	0		3	0
•	(If an amount appears in column (d), the same	Birth	F. B. V. 10 2.		2 11 1 4
	amount must be shown in column (a).)				
6	Enter the net total of each column as	Re in the state of the			
•	indicated below:		13.7	1. 1. 1. 1.	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract			, ,	
-	line 4b from line 2b		n/a		
С	Enter the amount of prior years' undistributed			refit to the	
Ŭ	income for which a notice of deficiency has been			The state of the s	
	issued, or on which the section 4942(a) tax has			3	ا الله الله الله الله الله الله الله ال
	been previously assessed	m 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	n/a	Thirty or with a feet	12-6 2
d	Subtract line 6c from line 6b. Taxable			·静 治療 物質	- 5 1 TV - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	amount—see page 27 of the instructions .		n/a	-re. 12 - 12 - 12	Section And Section
е	Undistributed income for 2006. Subtract line				
	4a from line 2a. Taxable amount—see page				
	27 of the instructions	( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	The state of the state of
f	Undistributed income for 2007. Subtract lines				
	4d and 5 from line 1. This amount must be				•
	distributed in 2008	AT CHAIN TABLET TO	1 3 3 3	· · · · · · · · · · · · · · · · · · ·	<u> </u>
7	Amounts treated as distributions out of corpus		فعزد بشا بي بالم	h	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	0		7.	
	instructions)		<u> </u>		1. 1.2.1
8	Excess distributions carryover from 2002 not			هي آه آي الله الله الله الله الله الله الله الل	
	applied on line 5 or line 7 (see page 27 of the	n/a			
_	instructions)	11/4			
9	Excess distributions carryover to 2008.	o l			
10	Subtract lines 7 and 8 from line 6a	4 3 34 T 1 10 1 1			
_	Excess from 2003				
a b	Excess from 2004			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C	Excess from 2004				
d	Excess from 2006	建设 李、李、唐	4. 2. 7. 14.17	1. 机压力	· gittige . I
_	Excess from 2007 0		Jan Barray	1. The second of	

_	990-PF (2007)			<del> </del>		Page 10
Par	t XIV Private Operating Found	<b>lations</b> (see pa	ge 27 of the ins	tructions and Par	t VII-A, questic	on 9)
	If the foundation has received a rulin foundation, and the ruling is effective	for 2007, enter the	e date of the ruling	· • l		N/A
	Check box to indicate whether the four		e operating foundat		tion 🗌 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	ļ	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2007	(b) 2006	(c) 2005	(d) 2004	<del> </del>
	each year listed	· · · · ·	· · · · · · · · · · · · · · · · · · ·			<del></del>
b	85% of line 2a					<del>-</del>
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities	· · · · ·	-			
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon.					
а	"Assets" alternative test-enter:					
	(1) Value of all assets			<del> </del>		<del> </del>
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
b	"Endowment" alternative test—enter % of minimum investment return shown in Part					
	X, line 6 for each year listed					
C	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Par	t XV Supplementary Informat				had \$5,000 or	more in assets
	at any time during the ye		28 of the instr	uctions.)		
1	Information Regarding Foundation		u taal maara than O	7/ of the total centri	ibutions resolved	l bu the foundation
а	List any managers of the foundation before the close of any tax year (bu	t only if they hav	e contributed moi	re than \$5.000). (Se	e section 507(d)	(2).)
	N/A	,,		. , , , , , , , , , , , , , , , , , , ,	ζ-,	
					,	
b	List any managers of the foundation ownership of a partnership or other	entity) of which t	or more of the sto the foundation has	ck of a corporation s a 10% or greater	interest.	arge portion of the
2	Information Regarding Contribution	on, Grant. Gift. L	oan, Scholarshir	, etc., Programs:	<del></del>	
_	Check here ► ☑ if the foundation				rganizations and	I does not accept
	unsolicited requests for funds. If the organizations under other conditions	foundation mak	ces gifts, grants, e	etc. (see page 28 o	f the instructions	s) to individuals or
а	The name, address, and telephone	number of the pe	erson to whom ap	plications should b	e addressed:	
b	The form in which applications shou	ld be submitted	and information a	and materials they s	should include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on av factors:	vards, such as t	oy geographical a	reas, chantable fie	lds, kinds of ins	stitutions, or other

Pa 3	rt XV Supplementary Information (cont Grants and Contributions Paid During	inued)	yed for E	iture Payment	
<u> </u>		If recipient is an individual,	Sdata-	· ·	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor			
а	Paid during the year				
		1			
				•	
					1
					j
	Total				3a (
b	Approved for future payment				
	Total				3b (

Enter gr	oss amounts unless otherwise indicated.	Unrelated but	siness income	Excluded by secti	on 512, 513, or 514	(e)
1 Prog	ram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	( <b>d)</b> Amount	Related or exemp function income (See page 28 of the instructions)
a _						
b _						
c _			-			
d _						
e _						
f_				<u> </u>		
g F	ees and contracts from government agencies					
2 Mem	bership dues and assessments					
3 Intere	est on savings and temporary cash investments	ļ				
4 Divid	lends and interest from securities					
5 Net i	rental income or (loss) from real estate:					
	Debt-financed property		<del> </del>	<del> </del>		
	lot debt-financed property	<u> </u>		-		
	ental income or (loss) from personal property	<del></del>	<del></del>	<del>                                     </del>		
	er investment income	<del></del>		<del> </del>		
	or (loss) from sales of assets other than inventory			<del> </del>		
	income or (loss) from special events	-		<del> </del>		
	s profit or (loss) from sales of inventory .					
	r revenue: a	<del></del>	<del></del>			
				-		
_ e •du9 0	otal. Add columns (b), (d), and (e)	10.6	0		0	(
	I. Add line 12, columns (b), (d), and (e)					
					. 13	,
	rksheet in line 13 instructions on page 29 to	verify calculation	ons.)		13	
See wo	rksheet in line 13 instructions on page 29 to	verify calculation	ons.) ment of Exer	not Purposes	<u> </u>	
See wo	rksheet in line 13 instructions on page 29 to VI-B Relationship of Activities to the	verify calculation	ons.) ment of Exer	not Purposes	<u> </u>	
See wo Part X Line No	rksheet in line 13 instructions on page 29 to	verify calculation	ons.) ment of Exer	not Purposes	<u> </u>	
See wo Part X Line No	rksheet in line 13 instructions on page 29 to  VI-B Relationship of Activities to the  Explain below how each activity for whithe accomplishment of the foundation page 29 of the instructions.)	verify calculation	ons.) ment of Exer	not Purposes	<u> </u>	
See wo Part X Line No	rksheet in line 13 instructions on page 29 to  VI-B Relationship of Activities to the  Explain below how each activity for whithe accomplishment of the foundation page 29 of the instructions.)	verify calculation	ons.) ment of Exer	not Purposes	<u> </u>	
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See wo Part X Line No	rksheet in line 13 instructions on page 29 to  VI-B Relationship of Activities to the  Explain below how each activity for whithe accomplishment of the foundation page 29 of the instructions.)	verify calculation	ons.) ment of Exer	not Purposes	<u> </u>	
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Form **990-PF** (2007)

orm	990-F	PF (2007)			_						Pag	<sub>le</sub> 13
Ра	rt X\	/II Information Exempt Or	n Regarding ganizations	Transfers To ar	nd Transa	actions	and Rel	ationship	s With	Non	chari	table
1 a	in s org Tra (1) (2)	ection 501(c) of the anizations? nsfers from the recash Other assets	e Code (other tha	y engage in any of t n section 501(c)(3) o n to a noncharitable	organization	ns) or in s	ection 527			1a(1) 1a(2)	Yes	No ✓
c	(1) (2) (3) (4) (5) (6) Shall If the value	Purchases of asset Rental of facilities Reimbursement at Loans or loan gua Performance of searing of facilities, et are answer to any of the goods, of	ets from a nonchar, equipment, or	exempt organization aritable exempt organization aritable exempt organization or the reship or fundraising glists, other assets (es," complete the rivices given by the ingement, show in c	anization  g solicitatio  , or paid endication  following some				vays shoveived less	s than	fair m	arket
a) L	ne no	(b) Amount involved	(c) Name of nor	nchantable exempt organ	ization	(d) Descrip	otion of trans	fers, transaction	ons, and sha	aring arr	angem	ents
	des		ectly or indirectly	affiliated with, or rele (other than section						☐ Ye	s Ø	No
	<u> </u>	(a) Name of or	· · · · · · · · · · · · · · · · · · ·	<del>, , , , , , , , , , , , , , , , , , , </del>	organization			(c) Descripti	on of relation	nship		
		N/A		(-) . 192 01						- ""		
Sign Here	pelie	gnature of officer or true	complete Declaration	xamined this return, inclu n of preparer (other than	Date	Date	Check if self-emplo	Treasu Title	hich prepare	s SSN	or PTI	rledge
	 Pre	Firm's name (or yo self-employed), and ZIP code	Idrage Turn	ngs & Lockwood L ndmark Square, 9th		ford, CT (	06901	EIN ► Phone no.	( 203 ) 35	1-427	5	

# Power of Attorney and Declaration of Representative

OMB No 1545-0150 For IRS Use Only

Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.   Social security number(s)   Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.   Social security number(s)   Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.   Social security number(s)   Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.   Social security number(s)   Taxpayer information number   Taxpayer(s)   Taxpayer information number   Taxpayer information number   Taxpayer(s)   Taxpayer information number   Taxpayer(s)   Taxpayer information number   Ta	Department of the Treasury Internal Revenue Service	► Type or print. ▶	See the sepa	rate instructions.		Name			
Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.  Taxpayer name(s) and address  The Frascella Family Foundation Corp.  9 Boulder Brook Greenwich, CT 06830  Daytime telephone number (203) 852-0684  Daytime telephone number (403) 852-0684  Pinn number (403) 852-0684  Pinn number (403) 852-0684  Pinn number (403) 852-0684  The Prascella Family Foundation Corp.  9 Boulder Brook Greenwich, CT 06830  Daytime telephone number (203) 852-0684  Pinn number (403) 8	Part I Power of Atto	art I Power of Attorney							
Taxpayer name(s) and address   Social security number(s)   Employer identification number   Social security number(s)   Employer identification number   Social security number(s)   Daytime telephone number   20			rpose other th	Function					
The Frascella Family Foundation Corp. 9 Boulder Brook Greenwich, CT 06830	1 Taxpayer information.	2, line 9.		Date / /					
The Frascella Family Foundation Corp.  9 Boulder Brook Greenwich, CT 06830    Daytime telephone number (203	Taxpayer name(s) and address	ss		Social security numb					
Boulder Brook Greenwich, CT 06830    Daytime telephone number (203   862-0684   Plan number (if applicable)	The Frascella Family Fo	undation Corp.		<u> </u>	num	Der			
Daytime telephone number    Daytime telephone number   Daytime telephone nu		·			-				
Representative(e) must sign and date this form on page 2, Part II	Greenwich, CT 06830			Book and Advantage and		<del>'</del>			
Name and address   CAF No.   1205-52193R   Telephone No.   Fax No   Check if new. Address   Telephone No.   Fax No   Telephone No.   Telephone No				1 . 1 . 1	l.	number (ii applicable)			
Name and address   CAF No.   1205-52193R.   Telephone No.   203-351-4275   Tak No.   CAF No.   Telephone No.   Tak No.   Check if new Address   Telephone No.   Fax No.   Telephone No.   Fax No.   Check if new Address   Telephone No.   Fax No.   Telephone No.   Telephone No.   Fax No.   Telephone No.   Fax No.   Telephone No.   Telephone No.   Fax No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Fax No.   Telephone No.   T			<u> </u>	( 203 ) 002-00	104				
Name and address    Name   Mancy   Marx, Cummings & Lockwood LLC   Six Landmark Square, 9th FI., Stamford, CT 06901   Fax No	hereby appoint(s) the following	g representative(s) as attorney(s)-in-t	ract·						
Name and address    Name   Mancy   Marx, Cummings & Lockwood LLC   Six Landmark Square, 9th FI., Stamford, CT 06901   Fax No	2 Representative(s) mus	t sign and date this form on page 2,	Part II						
Name and address    CAF No.	Name and address			CAF No. 1	205-52193R				
Six Landmark Square, 9th FI., Stamford, CT 06901   Fax No   Check if new Address   Telephone No   Fax No   Telephone No   Fax No   Check if new Address   Telephone No   Fax No   Telephone No   Tex No   Tex No   Telephone No   Tex No	Nancy P Marx, Cummino	rs & Lockwood LLC				75			
Name and address    CAF No.   Telephone No   Fax No   Check if new. Address   Telephone No.   Fax No   Telephone No.   Telephone No.   Fax No   Telephone No.   Telephone No.   Fax No   Telephone No.   T				1 un 110		<u></u>			
Telephone No			Check if	new: Address 🔲 💮 To	elephone No. L	Fax No   ∟			
Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF.    Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.    Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(e) of Treatrapy Department Cricular No. 230. See the line 5 instructions for rescribed en the set instructions on tax matters partners. In most cases the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner detects. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refuncheds, initial here	Name and address								
Check if new. Address   Telephone No.   Fax No   CAF No.   Telephone No.   Fax No   Telephone No.   Telephone No									
Name and address    CAF No.   Telephone No.   Fax No   Check if new. Address   Telephone No.   Fax No   The control of the contro			Check if						
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to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters.  3 Tax matters  Type of Tax (Income, Employment, Excise, etc.) or Crivil Penalty (see the instructions for line 3) (see the instructions for line 4) (see the line 5) (see the instructions for see unthority to sign any agreements, consents, or othe documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, or additional representatives, the power to substitute another representative information to a third party. See the line 5 instructions for a taxpayers to the exceute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for set structions for disclosure of tax returns or return section 10 3(d) of Treasury Department Circular No. 230 (Circular 230). See the line 5 instructions for restrictions or native fractions are the structions for restrictions or tax matters partners. In most cases the student practitioner'	Traine and addition								
to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters.  3				_ 1					
Type of Tax (Income, Employment, Excuse, etc.) or Civil Penalty (see the instructions for line 3)  Excise Tax, Annual Information Return  Form 990-PF  2006 - 2009  Failure to File Penalties  Form 990-PF  2006 - 2009  4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF  (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive fefund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.  Exceptions. An unenrolled return preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers in limited situations See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(e) of Treasury Department Circular No. 230 (Circular 230). An enrolled retiremator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner)  List any specific additions or deletions to the acts otherwise authorized in this power of attorney.  6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refunches, initial here			Check if i						
Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)  Excise Tax, Annual Information Return  Form 990-PF  2006 - 2009  Failure to File Penalties  Form 990-PF  2006 - 2009  4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF  5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or othe documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party See the line 5 instructions for more information.  Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No. 230 (Circular 230.) An enrolled enteriment plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner)  List any specific additions or deletions to the acts otherwise authorized in this power of attorney.  List any specific additions or deletions to the acts otherwise authorized in this power of attorney.	to represent the taxpayer(s) b	pefore the Internal Revenue Service f	or the following	tax matters.					
Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)  Excise Tax, Annual Information Return  Form 990-PF  2006 - 2009  Failure to File Penalties  Form 990-PF  2006 - 2009  4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF  5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or othe documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party See the line 5 instructions for more information.  Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No. 230 (Circular 230.) An enrolled enteriment plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner)  List any specific additions or deletions to the acts otherwise authorized in this power of attorney.  List any specific additions or deletions to the acts otherwise authorized in this power of attorney.									
Excise Tax, Annual Information Return  Form 990-PF  2006 - 2009  Failure to File Penalties  Form 990-PF  2006 - 2009  4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF  Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts tha I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or othe documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.  Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions in restrictions on tax matters partners. In most cases the situdent practitioner's (levels k and i) authority is limited (for example, they may only practice under the supervision of another practitioner) List any specific additions or deletions to the acts otherwise authorized in this power of attorney.  6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refunc checks, initial here and list the name of that representative below									
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7	Notices and comm		ces and other written	communications will be ser	nt to you and a co	ppy to the first		
а	If you also want the	e second representative lis	sted to receive a copy	of notices and communic	ations, check this	box ▶ □		
b	If you do not want	any notices or communication	ations sent to your rep	presentative(s), check this t	oox , ,	<u> </u>		
8	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or penods covered by this document. If you do not want to revoke a prior power of attorney, check here.							
	YOU MUST ATT	ACH A COPY OF ANY	POWER OF ATTO	RNEY YOU WANT TO	REMAIN IN EF	FECT.		
9	otherwise, see the trustee on behalf of	instructions. If signed by a fifthe taxpayer, I certify that	a corporate officer, pa at I have the authority		s partner, executors balf of the taxpay	representation is requested, or, receiver, administrator, or yer.		
,		Tak-		1 9/27/10	Treasurer			
¥	-	Signature		Date	Title	(if applicable)		
		Olgitatoro		754.0				
Ant	hony Frascella	ſ		The Frascella Famil	y Foundation C	orp.		
	Print Na	ame	PIN Number	Print name of taxp	ayer from line 1	if other than individual		
••••		Signature		Date	Title	e (if applicable)		
	Print Na	ıme [	PIN Number					
	t II Declarat	ion of Representativ						
k and Unde ● I a ● I a acco	if i), see the instruction penalties of perjury in not currently under maware of regulation nuntants, enrolled again authorized to reprim one of the following Attorney—a member Certified Public Acc	ons for Part II  y, I declare that: er suspension or disbarme ons contained in Circular 2 ents, enrolled actuanes, ar esent the taxpayer(s) iden ing. er in good standing of the	nt from practice befor 30 (31 CFR, Part 10), nd others; tified in Part I for the bar of the highest cou practice as a certified	re the Internal Revenue Ser as amended, concerning that tax matter(s) specified there art of the jurisdiction showed by public accountant in the	vice, he practice of atto e, and n below.			
d	•	e officer of the taxpayer's	•	culai 200.				
e		—a full-time employee of						
f	• •	• •	• •	example, spouse, parent,	child, brother, or	sister).		
g h	<ul> <li>f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).</li> <li>g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).</li> <li>h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section</li> </ul>							
k	Return Preparer or	n page 1 of the instruction tudent who receives perm	s	he return must be under ex ore the IRS by virtue of the	•			
1	• •	ent who receives permission	on to practice before	the IRS by virtue of their st	tatus as a CPA st	udent under section		
r	Enrolled Retirement before the Internal F	Plan Agent—enrolled as a Revenue Service is limited	retirement plan ager by section 10 3(e)).	t under the requirements o	of Circular 230 (the	e authority to practice		
		ARATION OF REPRES See the Part II instruct		SIGNED AND DATED,	, THE POWER	OF ATTORNEY WILL		
	signation—Insert	Jurisdiction (state) or identification		Signature		Date		
	a	СТ	2			9/27/2010		

Form **2848** (Rev 6-2008)