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Department of the Treasury Internal Revenue Service (77)

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

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

2008

OMB No 1545 0052

For calendar year 2008, or tax year beginning , 2008, and ending G Check all that apply. Initial return Final return Amended return Address change Name change Employer identification number Use the IRS label ABM Foundation Inc. 13-4135717 Z91 Newtown Tpk Otherwise. Telephone number (see the instructions) print or type. Redding, CT 06896-2417 (203) 664-1480 See Specific If exemption application is pending, check here Instructions 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, chec Check type of organization |X| Section 501(c)(3) exempt private foundation here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year Accounting method. X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 1,072,015. under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (seé the instructions).) Contributions, gifts, grants, etc, received (att sch) 2 Ck \blacktriangleright X if the foundn is **not** req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 1,218 1,218 1,218 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) 12 Total. Add lines 1 through 11 1,218 1,218 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach_sch)—See_St_1 C Other prof fees (attach sch) RECEIVEID 2,900 2,900 17 Interest 18 Taxes (attach schedule) AUG 08 201 Depreciation (attach sch) and depletion 20 Occupancy Travel, conferences, and meetings. 21 22 Printing and publications 23 Other expenses (attach schedule) 775 775 See Statement Total operating and administrative 24 3,675 3,675 expenses. Add lines 13 through 23 Contributions, gifts, grants paid Part XV 70,000 70,000. Total expenses and disbursements. Add lines 24 and 25 73,675 3,675 70,000 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -72,456 b Net investment income (if negative, enter 0)

c Adjusted net income (if negative, enter 0)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. 0 1,218

TEEA0504L 09/17/08

Form 990-PF (2008)

1,567,015

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Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2008) ABM Fou	 , - 				
	or the the kind(s) of property sold (e.g., r		(b) How acqui	red (c) Date acquire	(d) Date sold
2-story brick ware	cribe the kind(s) of property sold (e.g , r house; or common stock, 200 shares ML	.C Company)	P - Purchas D - Donatio	e (month, day, year	
1a N/A *					
b					
С					
d					<u> </u>
e					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain d (e) plus (f) i	
a					
b				_ _	
С		<u> </u>			
<u>d</u>		·			
<u>e</u>					
	owing gain in column (h) and owned by		4	(I) Gains (Co	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		gain minus column than -0-) or Losses (
<u>a</u>				 	
<u>b</u>				·	
<u>c</u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
d				 	
<u>e</u>					
2 Capital gain net income or (r		enter in Part I, line 7 ter -0- in Part I, line 7		2	
3 Net short-term capital gain or	r (loss) as defined in sections 1222(5) a	· –	-		
, -	•	``		1	
If gain, also enter in Part I. Ii	ne 8, column (c) (see the instructions)	If (loss), enter -0-		_	
	tio of column (c) (see the motional)	\(\frac{1}{2} = \frac{1}{2} \)	1	2	
in Part I, line 8 Part V Qualification Unc For optional use by domestic priva	der Section 4940(e) for Reduce ate foundations subject to the section 49	d Tax on Net Investme	nt Incom	3	
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		4135/1			Page
Pa	rt·VI: Extise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	the instru	uctions)		
1	a Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling letter (attach copy of ruling letter if necessary - see instructions)				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1			0.
	check here ► X and enter 1% of Part I, line 27b				
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only Others enter -0-)	2			0.
3	· · · · · · · · · · · · · · · · · · ·	3			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-	5			0.
6					
	a 2008 estimated tax pmts and 2007 overpayment credited to 2008 6a 1,759.				
	b Exempt foreign organizations — tax withheld at source 6b				
	c Tax paid with application for extension of time to file (Form 8868)				
	d Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7		1,	<u>759.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10		10		1,	<u>759.</u>
11	Enter the amount of line 10 to be Credited to 2009 estimated tax 1,759. Refunded	11			0.
Pa	t VII-A Statements Regarding Activities				
1	a 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?		1 a	Yes	No X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1ь		x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publ	ıshed			
	or distributed by the foundation in connection with the activities		1c		Х
	c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		10		 ^
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow \$	C).		
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or	1			
_	<u> </u>		2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				<u> ^ </u>
	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		X
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	o If 'Yes,' has it filed a tax return on Form 990-T for this year?		4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
-	If 'Yes,' attach the statement required by General Instruction T.			•	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
Ī	By language in the governing instrument, or				
		flict			
_	By state legislation that effectively amends the governing instrument so that no mandatory directions that con with the state law remain in the governing instrument? While the state law remain in the governing instrument?	illet	6	v	X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	<u>X</u>	
8	Enter the states to which the foundation reports or with which it is registered (see the instructions) CO				
ł	o 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 G² If 'No,' attach explanation</i>		8b	Х	
9		942(j)(5) Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses		10		Х

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Form **990-PF** (2008)

Forr	m 990-PF (2008) ABM Foundation Inc.	13	<u>-4135/</u>	<u> 1 / </u>	F	age !
Pat	rt VII-A Statements Regarding Activities Continued					
11	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 instructions)			11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exempt	ion applica	lion?	13	Х	
	Website address N/A					<u> </u>
14		none no		_ 664	-148	٠. – -
			<u>896 </u>			ጉጉ :
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check her		15	14/ 5		U N/A
Day	and enter the amount of tax-exempt interest received or accrued during the year		[13 [IV/ A
rai	TVII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>			Vac	- No
4.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 8	During the year did the foundation (either directly or indirectly)	□v⊶	VI.	į		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo	Ţ.		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes		}		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes		Ŧ.		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	XNo			
	(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)?	Yes	XNo			
	(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)	Yes	X No			
b	olf any answer is 'Yes' to 1a(1)-(6), did <mark>any</mark> of the acts fail to qualify under the exceptions described i Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruc	n :tions)?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here		► 🗌			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2008?	s,		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008?	Yes	XNo			
	If 'Yes,' list the years ▶ 20, 20, 20					Į
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494)	12(a)(2) 2(a)(2) to				
	all years listed, answer 'No' and attach statement — see the instructions)	_(_,(_,		2b	N	/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20 , 20 , 20 , 20 , 20	here				
2.						
за	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
	If 'Yes,' did it have excess business holdings in 2008 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 approby the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	on ved		26	N	/ A
	determine if the foundation had excess business holdings in 2008).			3b	IA	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		<u>X</u>
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					v
	the tax year beginning in 2008?			orm 99	n DE /	X X
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Form 990-PF (2008) ABM Foundation Inc	c.		13-413	35717 Page
Part VII-B Statements Regarding Activit	ies for Which For	n 4720 May Be Red	uired (continued)	
5a During the year did the foundation pay or incu		-		
(1) Carry on propaganda, or otherwise attempt		n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	lic election (see section ition drive?	4955), or to carry		No
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instruc	ganization described ctions)	Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ []	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response.	sibility for the grant?		N/A Yes	No
If 'Yes,' attach the statement required by Regulation, during the year, receive an			∏Yes X	No
on a personal benefit contract? b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefi		6ь Х
If you answered 'Yes' to 6b, also file Form 887		,,		
7a At any time during the tax year, was the found		bited tax shelter transac	tion? Yes X	No
b If yes, did the foundation receive any proceeds	s or have any net incom	ne attributable to the trai	nsaction?	7b N/A
Part VIII Information About Officers, D	irectors, Trustees	, Foundation Mana	igers, Highly Paid	Employees,
and Contractors			-4:	
1 List all officers, directors, trustees, foundation				(6) (5)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Peter A. Nierenberg	Director	0.	0.	0
291 Newtown Tpk	2.00			
Redding, CT 06896-2417				
Martha Nierenberg	Director	0.	0.	0
15 Middle Patent Road Armonk, NY 10504	0	•		
Theodore Nierenberg	Director	0.	0.	0
15 Middle Patent Road	0			
Armonk, NY 10504				
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1— see inst	ructions). If none, enter	'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
Total number of other employees paid over \$50,000	TEE A 0.2061 (20/10/09	<u> </u>	Form 990-PF (2008)

0.

Form 990-PF (2008)

Total. Add lines 1 through 3

BAA

The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

BAA

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

Enter 1% of Part I, line 27b (see instructions)

Form 990-PF (2008)

70,000

70,000.

За 3b

4

5

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
Distributable amount for 2008 from Part XI, line 7				68,607.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			67,728.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2008			1	
a From 2003				
b From 2004			1	
c From 2005	-		-	
d From 2006			!	
e From 2007	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from Part				
XII, line 4 ► \$			67 720	
a Applied to 2007, but not more than line 2a			67,728.	
 Applied to undistributed income of prior years (Election required — see instructions) 		0.		
c Treated as distributions out of corpus	0		1	
(Election required — see instructions)	0.			2,272.
d Applied to 2008 distributable amount	0.		·····	2,212.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the	U.			
same amount must be shown in column (a))			1	
6 Enter the net total of each column as				
indicated below:	_		1	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section			1	
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2007 Subtract line 4a from			_	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2008 Subtract lines	,			
4d and 5 from line 1. This amount must be				66 225
distributed in 2009				66,335.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)	0.		1	
(see instructions)	0.1			······································
8 Excess distributions carryover from 2003 not	0.		ŧ	
applied on line 5 or line 7 (see instructions)	U.		·····	······································
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9	<u> </u>			······································
a Excess from 2004				
b Excess from 2005			-	
c Excess from 2006			ļ	
d Excess from 2007				
e Excess from 2008				
				Form 990-PF (2009)

Part XIV Private Operating Foundation		ctions and Par	t VII-A guestion	13-4135/1	/ Page 1 N/A
1a If the foundation has received a ruling of	determination letter			, and the ruling	N/A
is effective for 2008, enter the date of th	e ruling				100000
b Check box to indicate whether the found		rating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2008	(b) 2007	Prior 3 years (c) 2006	(d) 2005	(e) Total
b 85% of line 2a					
c 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					
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.					
a 'Assets' alternative test — enter.					
(1) Value of all assets	···	ļ 	 	-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 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	<u> </u>		<u> </u>		
Supplementary Informatio assets at any time during t	n (Complete this the vear — see in	part only if the structions.)	e organization h	nad \$5,000 or mo	ore in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav Peter A. Nierenberg	have contributed mor	re than 2% of the t nan \$5,000) (See	total contributions re section 507(d)(2).)	ceived by the founda	tion before the
b List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 10°	the stock of a corp % or greater intere	poration (or an equal est	ly large portion of the	e ownership of
2 Information Regarding Contribution, Gra-	nt. Gift. Loan. Schola	rship, etc. Program	ns:		
Check here X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	makes contributions t	o preselected cha	ritable organizations	and does not accept nizations under other	unsolicited conditions,
a The name, address, and telephone numb	er of the person to w	hom applications s	should be addressed		
b The form in which applications should be	submitted and inform	nation and material	ls they should includ	e	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograph	ıcal areas, charıtal	ble fields, kinds of in	stitutions, or other fa	ctors
				<u></u>	000 57 373
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3 Grants and Contributions Paid During the Ye	ear or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year Computers for Youths 505 8th Ave, Suite 2402 New York, NY 10018	None	Public	General Operations	70,000
Total			► 3a	70,000
b Approved for future payment See Statement 3				
Total		<u></u>	> 3b	70,000.
IOldi			30	

Page 12

Part XVI-A	Anal	vsis of	Income	-Producina	Activities
IN THE PARTY OF TH	, , , , , , ,	,			, , , , , , , , , , , , , , , , , , , ,

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514		
Program service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)	
•						
a b						
С						
d						
е						
ſ						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	1,218.		
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	1.		
9 Net income or (loss) from special events.						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b						
с						
d						
e						
12 Subtotal Add columns (b), (d), and (e)				1,219.		
13 Total. Add line 12, columns (b), (d), and (e)			•	13	1,219.	

(See worksheet in the instructions for line 13 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions)
N/A	

Form 990-PF (2008) ABM Foundation Inc. 13-4135717 Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organ	nizations								
desc	the organization directly cribed in section 501(c) (ting to political organizat	of the Code (oth	gage in any of the folk ner than section 501(c)	owing with a (3) organiza	any other ations) or	organization in section 5	า 27,		Yes	No
	sfers from the reporting		a noncharitable exempt	t organizatio	on of					
(1)	Cash		•	•				1 a (1)		X
(2)	Other assets							1 a (2)		X
b Othe	er transactions.									
(1)	Sales of assets to a non	charitable exen	npt organization					1 b (1)		X
(2)	Purchases of assets from	m a noncharitat	ole exempt organizatioi	n				1 b (2)		<u> </u>
(3)	Rental of facilities, equip	oment, or other	assets.					1 b (3)		X
(4)	Reimbursement arrange	ments						1b (4)		Х
(5) (Loans or loan guarantee	es .						1 b (5)		X
(6)	Performance of services	or membership	o or fundraising solicita	itions				1 b (6)		X
c Shar	ring of facilities, equipme	ent, mailing lists	s, other assets, or paid	l employees	5			1 c		X
the c	e answer to any of the a goods, other assets, or s transaction or sharing ar	services aiven b	v the reporting founda	tion. If the f	foundatio	n received le	ess than fair m	arket value in	of	
(a) Line no	1		noncharitable exempt organi					s, and sharing arran	gements	
N/A		1,6			1.				·	
		-								
			·							
								·		
					· · · · ·			· · · ·		
								 		
						 .				
					<u>.</u>		 			
										
			···							
	<u> </u>		···							
descr	e foundation directly or in ribed in section 501(c) of s,' complete the following	f the Code (oth	ed with, or related to, or er than section 501(c)(one or more 3)) or in se	e tax-exe ction 527	mpt organiz	ations	Yes	XI	No
	(a) Name of organization	on	(b) Type of org	anızatıon		(c) Description	of relationship		
N/A										
										
										
Under pena complete	lties of penury, I declare that I ha Declaration of preparer (other th	ve examined this return han taxpayer or fidu	rn, including accompanying sch ciary) is based on all informai	edules and state tion of which p	ements, and reparer has	to the best of my any knowledge			ad	
s >					16/	65/10	► <u>Direct</u>	or		
G Signa	ature of officer or trustee				Date	· · · · · · · · · · · · · · · · · · ·	Title	1		
'	Preparer's Jun	well	Programme and a		Date	. ,	Check if	Preparer's Identifyi (See Signature in I		
H Paid R Pre-	signature Wilmo	t L. Harr	is, Jr.		12	133/10	self employed ►	P00094665		•
parers	Firm's name (or IVEV,	Barnum &					· · · · · · · · · · · · · · · · · · ·	-0642300		
Use	yours if self 170 M	Mason Stre						<u>.</u>		
		wich, CT					Phone no	(203) 661-	-6000	0_
BAA								Form 99	0-PF (2	2008)

2008	Federal Sta	tements		Page 1
Client ABMFOUND	ABM Founda	tion Inc.		13-4135717
12/23/10				10.23AN
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees				
	(a) Expense: _per_Book	(b) No s Investm s Incom	ent Adjust	
	\$ 2,90 \$ 2,90	00. 00. \$ 2,	900. 900. \$	0. \$ 0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses				
	(a) Expense per_Bool	s Inco	ent Adjust me Net Inc	ed Charitable
Peter Nierenberg UBS Financial Services, acco		0. \$	550.	
UDS TIMARCIAI SELVICES, acce	22	5. \$	225. 775. \$	0. \$ 0.
Statement 3 Form 990-PF, Part XV, Line 3b Recipient Approved for Future Pay	ment	Found-		
Name and Address	Donee <u>Relationship</u>	ation Status	Purpose <u>Grant</u>	of Amount
Youth Rights Media 77 Willow Street # 3 New Haven, CT 06511	None	Public	General Operations	\$ 10,000
Peewee's Pet Adoption World & Sanctuary 1307 Saratoga Corpus Christi, TX 78417	None	Public	General Operations	10,000
Computers for Youths 505 8th Ave, Suite 2402 New York, NY 10018	None	Public	General Operations	50,000
				Total \$ 70,000

i

Power of Attorney and Declaration of Representative

OMB No. 1545-0150
For IRS Use Only
Received by:
Name
Telephone

Depart	ment of the Treasury I Revenue Service	► Type or print.	➤ See the sep	arate instructions.		Received by: Name	
Par	t I Power of	Attorney	<u>-</u>	_ 		Telephone	
		rm 2848 will not be honored for any pu	urpose other th	an representation befo	re the IRS.	Function	
1	Taxpayer informa	ation. Taxpayer(s) must sign and date this	s form on page	2, line 9.		Date /	/
	ayer name(s) and a	ddress		Social security num		loyer identificat ber	ion
	er Nierenberg ector of the ABM	Foundation		01212010			
	Newtown Turnp			1 : :	13	41357	17
	lding, CT 06896	***		Daytime telephone n (203)664		number (if appli	cable)
hereb	by appoint(s) the fol	llowing representative(s) as attorney(s)-in-	fact.				
2	Representative(s)	must sign and date this form on page 2	, Part II.				
Name	e and address			CAF No	1200-44940R		
Wilr	mot L. Harris, Jr.	, Esq.		Telephone No.	203-862-77	'05	
lvey	/ Barnum & O'Ma	ara		Fax No.	203-661-9462	<u></u>	_
		reenwich, CT 06830	Check if			Fax No.	<u> </u>
Name	e and address		1	CAF No.			
			- !	Telephone No			
				Fax Nonew: Address			
	 _		Check if				<u> </u>
Name	e and address			CAF No			
			1	Telephone No			
			01	Fax Nonew: Address			
		er(s) before the Internal Revenue Service t			relephone No. L	Fax INO.	ᆜ
3		come, Employment, Excise, etc.) (see the instructions for line 3)		Form Number , 941, 720, etc.)		ar(s) or Period(s) instructions for I	ine 3)
All	ABM Foundation	IRS Matters					
							
4		recorded on Centralized Authorization I se the instructions for Line 4. Specific Us				not recorded on	
5	I (we) can perform documents. The au or add additional r	The representatives are authorized to recover with respect to the tax matters described athority does not include the power to receveres entatives, the power to sign certain life party. See the line 5 instructions for matter than the second	d on line 3, for a live refund check returns, or the	t confidential tax informations to the confidential tax informatics (see line 6 below), the power to execute a requirement.	ation and to per o sign any agree power to substit	form any and all ments, consents ute another repre	acts the , or othe sentativ
	See Unenrolled R section 10.3(d) of 1 to the extent provi	nenrolled return preparer cannot sign any eturn Preparer on page 1 of the instruct freasury Department Circular No. 230 (Circular No. 230 (Circular No. 230). So ided in section 10.3(e) of Circular 230. So ioner's (levels k and l) authority is limited (l	ions. An enrolle cular 230). An e ee the line 5 in:	ed actuary may only repr nrolled retirement plan a structions for restrictions	resent taxpayers dministrator may s on tax matters	to the extent pr only represent to partners. In mo	ovided i axpayer st case:
	• •	dditions or deletions to the acts otherwis		-			
		checks. If you want to authorize a repres			JT NOT TO EN	OORSE OR CAS	H, refun
	checks, initial here	and list the name of t	hat representat	we below.			
	Name of represent	tative to receive refund check(s)					

· ·	,					
Form	2,848 (Rev. 6-2008)					Page 2
7	Notices and common representative listed		es and other written o	communications will be sent to yo	ou and a cop	by to the first
а	If you also want the	e second representative lis	ted to receive a copy	of notices and communications,	check this b	
b	If you do not want	any notices or communica	itions sent to your rep	resentative(s), check this box .	<u> </u>	<u> ▶ □</u>
8	attorney on file with want to revoke a pr	ion of prior power(s) of the Internal Revenue Sention from power of attorney, che ACH A COPY OF ANY	vice for the same tax neck here	this power of attorney automatinatters and years or periods cove	red by this d	s all earlier power(s) of locument. If you do not
	·					
9	otherwise, see the i	instructions. If signed by a fithe taxpayer, I certify that	a corporate officer, pa at I have the authority	both husband and wife must si rtner, guardian, tax matters partr to execute this form on behalf of RNEY WILL BE RETURNED.	ner, executor f the taxpaye	r, receiver, administrator, or
4	/ //\	~ `		Blisn		
-/-	·/- -				Title	(if applicable)
/		Signature		Date	Title	(if applicable)
Pete	Nierenberg, Dir	ector				
./_	Print Na	l	PIN Number	Print name of taxpayer for	rom line 1 i	f other than individual
 -		Signature		Date	Title	(if applicable)
	Print Na	ime	PIN Number			
Par	t II Declarati	ion of Representativ	/e	· · · · · · · · · · · · · · · · · · ·		
<i>k and</i> Unde	I I), see the instruction or penalties of perjury	ons for Part II. y, I declare that.		Low Income Taxpayer Clinics or ethe Internal Revenue Service;	the Student	t Tax Clinic Program (levels
				as amended, concerning the pra-	ctice of atto	mevs, certified public
		ents, enrolled actuaries, ar		as amenasa, semesiming the pra-		
• I a	m authorized to repr	esent the taxpayer(s) iden	tified in Part I for the t	ax matter(s) specified there; and		
а	m one of the followir Attorney—a membe Certified Public Acc	er in good standing of the	bar of the highest cou	urt of the jurisdiction shown below	w. ction shown	below.
		rolled as an agent under t				
d	Officer-a bona fide	officer of the taxpayer's	organization.			
		—a full-time employee of	• •			
				example, spouse, parent, child,		
	practice before the	Internal Revenue Service	is limited by section 1			
h	10.7(c)(1)(viii). You n	Preparer—the authority to must have prepared the re in page 1 of the instruction	turn in question and t	ternal Revenue Service is limited he return must be under examina	ition by the	230, section IRS. See Unenrolled
	Student Attorney—s 10.7(d) of Circular 2	student who receives perm 30.	nission to practice bef	ore the IRS by virtue of their stat		
	10.7(d) of Circular 2	30.		the IRS by virtue of their status a		
r	before the Internal F	Revenue Service is limited	by section 10 3(e)).	t under the requirements of Circ		
		ARATION OF REPRES See the Part II instruct		SIGNED AND DATED, THE	POWER (OF ATTORNEY WILL
Des	signation—Insert	Jurisdiction (state) or		Signature		Date

Designation—Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
A	СТ	wind I Amer	8/1/11
	:		
			Form 2848 (Bay 6 2009)

Form **8822**

Department of the Treasury Internal Revenue Service **Change of Address**

Please type or print.

► See instructions on back. ► Do not attach this form to your return.

OMB No 1545-1163

	e you begin: If you are changing both your home and business address, use a separate Form	1 8822 to report each change.
Part	Complete This Part To Change Your Home Mailing Address	
Check	all boxes this change affects:	
1 [Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)	
	▶ If your last return was a joint return and you are now establishing a residence separ	rate
	from the spouse with whom you filed that return, check here	▶ □
2	Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)	
	► For Forms 706 and 706-NA, enter the decedent's name and social security number below	ow.
	► Decedent's name	er
3a	Your name (first name, initial, and last name)	3b Your social security number
		
4a	Spouse's name (first name, initial, and last name)	4b Spouse's social security number
	Variable of the second of the	
5a	Your prior name. See instructions	
5b	Spouse's prior name. See instructions	
OD	apouso a prior name, occ monactions	
6a	Old address (no , street, apt no , city or town, state, and ZIP code). If a P O box or foreign address, see instructions	
6b	Spouse's old address, if different from line 6a (no , street, apt no , city or town, state, and ZIP code). If a P O box of	or foreign address, see instructions
7	New address (no , street, apt no , city or town, state, and ZIP code) If a P O box or foreign address, see instructions	
Part		
Check	call boxes this change affects:	Location
Check 8 [all boxes this change affects: ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 9	Location
Check 8 [9 [k all boxes this change affects: ☑ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 9 ☑ Employee plan returns (Forms 5500, 5500-EZ, etc.)	Location
Check 8 [9 [10 [k all boxes this change affects: ☑ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 9 ☑ Employee plan returns (Forms 5500, 5500-EZ, etc.) ☑ Business location	Location 90, 1041, 1065, 1120, etc.)
Check 8 [9 [k all boxes this change affects: ☑ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 9 ☑ Employee plan returns (Forms 5500, 5500-EZ, etc.)	Location
Check 8 [9 [10 [11a	k all boxes this change affects: ☑ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 9 ☑ Employee plan returns (Forms 5500, 5500-EZ, etc.) ☑ Business location	Location 90, 1041, 1065, 1120, etc.)
Check 8 [9 [10 [11a ABM		Location 90, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717
Check 8 [9 [10 [11a ABM		Location 90, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717
Check 8 [9 [10 [11a ABM		Location 90, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717
Check 8 [9 [10 [11a ABM 12		Location 90, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions
Check 8 [9 [10 [11a ABM 12 291 N		Location 90, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions
Check 8 [9 [10 [11a ABM 12 291 N		Location 90, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions
Check 8 [9 [10 [11a ABM 12 291 N		Location 190, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions ss, see instructions
Check 8 [9 [10 [11a ABM 12 291 N 13 C? W		Location 190, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions ss, see instructions
Check 8 [9 [10 [11a ABM 12 291 N 13 C? W		Location 190, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions ss, see instructions
Check 8 [9 [10 [11a ABM 12 291 N 13 C? W		Location 190, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions ss, see instructions
Check 8 [9 [10 [11a ABM 12 291 N 13 C? W		Location 190, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions ss, see instructions
Check 8 [9 [10 [11a ABM 12 291 N 13 C? W		Location 190, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions ss, see instructions
Check 8 [9 [10 [11a ABM 12 291 N 13 C? W		Location 190, 1041, 1065, 1120, etc.) 11b Employer identification number 13-4135717 s, see instructions ss, see instructions
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