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# Form **990-F**

## Return of Private Foundation

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

OMB No 1545-0052 2008

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 2009 JUL 1, 2008 and ending JUN 30, For calendar year 2008, or tax year beginning Name change Final return Amended return Address change G Check all that apply Initial return A Employer identification number Name of foundation Use the IRS THE MANAFORT FAMILY FOUNDATION, INC. label. 06-1412557 C/O LAUREN MANAFORT Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/sulte B Telephone number print (860) 229-4853 414 NEW BRITIAN AVENUE, P.O. BOX 99 or type. See Specific C If exemption application is pending, check here City or town, state, and ZIP code Instructions 06062-2016 D 1 Foreign organizations, check here PLAINVILLE, CT 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) F If the foundation is in a 60-month termination, 867, 602. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here ▶\$ Analysis of Revenue and Expenses (d) Disbursements Part I (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for chantable purposes (cash basis only) expenses per books income income 3,782 Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 33,806.STATEMENT 33,806 33,806 Dividends and interest from securities 5a Gross rents D Net rental income or (loss) STATEMENT <25,737.Þ 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 298,801. 0 7 Capital gain net income (from Part IV, line 2) N/A Net short-term capital gain Income modifications Gross sales less returned allowances 10a S 2010 FEB 1 7 b Less Cost of goods so c Gross profit or (loss 135,085.STATEMENT 0 3 135,085 Other income 168,891. 33,806 146,936. Total. Add lines 1 through 12 0. Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Ō. 3,000 0. 3,000. STMT 4 **b** Accounting fees 7,253 0. 0. 7,253. STMT 5 c Other professional fees 17 Interest Ō. 0. 323. 0. STMT 6 Taxes Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications 0. STMT 7 65,201 0 0. 23 Other expenses Total operating and administrative 10,253 0. 0. 75,777 expenses. Add lines 13 through 23 107,045. 107,045 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 10,253 107,045. 182,822 Add lines 24 and 25 Subtract line 26 from line 12 <35,886. 2 Excess of revenue over expenses and disbursements 23,553 b Net investment income (if negative, enter -0-) 168,891

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

Form **990-PF** (2008)

C Adjusted net income (if negative, enter -0-)

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06-1412557

_		Release Shoots Attached schedules and amounts in the description	Beginning of year	End of	year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg$	1	Cash - non-interest-bearing	13,848.	91,277.	91,277.
1		Savings and temporary cash investments	13,795.		
		Accounts receivable		1	
	,	Less allowance for doubtful accounts			
	4	Pledges receivable			
	*	Less allowance for doubtful accounts			
	_	Grants receivable			
	-	Receivables due from officers, directors, trustees, and other			
	0				
	7	disqualified persons			
	′	Other notes and loans receivable  Less allowance for doubtful accounts			
<u>,</u>	۵		-		
Assets		Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges Investments - U S and state government obligations			
		COMO O	945,488.	845,968.	776,325.
		mivestinents corporate stook	3137100.	0.207.500.0	
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis	1		
		Less. accumulated depreciation			· · · · · · · · · · · · · · · · · · ·
	15	Other assets (describe)			<del></del>
			072 121	937,245.	867,602.
_		Total assets (to be completed by all filers)	973,131.	931,243.	007,002.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons		<u> </u>	
Liabilities	21	Mortgages and other notes payable		<del></del>	
_	22	Other liabilities (describe		· · · · · · · · · · · · · · · · · · ·	
				0	
	23		0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ě	24	Unrestricted		<del></del>	
la l	25	Temporarily restricted			
Ba	26	Permanently restricted			-
Pur		Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.		•	
Net Assets or Fund Balance	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	4
As	29	Retained earnings, accumulated income, endowment, or other funds	973,131.	937,245.	1
Š	30	Total net assets or fund balances	973,131.	937,245.	
_	1				
	31	Total liabilities and net assets/fund balances	973,131.	937,245.	
			Balances		
				<del></del>	<del></del>
1		I net assets or fund balances at beginning of year - Part II, column (a), line	e 30		0.50 4.55
		st agree with end-of-year figure reported on prior year's return)		1	973,131.
2		r amount from Part I, line 27a		. 2	<35,886.>
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		. 4	937,245.
5		reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	937,245.
Ť	. 010				Form <b>990-PF</b> (2008)

Part IV Capi		Losses for Tax on Ir	vestment	Income						1007 Tuge 0
, (a)	List and describe th	e kind(s) of property sold (e g	, real estate,	. IIICOITIE	(b) H	low acqui	. 1 10	) Date ac		(d) Date sold
		se, or common stock, 200 sh			D.	- Donatio	n   '	mo , day		(mo, day, yr)
a SOVEREIG			EE ATT			<u>P</u>		$\frac{6/30}{3/13}$		06/30/09
b SOVEREIG	N BANK (#	(1045000629) S	EE ATT	ACHED	<del> </del>	P	0	7/17	/ 08	05/05/09
<u>C</u>	<del></del>									<del></del>
d	<del> </del>			<del></del>	-					
e (e) Gross sale:	C DEIGO	(f) Depreciation allowed	(g) Cos	t or other basis	<u> </u>		<u> </u>		or (loss	
(e) Gloss sale:	s price	(or allowable)	plus e	xpense of sale				(e) plus (1	) minus	·
	0,333.		-	89,54						<9,207.
b 21	8,468.		_	234,99	8.			-		<16,530.
<u> </u>			ļ							
<u>d</u>									<del></del>	
Complete and for			the foundation	on 12/21/60			(I) O	/0-1	/h\	
Complete only for	assets snowing gail	in column (h) and owned by		cess of col (I)	-			iains (Col c), but no		
(i) FMV as of 1	12/31/69	(j) Adjusted basis as of 12/31/69		cess of cor (f) col (j), if any				osses (fi		
- <del></del>										<9,207.
a b			1							<9,207. <16,530.
C .		<del></del>	,,,,				·			•
d	-									
8										_
	-	∫ If gain, also ente	r in Part I. line	7	۱۱					
2 Capital gain net inc	come or (net capital l				<b>]</b>	2				<25,737.
3 Net short-term cap	utal gain or (loss) as	defined in sections 1222(5) a	nd (6)							
	n Part I, line 8, colur		, ,							10 207
If (loss), enter -0-	n Part I, line 8	0 1: 4040/ \ (	D 1	. T N		3	-4			<9,207.
		r Section 4940(e) for					int inco	me		
(For optional use by d	omestic private four	dations subject to the section	4940(a) tax on	i net investment li	ncome	9)				
If section 4940(d)(2)	applies, leave this pa	rt blank								
Nitas iba fassadahan k	his for the posture A	942 tax on the distributable ar	mount of any w	nar in the bace no	nod2					Yes X No
		der section 4940(e) Do not c			ilou,				•	163 (ZZ1NO
1 Enter the appropri	rate amount in each	column for each year, see inst	ructions before	making any entre	ies					· ·· ·· ·· ·
	a)	(b)			(c)				Dietri	(d) bution ratio
Base per Calendar year (or ta	riód years ax year beginning in)	Adjusted qualifying dis		Net value of no	oncha	rıtable-us			ol (b) dr	vided by col (c))
	07	12	26,696.		1	,038	,581 <u>.</u>			.121990
20	06		78,021.				,062.			.087168
20	05		39,099.				<u>,449.</u>			.166297
20	04		3,916.				<u>,588.</u>			.075320
20	03		17,000.	<u> </u>		862	,137.	<u> </u>		.054516
								_		F0F001
2 Total of line 1, col					_			2		.505291
-		r base period - divide the total	on line 2 by 5,	or by the numbe	r of ye	ars				.101058
the foundation has	been in existence if	less than 5 years	•		-			3		
		for 0000 from Dod V	luna E					4		875,952.
4 Enter the net value	of noncharitable-us	e assets for 2008 from Part X	, וווופ ס							0131332.
E Multimbuling A buil	.no 2							5		88,522.
5 Multiply line 4 by I	ille 3	•		- •		-	•			
6 Enter 1% of net in	vestment income /1º	% of Part I line 27h)						6		236.
CILLOT I 70 OTHER III	(1									
7 Add lines 5 and 6								7		88,758.
, 7,00 11100 0 0110 0										
8 Enter qualifying di	stributions from Par	t XII, line 4						8		107,045.
		7, check the box in Part VI, lin	e 1b, and comp	plete that part usi	ng a 1	% tax rat	e.			
See the Part VI ins										

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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)

year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresse

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

Form **990-PF** (2008)

X

X

X

X

8b

10

CT

By language in the governing instrument, or

If "Yes," complete Part II, col. (c), and Part XV.

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

remain in the governing instrument?

	C/O HANKIN TIMAK ON TO 1412	<del></del>		
	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		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	1		
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		<u> </u>	
14	The books are in care of ► ROBERT KING  Telephone no ►860-22			1.6
	Located at ► 414 NEW BRITIAN AVE, PO BOX 99, PLAINVILLE, CT ZIP+4 ►06	06 <u>2</u>	-20	<u> 1</u> 6
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>,</b> ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N.	/A	
PE	ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X 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)?  Yes X No			
	(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.)			
t	or If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 20 of the instructions)?  N/A	,.		
		1b		
_	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 acts, that were not corrected	1,		х
9	before the first day of the tax year beginning in 2008?  Taxon on failure to distribute income (costion 4942) (does not apply for years the foundation was a private operating foundation.	1c		
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))  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			
2				
	before 2008?  If "Yes." list the years ▶, , , , , , , , , , , , , , , , , , ,			
	a 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			
L	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions )  N/A	2b		Í
	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
٠	The more providing of 30000011 4042(a)(2) are being applied to any of the years noted in 2a, not the years nere			
3:	1 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
U	during the year?			
ŀ	of "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 approved by 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 determine if the foundation had excess business holdings in 2008.)  N/A	3ь		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2008?	4b		Х
_		rm <b>990</b>	-PF	

2 Compensati	on of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
	e 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, othe allowances
NO	NE				
Total number of	other employees paid over \$50,000			<b>•</b>	(

Form **990-PF** (2008)

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	·- <u>-</u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	_	
		<del>-</del> -
	_	
T. 1. 1. (.1)		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		
the state of the s	Annal and a market as the	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
	· · · · · · · · · · · · · · · · · · ·	
		j
2		
		<u> </u>
3		
4	<del></del>	
		<u> </u>
Part IX-B Summary of Program-Related Investments		,
Describe the two largest program-related investments made by the foundation during the tax year or	ilines 1 and 2	Amount
1 N/A		-
		-
•		
2	<u> </u>	
		-
All other program-related investments. See instructions	<del></del>	
3		1
		1
Total. Add lines 1 through 3		0.
		Form 990-PF (2008)

C/O LAUREN MANAFORT

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	Average monthly fair market value of securities	1a	829,831. 59,460.
	Average of monthly cash balances	1b	59,460.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	889,291.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	889,291.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,339.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	875,952.
6	Minimum investment return. Enter 5% of line 5	6	43,798.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part )	d certain	
1	Minimum investment return from Part X, line 6	1	43,798.
	Tax on investment income for 2008 from Part VI, line 5		<u> </u>
	Income tax for 2008 (This does not include the tax from Part VI )		
	Add lines 2a and 2b	2c	236.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	43,562.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	43,562.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	43,562.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4.	107 045
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	107,045.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
8		3a	
b	Cash distribution test (attach the required schedule)	3b	107,045.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	107,045.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		226
	income Enter 1% of Part I, line 27b	5	236. 106,809.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	or the section
	4940(e) reduction of tax in those years		

Form **990-PF** (2008)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				
line 7				43,562.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years		_		
C Freeze distributions permanent if any to 2009;		0.		
3 Excess distributions carryover, if any, to 2008				
a From 2003 b From 2004 2,469.				
b From 2004 2,469. c From 2005 98,079.				
d From 2006 34,226.				
e From 2007 75,575.				
f Total of lines 3a through e	210,349.			
4 Qualifying distributions for 2008 from	210/317.	······································		
Part XII, line 4 > \$ 107, 045.				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				43,562.
e Remaining amount distributed out of corpus	63,483.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	0.70			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	273,832.			
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 4942(a) tax has been previously		0.		
assessed 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 instr			0.	
f Undistributed income for 2008 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	273,832.			
10 Analysis of line 9				
a Excess from 2004 2,469.				
b Excess from 2005 98,079.				
c Excess from 2006 34,226.				
d Excess from 2007 75,575.				
e Excess from 2008 63, 483.			1	
				Form <b>QQD_DF</b> (2008)

Part XIV Private Operating Fo	oundations (see in:	structions and Part VI	I-A, question 9)	N/A	_
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2008, enter the date of t	the ruling	<b>&gt;</b>		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described	ın section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed					
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					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(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			<u> </u>		
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during t	ne year-see the	instructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total con	tributions received by the	foundation before the clo	ose of any tax
year (but only if they have contributed m	iore than \$5,000) (See s	section 507(d)(2) )			
NONE			****		<del></del>
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contributi Check here ► X If the foundation o the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone number	,			omplete items za, b, c, an	
b The form in which applications should b	e submitted and informa	ation and materials they s	should include		
c Any submission deadlines.					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, chantable fields	, kinds of institutions, or	other factors.	

Form 990-PF (2008)

C/O LAUREN MANAFORT

06-1412557 Page 11

Part XV Supplementary Information	(continued)	<u> </u>	<u> </u>	
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
		i.		
SEE STATEMENT 9				
Total SEE STATEMENT 9	<u> </u>		<b>▶</b> 3a	107,045
b Approved for future payment		<u> </u>	<u> </u>	10.7015
• / <b>-</b>				
NONE				
Total			<b>▶</b> 3b	0
823611 01-02-09		•	F	orm <b>990-PF</b> (2008

C/O LAUREN MANAFORT

	,0	ted business income		by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
2					
b			<del>  </del>		
G					
d	•				
e					
f					
g Fees and contracts from government ag	nencies				
Membership dues and assessments	,,,,,,,,				<u> </u>
I Interest on savings and temporary cash		-	- <del>  </del>		-
investments					
Dividends and interest from securities			14	33,806.	
5 Net rental income or (loss) from real estate			1-1-		
a Debt-financed property		<del>                                     </del>	1 1 1 1 1 1 1		
b Not debt-financed property		-			
6 Net rental income or (loss) from personal	<del></del>			· · · · ·	<del></del>
property		ľ			
7 Other investment income	<del></del>				
8 Gain or (loss) from sales of assets other		-			
than inventory			18	<25.737	>
		<del>                                     </del>	01	<25,737. 70,994.	<u> </u>
<ol> <li>Net income or (loss) from special events</li> <li>Gross profit or (loss) from sales of inventor</li> </ol>	ını		<del>                                     </del>	707520	-
1 Other revenue	' <sup>y</sup>				<del>-</del>
a			<del>-     -</del>	-	
b	l l				
c	1				
d					
e		0		79,063.	Č
	. <del>L</del>		<u>•</u> [ 1	13	79,063
2 Subtotal Add columns (b), (d), and (e)				13	137005
3 Total. Add line 12, columns (b), (d), and (e					
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify	y calculations )	· · · · · · · · · · · · · · · · · · ·			
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify		complishment of E	xempt	Purposes	
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of	very calculations )  Activities to the Acc				polishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			plishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			plishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			plishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			plishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			plishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of
3 Total. Add line 12, columns (b), (d), and (e See worksheet in line 13 instructions to verify Part XVI-B Relationship of Line No. Explain below how each activit	calculations)  Activities to the Acctivities to the	d in column (e) of Part XVI-			iplishment of

823621 01-02-09

P	art XVII Information Regarding Transfe Exempt Organizations	rs To and Transactions	and Relationships With Nonch	naritable	<del></del>	<u> </u>
1	Did the organization directly or indirectly engage in any of th	e following with any other organizat	ion described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in s					
а	Transfers from the reporting foundation to a noncharitable e					
	(1) Cash	, •		1a(1)		X
	(2) Other assets			1a(2)		X
b						
	(1) Sales of assets to a noncharitable exempt organization			16(1)		X
	(2) Purchases of assets from a noncharitable exempt organ	ızatıon		1b(2)		X
	(3) Rental of facilities, equipment, or other assets			1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees			1b(5)		X
	(6) Performance of services or membership or fundraising	solicitations		1b(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, o	r paid employees		10		X
d			ilways show the fair market value of the good	ls, other ass	ets,	
	or services given by the reporting foundation. If the foundation	on received less than fair market va	lue in any transaction or sharing arrangemen	it, show in		
	column (d) the value of the goods, other assets, or services	received		_		
(a)	Line no (b) Amount involved (c) Name of non	charitable exempt organization	(d) Description of transfers, transactions, a	and shanng am	angeme	ents
		N/A			_	
				····		
					_	
					_	
					_	
	-					
22	a Is the foundation directly or indirectly affiliated with, or relate	ed to one or more tay-exempt organ	nizations described			
20	in section 501(c) of the Code (other than section 501(c)(3))		meations described	Yes	ΓX	☐ No
h	b If "Yes," complete the following schedule	or in socion ser		163		טוו כ
	(a) Name of organization	(b) Type of organization	(c) Description of relation	onship		
	N/A			<del>- '</del>		
_						
_						
_					_	
$\neg$	Under penalties of perjury, I declare that I have examined this return, inc	luding accompanying schedules and state	ements, and to the best of my knowledge and belief,	it is true, corre	ct,	
	and complete Declaration of preparer (other than expayer or fiduciary)	s based on all information of which prepar	er has any knowledge			
		-   1/2/12/10	▶ PRESIDENT			
9	Signature of officer or trustee	Date	Title			
운	<del></del>			parer's identify	ring nur	nber
Sign Here	Preparer's signature	- CA	2/10/10   self-	10013660	-	
Ñ	E EO T U COUN TID		employed ►			
].	Firm's name (or yours of self-employed). 180 GLASTONBURY	BOIIT.EMADD	EIIV			
	if self-employed), address, and ZIP code GLASTONBURY, CT		Phone no (86	(0) 62	<b>3</b> _ ɔ	000
	GLASIONBORI, CI		Phone no (86	Form <b>990</b>		
				rorm 990	-PF	(ZUU8)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

THE MANAFORT FAMILY FOUNDATION, INC. C/O LAUREN MANAFORT 06-1412557 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

Name of organization'

THE MANAFORT FAMILY FOUNDATION, INC.

C/O LAUREN MANAFORT

Employer identification number

06-1412557

Part I	Contributors	(see instructions)
--------	--------------	--------------------

			/-A
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MANAFORT BROTHERS, INC.  414 NEW BRITIAN AVE.  PLAINVILLE, CT 06062-2016	\$	Person X Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CRP, LLC  414 NEW BRITIAN AVE.  PLAINVILLE, CT 06062-2016	\$3,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

	0-PF	G.	AIN O	R (LOSS	) FROM	SALE	OF	ASSETS	<u>-</u>	STA	TEMENT	1
DESCRIP	(A) TION OF	PROPERTY					,	MANNER ACQUIRED	DA ACQU	TE IRED	DATE SO	DLD
SOVEREI	GN BANK	(#104500	 0629)	SEE AT	TACHED		P	URCHASED	06/3	0/09	06/30/	09
	GR	B) OSS PRICE	VA	(C) LUE AT OF ACQ		(D) PENSE SALE	OF	(E) DEPRE	c.		(F)	5
		80,333.		89,54	0.		0	•	0.		<9,20	7.
DESCRIP	(A) TION OF	PROPERTY						MANNER ACQUIRED	DA ACQU	TE IRED	DATE SO	DLD
SOVEREI	GN BANK	(#104500	 0629)	SEE AT	TACHED		P	URCHASED	07/1	7/08	05/05/	09
	GR	B) OSS PRICE	VA	(C) LUE AT OF ACQ		(D) PENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) OR LOSS	5
•		218,468.		234,99	8.		0	•	0.	<del></del>	<16,53	30.3
		DIVIDENDS									<25,73	0. 37.
										GMA	MEMENT.	
FORM 99	0-PF	DI	VIDEN	DS AND	INTERE	ST FR	MC	SECURTTIE	ន 	STA	TEMENT	2
FORM 99	0-PF	DI	VIDEN		GROSS		~	CAPITAL DIVIDE	GAINS	СО	LUMN (A)	
SOURCE DIVIDEN	DS - SO	DI VEREIGN B EREIGN BA	ANK				T 0.	CAPITAL	GAINS	СО	LUMN (A)	50.

FORM 990-PF	OTHER I	NCOME	S	TATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS		135,085.	0.	135,085.
TOTAL TO FORM 990-PF, PART I,	LINE 11	135,085.	0.	135,085.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,000.	3,000	. 0.	0.
	2 222	2 000		
TO FORM 990-PF, PG 1, LN 16B	3,000.	3,000	. 0.	0.
<u>-</u>		SIONAL FEES		TATEMENT 5
<u>-</u>			(C) ADJUSTED	
FORM 990-PF O	THER PROFES  (A)  EXPENSES	SIONAL FEES  (B)  NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FORM 990-PF O	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME 7,253	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FORM 990-PF O  DESCRIPTION  MANAGEMENT FEES	(A) EXPENSES PER BOOKS 7,253.	SIONAL FEES  (B)  NET INVEST- MENT INCOME  7,253	(C) ADJUSTED NET INCOME . 0.	(D) CHARITABLE PURPOSES
FORM 990-PF O  DESCRIPTION  MANAGEMENT FEES  TO FORM 990-PF, PG 1, LN 16C	(A) EXPENSES PER BOOKS 7,253.	SIONAL FEES  (B)  NET INVEST- MENT INCOME  7,253  7,253  ES  (B)  NET INVEST-	(C) ADJUSTED NET INCOME . 0. 0. (C) ADJUSTED	(D) CHARITABLE PURPOSES  0.
FORM 990-PF O  DESCRIPTION  MANAGEMENT FEES  TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF	(A) EXPENSES PER BOOKS 7,253. 7,253. TAX (A) EXPENSES	(B) NET INVEST- MENT INCOME  7,253  7,253  ES  (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME  . 0.  (C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  0.  TATEMENT 6  CHARITABLE PURPOSES

FORM 990-PF	OTHER E	XPENSES	·····	STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
STATE OF CONNECTICUT EXPENSES OF SPECIAL	300.	0.		0.	0.
FUNDRAISING EVENTS (GOLF TOURNAMENT)	64,901.	0.		0.	0.
TO FORM 990-PF, PG 1, LN 23	65,201.	0.		0.	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	8
DESCRIPTION		вос	OK VALUE	FAIR MARKE VALUE	T
SOVEREIGN ACCOUNT (#104500062	29) - SEE AT	TACHED	845,968.	776,3	25.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		845,968.	776,3	25.
	ANTS AND CON			STATEMENT	9
RECIPIENT NAME AND ADDRESS		IENT RELATIONS PURPOSE OF GRA		PIENT TUS AMOU	NT
ARC OF PLAINVILLE	NONE GENERA	L SUPPORT	PUBLIC	5,0	00.
CT CHILDREN'S MEDICAL CENTER	NONE GENERA	L SUPPORT	PUBLIC	10,0	00.
GOOD SHEPARD CATHOLIC CHURCH	NONE GENERA	L SUPPORT	PUBLIC	10,0	00.

THE MANAFORT FAMILY FOUNDATION,	INC. C/O		06-1412557
HOSPITAL FOR SPECIAL CARE	NONE GENERAL SUPPORT	PUBLIC	5,000.
MY SISTER'S PLACE	NONE GENERAL SUPPORT	PUBLIC	5,000.
PLAINVILLE FOOD PANTRY	NONE GENERAL SUPPORT	PUBLIC	5,000.
VICTORY JUNCITON GANG CAMP	NONE GENERAL SUPPORT	PUBLIC	5,000.
LIONS LASER VISION EYE CARE CENTER	NONE GENERAL SUPPORT	PUBLIC	3,000.
CMRF FOR R. LOGAN	NONE GENERAL SUPPORT	PUBLIC	2,500.
PRUDENCE CRANDALL CENTER	NONE GENERAL SUPPORT	PUBLIC	2,000.
KINSHIP 4 KIDS	NONE GENERAL SUPPORT	PUBLIC	1,000.
REBUILDING TOGETHER (NEW ORLEANS)	NONE GENERAL SUPPORT	PUBLIC	2,000.
MARION'S OF IMMACULATE CONCEPTION	NONE GENERAL SUPPORT	PUBLIC	16,500.
REMBROOK SCHOOL ENDOWMENT	NONE GENERAL SUPPORT	PUBLIC	5,000.
YMCA OF GREATER HARTFORD	NONE GENERAL SUPPORT	PUBLIC	5,000.
MY SISTER'S PLACE	NONE GENERAL SUPPORT	PUBLIC	2,500.

THE MANAFORT FAMILY FOUNDATION,	INC. C/O		06-1412557
WHEELER CLINIC	NONE GENERAL SUPPORT	PUBLIC	4,212.
SWIM ACROSS THE SOUND	NONE GENERAL SUPPORT	PUBLIC	2,500.
CT CITIZEN FUND	NONE GENERAL SUPPORT	PUBLIC	2,500.
PETIT FAMILY FOUNDATION	NONE GENERAL SUPPORT	PUBLIC	5,000.
HOSPITAL OF SPECIAL CARE	NONE GENERAL SUPPORT	PUBLIC	3,333.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		107,045.

4, 4, ...

### Form **8868**

(Rev. April 2009) .

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868.
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I		•	<b>&gt;</b>
All oti	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time
to file	income tax returns.		
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical towards of the form serious submitted and signed page 2 (Part II) of Form 8868. For more details on the electronic files governed and signed page 2 (Part II) of Form 8868. For more details on the electronic files governed and signed page 2 (Part II) of Form 8868.	cally if	(1) you want the additional ated Form 990-T. Instead,
Туре	or Name of Exempt Organization	Emp	loyer identification number
print	THE MANAFORT FAMILY FOUNDATION, INC.		
File by	C/O LAUREN MANAFORT	0	6-1412557
due da filing ye	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
return	See See		
ınstruc	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  PLAINVILLE, CT 06062-2016		
Chec	k type of return to be filed (file a separate application for each return):		
		.00	
H	Form 990		
H	Form 990-EZ Form 990-T (trust other than above) Form 60		
X			
• Th	ROBERT KING - 414 NEW BRITIAN AVE, PO B be books are in the care of ► PLAINVILLE, CT 06062-2016	ОХ	99 –
	lephone No. ► 860-229-4853 FAX No. ►		
• If	the organization does not have an office or place of business in the United States, check this box		▶ □
• If	this <u>is for</u> a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi		
box	▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	memb	ers the extension will cover.
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt		
	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a	bove.	The extension
	is for the organization's return for:		
	<ul> <li>► calendar year or</li> <li>► X tax year beginning JUL 1, 2008, and ending JUN 30, 2009</li> </ul>		
	tax year beginning 501 17 2000 , and ending 501 507 2005		<u> </u>
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$ 440.
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	_	^
	See instructions.	3с	\$ 0.
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)

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