

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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 Revenuc Service

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

<u>ror c</u>	aiendar	year 2008, or tax year beginning 10/01/00, a	ind ending 3/3	0/ 0 3				
G CI	heck all	that apply Initial return Final return	d return	Address change Name change				
Use	the IRS	Name of foundation	A Employer Identification number					
	bel.	MEDI-REC FOUNDATION, INC.	06-6182480					
	erwise,	C/O GINA CLEARY			B Telephone number (see page 10 of the instructions)			
	rint	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite	·	· • •	•	
•	type.	73 KIMBERLY PLACE	,	ľ	C If exe	mption application is pendi	ng, check here	
	Specific					oreign organizations, check	·	
Instru	uctions.	•	840-4512			oreign organizations meetir	_	
H (back typ	e of organization X Section 501(c)(3) exempt private				5% test, check here and att		
_	• •		e private foundation	i		ate foundation status was t		
		et value of all assets at end J Accounting method	Cash X Acc	ruo!	•	section 507(b)(1)(A), chec	_ 1 1	
) []	Casii Acc	iuai	F If the	foundation is in a 60-month		
			o on each book \			section 507(b)(1)(8), chec		
						100,101,101,101,101,101		
Pa		Analysis of Revenue and Expenses (The	(a) Revenue and expenses per	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for chantable	
		total of amounts in columns (b), (c), and (d) may not necessarily	books	incor		income	purposes	
		equal the amounts in column (a) (see pg. 11 of the instructions))					(cash basis only)	
	ļ	Contributions, gifts, grants, etc., received (attach schedule)						
		Check ► X if the foundation is not required to attach Sch. B						
		nterest on savings and temporary cash investments	2,875		2,875	2,875		
l	4 (Dividends and interest from securities	11	 	11	11		
	5a (Gross rents	· · · · · · · · · · · · · · · · · · ·	ļ				
<u> </u>	b 1	Net rental income or (loss)						
Ę	6a №	Net gain or (loss) from sale of assets not on line 10	, , , , , , , , , , , , , , , , , , ,					
Revenue	b	Gross sales price for all assets on line 6a						
8	7 (Capital gain net income (from Part IV, line 2)	.,,,		0	:		
	8 1	Net short-term capital gain				0		
	9 1	ncome modifications		 _	,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		
	10a (Gross sales less returns & allowances						
	bl	Less Cost of goods sold						
	c (Gross profit or (loss) (attach schedule)		L			'	
	11 (Other income (attach schedule)		<u> </u>				
	12	Total. Add lines 1 through 11	2,886		2,886	2,886		
<u> </u>	13 (Compensation of officers, directors, trustees, etc	6,000			6,000		
Expenses	14 (Other employee salaries and wages						
ë	15 1	Pension plans, employee benefits						
х	16a 1	Legal fees (attach schedule)						
Э	Ь /	Accounting fees (attach schedulc) STMT 1	975	I	975			
	c (Other professional fees (attach schedule)				RECE		
īa	17	Interest				RECEN	PEN	
Operating and Administrativ	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 2	69		69			
Ē	19	Depreciation (attach schedule) and depletion		<u> </u>		m FEB OF 1	1. 7.9/	
5	20	Occupancy				FEB 05 2	oto S	
	21	Travel, conferences, and meetings				OGDEN, (
	22	Printing and publications				SUEN. A	17 4	
(a)	23	Other expenses (att sch.) STMT 3	175		175			
.5	24	Total operating and administrative expenses.						
Ę.	1	Add lines 13 through 23	7,219		1,219	6,175	o	
ď	25	Contributions, gifts, grants paid	21,455				21,455	
O'C	26	Total expenses and disbursements. Add lines 24 and 25	28,674		1,219	6,175		
		Subtract line 26 from line 12	1	1			==,:30	
€	1	Excess of revenue over expenses & disbursements	-25,788					
ŗ	4	Net investment income (if negative, enter -0-)		<u> </u>	1,667			
	+	Adjusted net income (if negative, enter -0-)				0		
	1	Adjusted not meeting (it hegalive, chief -0-)	<u> </u>	·			000 DF	

end-of-year figure reported on prior year's return) 413,480 2 -25,788 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 5 3,610 3 391,302 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 391,302 6 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)

0.048155 45,799 435,976 0.105049 2006 35,775 423,504 0.084474 2005 2004 2003 0.237678 2 Total of line 1, column (d) 2 3 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 3 0.079226

4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5

Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

5 Multiply line 4 by line 3

7 Add lines 5 and 6

31,421 21,455

5

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

396,379

31,404

17

06618	2480 01/21/2010 9 32 AM	,		•
Form	990-PF (2008) MEDI-REC FOUNDATION, INC. 06-6182480		F	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
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)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>33</u>
	here 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, 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			33
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	_		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			33
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 6a			•
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			33
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2009 estimated tax			
Pε	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			I
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			١.
	foundation managers. > \$:	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_ 2		X
	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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	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			
	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	X	
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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) CT			1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			1
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on	1		
	page 27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	<u></u>	X

Form 990-PF (2008)

_	990-PF (2008) MEDI-REC FOUNDATION, INC.	06-6	182480			Page 6
Pa	nt VII-B Statements Regarding Activities for Which For	n 4720 May Be	Required (cor	ntinued)		
5a	During the year did the foundation pay or incur any amount to		_			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?		Yes X No		
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	_			
	directly or indirectly, any voter registration drive?			Yes X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Li	Yes X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization of	lescribed in	_	_		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instr	uctions)		Yes X No		-
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or			_		
	educational purposes, or for the prevention of cruelty to children or animals?			Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions desc	ribed in	_		-
	Regulations section 53 4945 or in a current notice regarding disaster assistance	(see page 22 of the ir	nstructions)?	_N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check her	re		▶ [_]		
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	n the tax	. —	_		
	because it maintained expenditure responsibility for the grant?		N/A 📙	Yes 📙 No		-
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					-
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums				
	on a personal benefit contract?			Yes X No		•
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal transfer of the foundation.	onal benefit contract	?		6b	X
	If you answered "Yes" to 6b, also file Form 8870			_		
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	lter transaction?		Yes X No		
	If yes, did the foundation receive any proceeds or have any net income attributab			N/A_	7b_	
Pa	at VIII Information About Officers, Directors, Trustees, Fo	oundation Mana	gers, Highly	Paid Employe	es,	
	and Contractors	 				
<u>1_L</u>	ist all officers, directors, trustees, foundation managers and their compens	tion (see page 22 o				
	(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 ount, other lowances
SE	E STATEMENT 6					
				İ		
		<u> </u>	İ			
	······································			<u> </u>	<u></u>	
		<u>_l</u> _	<u>L </u>	<u> </u>	<u></u>	
2	Compensation of five highest-paid employees (other than those included o	n line 1—see page 2	23 of the instruct	ions).		
	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	acc	Expense ount, other lowances
NO	NB			 	├	
	. <u>-</u>					
				 	├──	
			 	 	 	
		· · · · · · · · · · · · · · · · · · ·		1	<u> </u>	
_						
				1		
					}	
-4-	number of other employees paid over \$50,000					T

Form 990-PF (2008) MEDI-REC FOUNDAT	TION, INC.	06-6182480	Page 7
Part VIII Information About Officers,	Directors, Trustees, Fou	indation Managers, Highly Paid Em	
and Contractors (continued) 3 Five highest-paid independent contractors for		e 23 of the instructions). If none, enter "NON	E."
(a) Name and address of each perso		(b) Type of service	(c) Compensation
NONE			
			
Total number of others receiving over \$50,000 for profe	ssinnal services		····
Part IX-A Summary of Direct Charita	adie Activities		
List the foundation's four largest direct charitable activities dur of organizations and other beneficianes served, conferences of			Expenses
1 N/A			
2			
2			
3			
4			
Part IX-B Summary of Program-Rela	ated Investments (see pa	age 23 of the instructions)	
Describe the two largest program-related investments made by	y the foundation during the tax year on	lines 1 and 2	Amount
1 N/A			
2			<u> </u>
All other program-related investments. See page 24 of the inst 3	tructions		
•			

Form 990-PF (2008)

Total. Add lines 1 through 3

Form 990-PF (2008)

21,455

3ь

4

5

6

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

511

24,452

1,669

Excess from 2004 Excess from 2005

Excess from 2006

Excess from 2007 Excess from 2008

<u>Pa</u>	rt XIV Private Operating Fou	indations (see p	age 27 of the instr	uctions and Part \	/II-A, question 9)	
1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2		• •	9		
	•	· ·	_	d in eaction	242(1/2) == 1 404	2(·)(5)
b	Check box to indicate whether the foundat		ling foundation describe		942(j)(3) or 494	2(j)(5) I
2a	Enter the lesser of the adjusted net	Tax year	4	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
	investment return from Part X for					
	each year listed		 		ļ	
b	85% of line 2a		 		<u> </u>	
¢	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly		İ			
	for active conduct of exempt activities				 	<u> </u>
ø	Qualifying distributions made directly					
	for active conduct of exempt activities	I				ł.
	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				\	}
	(2) Value of assets qualifying under			 		
	section 4942(j)(3)(B)(i)				ţ	
ь	"Endowment" alternative test—enter 2/3 of					
•	minimum investment return shown in Part		į		l	
	X, line 6 for each year listed					
_	·		 	 	 	
C	"Support" alternative test—enter		Ì)	
	 Total support other than gross investment income (interest, 				i	
	dividends, rents, payments on		ł	1	1	
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in		i			
	section 4942(j)(3)(B)(iii)		- 		ļ	<u> </u>
	(3) Largest amount of support from		j		}	
	an exempt organization					
	(4) Gross investment income					<u> </u>
P	irt XV Supplementary Inforn		-		d \$5,000 or more	in assets
	at any time during the		27 of the instruc	tions.)		
1	Information Regarding Foundation Mai	•				
а	List any managers of the foundation who l			-	the foundation	
	before the close of any tax year (but only	f they have contribute	ed more than \$5,000) (S	See section 507(d)(2))		
	N/A					
b	List any managers of the foundation who		· ·		ortion of the	
	ownership of a partnership or other entity)	of which the foundati	ion has a 10% or greate	r interest		
	N/A		 			
2	Information Regarding Contribution, G		• • • •			
	Check here ► ☐ if the foundation only	makes contributions	to preselected charitable	e organizations and doe	s not accept	
	unsolicited requests for funds. If the found	lation makes gifts, gra	ants, etc (see page 28 o	of the instructions) to inc	lividuals or	
	organizations under other conditions, com	iplete items 2a, b, c, a	and d			
а	The name, address, and telephone numb	er of the person to wh	nom applications should	be addressed		_
	GINA CLEARY					
	73 KIMBERLY PLACE NE	W CANAAN C	T 06840			
	The form in which applications should be			should include	· · · · · · · · · · · · · · · · · · ·	
•	NO SPECIFIC REQUIREM					
	Any submission deadlines					
-	N/A					
đ	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable field	ds, kinds of institutions,	or other factors	
	N/A		,			
						Form 990-PF (2008)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or Amount recipient contribution Name and address (home or business) a Paid during the year SEE ATTACHMENT 1 NONE 501(C)(3) ANNUAL CONATION (UNRESTICTED) 21,455 Total 21,455 ▶ 3a Approved for future payment N/A Total **▶** 3b

F	art XVI-A	Analysis of Income-Producing Ac	tivities			· · · · · · · · · · · · · · · · · · ·	
Ent	er gross amou	unts unless otherwise indicated.	(a)	d business income	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1	Program sen	rice revenue	Business code	Amount	Exclusion	Amount	(See page 28 of the instructions)
	a		-				
	ь		-				
							
				<u> </u>			
	ė	····			 		
	T	contracts from government agencies	-				
2	_	dues and assessments			 		
		avings and temporary cash investments			14	2,875	
		d interest from securities			14	11	
		come or (loss) from real estate					
•		anced property					***************************************
		-financed property					
6		come or (loss) from personal property					
	Other investr						
8	Gain or (loss) from sales of assets other than inventory					
9	Net income of	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other revenu	ue. a	_				
	b		_	<u> </u>			
			_				
	d		-				
	e		-	ļ		2 200	
		d columns (b), (d), and (e)	L	L	0	2,886	0
		ne 12, columns (b), (d), and (e)				13	2,886
	art XVI-B	n line 13 instructions on page 28 to verify calculation. Relationship of Activities to the A		ent of Evernt	Durnosas		
	GIL ATI-D	Explain below how each activity for which income				I importantly to	
	Line No.	the accomplishment of the foundation's exempt p				•	
	▼ [page 28 of the instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	N/A						
					 		···
_				 			
				······································			
_							
							
					 -	·	· - · · · · · · · · · · · · · · · · ·
_							
							
_							
_						VI	
_							
			· · · · · · · · · · · · · · · · · · ·			·	
_							
_						· · · · · · · · · · · · · · · · · · ·	
_							
							
_						·	
_							
_							
_		<u> </u>	_				
DA	A				<u>-</u> -		Form 990-PF (2008)

orm	990-PF (2	008) MEDI-	REC	FOUNDA	TION,	INC			06-6182	2480			Pa	ge 13
	irt XVII						nsaction	is an	d Relationshi	ps With No	oncharit	able		
		Exempt Or	rganiza	tions										
1	Did the o	rganization directi	y or indire	ectly engage	in any of th	ne following w	vith any othe	er orga	nization described]			Yes	No
	ın section	501(c) of the Co	de (other	than section	1 501(c)(3)	organizations	s) or in secti	on 527	, relating to politic	al				
	organizat	ions?												
a	Transfers	from the reporting	ng founda	tion to a nor	ncharitable e	exempt organ	nization of							i
	(1) Cash	1										1a(1)		X
	(2) Othe	r assets										1a(2)		X
þ	Other tra	nsactions.												
	• •	s of assets to a no		•	•							1b(1)		<u>X</u>
	(2) Purc	hases of assets fr	rom a nor	ncharitable e	exempt orga	nization						1b(2)		X
	(3) Rent	al of facilities, equ	ipment, c	or other asse	ets							1b(3)		X
	(4) Reim	bursement arrang	gements									1b(4)		X
	(5) Loan	s or loan guarante	ees									1b(5)		X
		ormance of service		-	-							1b(6)		X
	•	of facilities, equipr		_			-					1c		<u> </u>
d	If the ans	wer to any of the	above is	"Yes," comp	olete the foll	owing schedi	ule Column	(b) sh	ould always show	the fair marke	et			
		•		_	-				ndation received le					
		any transaction or	sharing a	arrangemen	t, show in co	olumn (d) the	value of the	e good	s, other assets, or	services rece	eved			
	a) Line no	(b) Amount	involved	(c) Name	of noncharit	able exempt or	rganization	(d)) Description of tra	nsfers, transact	ons, and sha	aring arranger	nents	
N/	<u> </u>													
								-						
								 	<u> </u>					
			_					 						
								 						
		<u> </u>						<u> </u>						
								 						
												 -		
						 -								
														
							 -	-						
					 									
									 -					
														
								1						
2a		undation directly o		-					organizations			Пи	es X	
		complete the follo	•	•	nan secuon	301(0)(3)) 01	i ili section :	321 f				U 16	s <u>n</u>	No
	11 163,	(a) Name of orga		edule	(h)	Type of organiz	zation	1		(c) Donoratio				
	N/A	(a) Name of orga	mzation		 (b)	Type of organiz	Eation	 	***	(c) Description	n of relations	snip		
			-		 									
			-											
							•			 -				
	Linder per	nathes of penury 1 de	eciare that	l have examin	ed this return	including acci	ompanying sc	hedules	and statements, and	to the hest of r	ny knowledo			
	belief, it is	true, correct, and co	omplete D	eclaration of p	reparer (othe	r than taxpayer	r or fiduciary)	is based	on all information of	which preparer	has any kno	wledge		
	k	MA		\mathcal{N}			11/25	טונגל	.	Hasident	-			
	Signa	ature of officer or trus	ن stee	INDA AV.	Ciery		Date	2010	- ₽ ;	itle				
5				1	- Carry				Date			Preparer's identif	vino	
Ĭ	·	_		+ + +		\geq				Check if	ì	number (see Sig		^n
Sign Here	چ ي	Preparer's		- 1/1 - 1	Ν.					self-employed		page 30 of the in		
Š	Paid Preparer's Use Only	signature		\	V				1/27/2010	Jon Shiployed	۱, ال	P0018t		"
	a per des	Firm's name (or yo	ours if	HOROW.	TZ &	ULLMAN	N, P.C		L./			100,04	' /	
		self-employed), ac	L			AVENU			902		FIN >	13-274	485	8
		and ZIP code	, , , , , , , , , , , , , , , , , , ,				016-11			······································		212-53		
														

Federal Statements

	Gain / Loss		Purpose s	Charitable Purpose
	Expense Depreciation		0	Adjusted Net
Form 990-PF, Part I, Line 6a - Sale of Assets How Received	Cost	I, Line 16b - Ac	Investment	Net
Form 990-PF, Part I, Li How Received	Sak Sak Prior	." ' 	\$ 975	Statement 2 - Form 990-F
Description	Date Date Acquired Sold	Statement 1	tion 1, P.C.	
	Whom Sold TOTAL		Description HOROWITZ & ULLMANN, I	Description FEDERAL TOTAL

1-2

<u>seuses</u>	
PF, Part I, Line 23 - Other Ex	
Statement 3 - Form 990-	

Charitable Purpose	v >	v.
Adjusted Net	150	175
	ጥ	\$\sqrt{\psi}
Net Investment	150	25 175
Inv	₩.	w w
Total	150	175
Ĭ	w	w w
Description	EXPENSIES BANK CHARGES	FIL [NG FEE TOTAL

066182480 MEDI-REC FOUNDATION, INC.

Federal Statements

FYE: 9/30/2009

06-6182480

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description							
	_	Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
SEE ATTACHMENT 2							
	\$_	347,817	\$_	351,426	MARKET	\$_	351,426
TOTAL	\$_	347,817	\$_	351,426		\$_	351,426

Statement 5 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
UNREALIZED GAIN ON STOCKS	\$3,610
TOTAL	\$3,610

1/21/2010 9:32 AM

$\overline{}$
₹
$\overline{}$
Q
•
`~ .
2
က
•
<u>-:</u>
တ
\circ
$\overline{}$
$\overline{}$
0
\sim
6.4
_
$\overline{}$
\sim 1
Ŋ
_
$\overline{}$
•

Federal Statements

066182480 MEDI-REC FOUNDATION, INC. 06-6182480 FYE: 9/30/2009

Statement 6 - For	m 990-PF, Part VIII,	Line 1 - List of Offic	Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	es, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GINA CLEARY 73 KIMBERLY PLACE NEW CANAAN CT 06840	PRESIDENT	0	0	0	0
CAROL PICCARO 15 FOX HILL ROAD DARIEN CT 06820	VICE PRES.	0	0	0	0
MICHAEL VON OEHSEN 60 SQUIRES LANE NEW CANAAN CT 06840	SECRETARY	0	0	0	0
DONNA VON OEHSEN 10 CROWN AVENUE NORWALK CT 06850	DIRECTOR	0	0	0	0
JANICE VON OEHSEN 388 MA.:N STREET NEW CANAAN CT 06840	DIRECTOR	PRT	9,000	0	0
DAVID VON OEHSEN 8 HOLLOW TREE ROAD NORWALK CT 06850	DIRECTOR	0	0	0	0

Attachment # 1

Medi-Rec Foundation (EIN # 06-6182480) Contributions Paid Out 10/1/08-9/30/09

United Way of New Canaan	11/6/08	1570	6 050 00 -
		1572	\$ 250.00 ~
Fordham University	11/17/08	1574	11,255.00
Community Fund of Darien	11/25/08	1575	1,000.00
New Canaan Library	12/8/08	1576	100.00
Necessities, Inc.	1/23/09	1580	500.00
Annual Bishop's Appeal	3/3/09	1583	100.00
Special Olympics CT	3/3/09	1584	300.00
March of Dimes	3/25/09	1586	100.00
American Red Cross New Canaan	5/8/09	1588	100.00
Thirteen	5/8 / 09	1589	
Dana-Farber Cancer Institute		-	50.00
	5/8/09	1590	250.00
The Fresh Air Fund	5/8/09	1591	100.00
Bridgeport Rescue Mission	5/8/09	1592	100.00
Joshua House Fund, Inc.	5 /22/09	1594	1,000.00
AmeriCares	5/22/09	1595	1,000.00
Muscular Dystrophy Association	8/18/09	1599	250.00
Mount Saint Michael Academy	9/15/09	1601	5,000.00
The arms of arms in a morning in the action in y	37.3703	1001	3,000.00

. Unresticted Contributions Pard out.

TOTAL \$21,455.00 \(\sigma \)

MEDI REC FOUNDATION EIN # 06-6182480 TAX YEAR 2008 ATTACHMENT #2

SHARES	DESCRIPTION	9/30/08 FMV	9/30/09 FMV
17 126	BRITISH PETROLEUM	798 61	911 62
152 498	BOB EVANS	4 047 35	4,431 59
200	FEDERAL EXPRESS	15,808 00	15,044 00
32	HANESBRANDS INC	696 00	684 80
200	HERSHEY FOODS	7,908 00	7,772 00
4438 399	COCA COLA	227,749 56	238,342 03
66 0886	FEDERATED DEPT STORES INC	1,188 27	1,208 76
688 7155	MCDONALDS	41,443 83	39,304 99
72	MHS	3,240 00	3,982 32
318 11	MERCK	9,947 87	10,061 82
200	ML MACADAMIA ORCHARDS	680 00	410 00
439 93	PROCTOR & GAMBLE	30,147 75	25,480 75
24	PAYLESS SHOES STORE	439 44	415 92
4 36	JIM SMUCKER	217 31	231 12
286 4656	SARA LEE	3,505 46	3,191 23
		347,817.45	351,472.95

3,655 50 Unreal G/L

UNREALIZED GAIN FOR YEAR ENDED 9/30/2008

Investment at FMV @ 10/1/2008	347,817 45
Stock Sold - FMV @ 10/1/2008	
Investment at FMV @ 10/1/2007 -adjusted	347,817 45
Investment at FMV @ 9/30/2008	351,472 95
Unrealized Gain	3,655 50
Less Unrealized Gain Realized	
Net Increase in Unrealized Gain/Fund Bal	3.655.50