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/ Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For	cale	ndar year 2008, or tax yea	ar beginning NOV	1, 2008	, and ending	OCT 31, 2009)
G	Chec	call that apply	ni <u>tial</u> retu <u>r</u> n	Final return	Amended return	Address change	Name change
lls	e the	IRS Name of foundation				A Employer identification	number
	labe	GRAMPY'S (A/D 12/24/03	3		
Ott	herw		NATHA, WILLI		PTEES	20-0523402	
	print		O box number if mail is not d	elivered to street address)	Room/suite	B Telephone number	
	r typ Spe	cific ZOI IIIIIII		 .		860 437-62	.00
	ructi	ons City or town, state, a				C If exemption application is g	pending, check here
		NEW LONDON		<u>-5337</u>		D 1. Foreign organization:	s, check here $ ightharpoonup$
H_(X Section 501(c)(3) ex	kempt private foundation		Foreign organizations me check here and attach co	eeting the 85% test, properties the section between the section be
<u> </u>		ction 4947(a)(1) nonexem		Other taxable private found	dation	E If private foundation sta	tus was terminated
l Fa	air m	arket value of all assets at	· —	*	Accrual	under section 507(b)(1)(A), check here
		Part II, col. (c), line 16)		ther (specify)		F If the foundation is in a	
	- \$			mn (d) must be on cash	basis.)	under section 507(b)(1	
	art I	Analysis of Revenue ar (The total of amounts in colunecessarily equal the amoun	ımns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, gran	ts, etc , received	24,279.			
	2	Check If the foundation					
	3	Interest on savings and tempo cash investments	orary				
	4	Dividends and interest fro	om securities	13,427	13,427.	,	STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)		1			
ě	6a	Net gain or (loss) from sale of Gross sales price for all		15.			
Revenue	b	assets on line 6a	15.		15.		
Æ	7	Capital gain net income (from			13.		
	8	Net short-term capital gai	ın	***************************************			
	9	Income modifications Gross sales less returns	138.		_		STATEMENT 2
	10a	4,14 4,16 1,14 1,14 1,14	130.				STRICTENT Z
	ſ	Gross profit or (loss)	L	138.	<u> </u>	138.	<u> </u>
	11	Other income		193,587.			STATEMENT 3
	12	Total. Add lines 1 throug	ıh 11	231,446.		+	
_	13	Compensation of officers, dire		0.			0.
	14	Other employee salaries a					
	15	Pension plans, employee	•				
ses	16a	Legal fees					
Expenses	b	Accounting fees			RECEIV		
	C	Other professional fees				1001	
<u>Š</u>	17	Interest		· · · · · · · · · · · · · · · · · · ·	AUG 3 1	2010 171	
tra	18	Taxes			18 AUG 3 1	187	
iris	19	Depreciation and depletio	n		1	TUT -	
Ę	20	Occupancy			OGULI	1.0	<u> </u>
ΨÞ	21	Travel, conferences, and	-				
a	22	Printing and publications		100 006	2 442	ļ	
ij.	23	Other expenses	STMT 4	108,806.	2,442.	0.	0.
Operating and Administrative	24	Total operating and adm		100 006	2 442	1	
Õ,	OF.	expenses. Add lines 13 th	-	108,806. 89,900.		0.	89,900.
		Contributions, gifts, grant	•	09,900.			09,900.
	26	Total expenses and disb Add lines 24 and 25	מווטוווט.	198,706.	2,442.	0.	89,900.
_	27	Subtract line 26 from line	10	100,100	2/332.	0.	00,000.
		Excess of revenue over expens		32,740.			
		Net investment income (r		327,100	11,000.		
		Adjusted net income (if ne				193,725.	
					<u> </u>		- 000 DE

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End of	year
<u> </u>	CH2 -	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
`	1	Cash - non-interest-bearing	31,193.	43,933.	43,933.
	2	Savings and temporary cash investments	33,249.	18,638.	18,638.
	3	Accounts receivable ► 10,000.			
		Less allowance for doubtful accounts		10,000.	10,000.
	4	Pledges receivable ►			
	İ	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	}	Less allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
₹	10a	Investments - U.S. and state government obligations			<u></u>
	b	Investments - corporate stock STMT 5	700,324.	724,935.	476,092.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ▶			······································
		Less accumulated depreciation		Ţ	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	764,766.	797,506.	548,663.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ģ	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons	*		
Liabilities	21	Mortgages and other notes payable			
Ξ		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
ĕ	25	Temporarily restricted			
æ	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here			
Ξ.		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	0.	0.	
Şe	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
AS	29	Retained earnings, accumulated income, endowment, or other funds	764,766.	797,506.	
Net Assets or Fund Balan	30	Total net assets or fund balances	764,766.	797,506.	
_	Ì				
_	31	Total liabilities and net assets/fund balances	764,766.	797,506.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30)		
		t agree with end-of-year figure reported on prior year's return)		1	764,766. 32,740.
		amount from Part I, line 27a		2	
		r increases not included in line 2 (itemize)		3	0.
1	Add I	ines 1, 2, and 3		4	797,506.
		eases not included in line 2 (itemize)		5	0.
<u>; </u>	<u>Total</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30	6	797,506.

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Ц	Part IV Capital Gains a	nd Losses for Tax on Ir	<u>nvestmen</u>	t Income				_		
		be the kind(s) of property sold (e g ehouse, or common stock, 200 sh			1 · P	How ac - Purci - Dona	quired hase ation		acquired ay, yr)	(d) Date sold (mo , day, yr)
18	CENTURYTEL INC				1		P	12/3	1/03	07/01/09
ı	TIME WARNER CAB	BLE INC NEW					P		1/03	03/27/09
_(
_(<u> </u>									
_6	<u> </u>				<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus (g)
_2	3.									3.
<u>_t</u>	12.	-1.								12.
_				<u> </u>						
_				-	\rightarrow					
_6	Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69				Counc /C	ol (h) gain	minue
	Complete dilly for assets showing	(j) Adjusted basis	T	cess of col (I)	\dashv			(k), but r	not less thai	n -0-) or
	(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any				Losses	(from col (h))
 a	1						_	-		3.
b										12.
ε)		<u> </u>							
2	Capital gain net income or (net capi	If gain, also enter ital loss) If (loss), enter -0	r in Part I, line I- in Part I, line	7 7	}	2				15.
3	Net short-term capital gain or (loss	`]				
_	If gain, also enter in Part I, line 8, co	, ,	(-))				/-	
_	If (loss), enter -0- in Part I, line 8	1 0 - 1: 40 40() (-	B	Tanana Mad		3	4 1		N/A	
_	Part V Qualification Un						ent inc	ome	-	
(F	or optional use by domestic private f	oundations subject to the section 4	4940(a) tax on	net investment in	icome)				
lf s	section 4940(d)(2) applies, leave this	s part blank								
	as the foundation liable for the section		nount of any w	ar in the bace nor	chour					Yes X No
	'Yes," the foundation does not qualify				100,					163 [22] 140
<u>''</u> 1					es					
	(a)	(b)			(c)					(d) ution ratio
	Base period years Calendar year (or tax year beginning			Net value of no	nchar				(col (b) div	ided by col (c))
	2007		5,750.				7,504			.105574
	2006		4,600.			52	9,250	•		.159849
	2005		0,400.				9,162			.157914
	2004		7,238.				$\frac{3,017}{1,07}$.214806
	2003	4	7,000.			26	1,107	- -		.180003
_	Total (A)									.818146
	Total of line 1, column (d) Average distribution ratio for the 5-	waar haga pariod - duilda tha total i	on line 2 by F	or by the number	of voc	arc		2		.010140
J	the foundation has been in existence	•	on mie 2 by 5,	or by the number	UI yea	a15		3		.163629
	the realidation has been in existence	o ii icoo tiidii o yoaro								
4	Enter the net value of noncharitable	-use assets for 2008 from Part X.	line 5					4		558,076.
			-							
5	Multiply line 4 by line 3							5		91,317.
6	Enter 1% of net investment income	(1% of Part I, line 27b)						6		110.
7	Add lines 5 and 6							7		91,427.
										00 000
8	Enter qualifying distributions from F	Part XII, line 4						8		89,900.
	If line 8 is equal to or greater than in	ne 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 19	6 tax ra	ate			

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

10

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GRAMPY'S CHARITIES U/A/D 12/24/03 20-0523402 Page 5 JAMES, JONATHA, WILLIAM CASTLE, TTEES Part 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 X 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before 12 August 17, 2008? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► <u>WWW.GRAMPYS.C</u>OM Telephone no ▶860 437-6200 14 The books are in care of ▶ <u>JAMES</u> H. CASTLE, TRUSTEE ZIP+4 ▶06320 Located at ▶261 LEDYARD STREET, NEW LONDON, CT 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 1b section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 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 X before the first day of the tax year beginning in 2008? 10 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)) a 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 Yes X No before 2008? If "Yes," list the years ▶ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b 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 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2008)

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

N/A

GRAMPY'S CHARITIES U/A/D 12/24/03 JAMES, JONATHA, WILLIAM CASTLE, TTEES Form 990-PF (2008) 20-0523402 Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a Dùring the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(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? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If you answered "Yes" to 6b, also file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (ci) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances

SEE STATEMENT 6		0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	e, 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			Compensation	anowanoos
		ļ		
	-			
		 		
Total number of other employees paid over \$50,000		<u></u>	<u> </u>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)	gers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	· · · · · · · · · · · · · · · · · · ·	
	(b) Type of service	(c) Compensation
NONE	· · · · · · · · · · · · · · · · · · ·	
		
		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the	Expenses
1 N/A		
2		
		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	_ 	Amount
1 N/A		Amount
1 1/1		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.
- Ten rice miles i unogni e		

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 522,647. a Average monthly fair market value of securities 1a 33,928. 16 b Average of monthly cash balances 10,000. c Fair market value of all other assets 1c 566,575. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. _1e | 1c (attach detailed explanation) 2 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 8,499. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 558,076. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 27,904. Minimum investment return Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 27,904. Minimum investment return from Part X, line 6 220 2a Tax on investment income for 2008 from Part VI, line 5 Income tax for 2008 (This does not include the tax from Part VI) 2b 20 Add lines 2a and 2b 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 4 27,684. 5 5 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) 684 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 89,900. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the 3a a Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) 3b 89,900 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. 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

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•	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,	Corpus	rears prior to 2007	2007	
line 7				27,684
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years	•	0.		
3 Excess distributions carryover, if any, to 2008				
a From 2003 35,921.	{			
b From 2004 51,711.				
c From 2005 34,565.	[
d From 2006 58,576.				
e From 2007 40,143.				
f Total of lines 3a through e	220,916.			
4 Qualifying distributions for 2008 from Part XII, line 4 ► \$ 89,900.				
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				27,684
e Remaining amount distributed out of corpus	62,216.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount	0.			C
must be shown in column (a)) 6 Enter the net total of each column as	Į			
indicated below:	-			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	283,132.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 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 instr			0.	
f Undistributed income for 2008 Subtract				
lines 4d and 5 from line 1. This amount must	{			•
be distributed in 2009				C
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	25 021			
not applied on line 5 or line 7	35,921.			
9 Excess distributions carryover to 2009.	247 211			
Subtract lines 7 and 8 from line 6a	247,211.	·····		
0 Analysis of line 9				
a Excess from 2004 b Excess from 2005 b Excess from 2005 51,711.	Į.	***		
50 536	į			
d Excess from 2007 e Excess from 2008 62,216.				

GRAMPY'S CHARITIES U/A/D 12/24/03

JAMES, JONATHA, WILLIAM CASTLE, TTEES 20-0523402 Form 990-PF (2008) Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2008 (b) 2007 (c) 2006 (d) 2005 (e) Total income from Part I or the minimum 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 afternative test refled 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 (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) JAMES H. CASTLE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗓 If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRAMPY'S CHARITIES U/A/D 12/24/03

Supplementary Information (continued)

Form 990-PF (2008)

Part XV

JAMES, JONATHA, WILLIAM CASTLE, TTEES

20-0523402 Page 11

Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE STATEMENT 7 ▶ 3a 89,900. Total **b** Approved for future payment NONE 0. **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue a	Code		-		
b					
C	i I				
d	1 1				
8	1 1				
f		·			
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			_		
4 Dividends and interest from securities			14	13,427.	
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			<u> </u>	_	
7 Other investment income					
8 Gain or (loss) from sales of assets other			1 4	15	
than inventory			14	15.	07 222
9 Net income or (loss) from special events					87,223. 138.
10 Gross profit or (loss) from sales of inventory			-		130
11 Other revenue					
a	_	<u> </u>	1		
b					
c					
d	-	· · · · · ·	 		· · · · · · · · · · · · · · · · · · ·
e	-	0.		13,442.	87.361.
13 Total. Add line 12, columns (b), (d), and (e)			1 1	13	100 000
(See worksheet in line 13 instructions to verify calculations.)	i				
				. 5	
Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which in	come is reported i	n column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other that					
ORGANIZES AN ANNUAL GO	OLF TOUR	NAMENT TO RA	ISE	AWARENESS ANI	FUNDING FOR
THE VARIOUS PUBLIC CHA	ARITIES !	THAT THE FOU	NDA	TION SUPPORTS.	<u> </u>
		<u></u>			
			_		
	-				
			_		

Page **13**

JAMES, JONATHA, WILLIAM CASTLE, TTEES 20-0523402
Information Regarding Transfers To and Transactions and Relationships With Noncharitable Form 990-PF (2008) Part XVII **Exempt Organizations**

Ì	Did the organi	zation directly or indi	rectly engage in any of the	following with	any other organi	ization (described in sec	tion 501(c) of		Yes	No
	the Code (othe	er than section 501(c	e)(3) organizations) or in sec	ction 527, rela	ting to political o	rganıza	itions?				
a	Transfers from	n the reporting found	lation to a noncharitable exe	empt organizat	tion of						
	(1) Cash								1a(1)	ļ	X
	(2) Other ass	ets							1a(2)		X
b	Other transact	ions									ĺ
	(1) Sales of a	ssets to a noncharita	ible exempt organization						1b(1)		X
	(2) Purchase	s of assets from a no	ncharitable exempt organiz	ation					1b(2)	L	X
	(3) Rental of	facilities, equipment,	or other assets						1b(3)		X
	(4) Reimburs	ement arrangements	;						1b(4)	 _	X
	• •	loan guarantees							1b(5)	ļ	X
	(6) Performa	nce of services or me	embership or fundraising so	licitations					1b(6)		X
C	Sharing of fac	ılıtıes, equipment, ma	uling lists, other assets, or p	oald employee	s				10		X
d			"Yes," complete the following	-						ets,	
			oundation If the foundation		than fair market	value II	n any transactioi	n or sharing arrange	ement, show in		
_			other assets, or services re		 						
a)	Line no (b)	Amount involved	(c) Name of nonch		pt organization		(d) Description	n of transfers, transacti	ons, and sharing ar	rangeme	nts
			N	1/A							
_							 			_	
											
											
						-					
										_	
										_	
	+										
											
											
									_		
											
							· · · · · · · · · · · · · · · · · · ·		_		
	+					-					
20	Is the foundati	on directly or indirect	the affiliated with or related	to and ar ma	ra tay-ayamat ara	annizati	lone decoribed				
2 8		-	tly affiliated with, or related r than section 501(c)(3)) or			yanızan	ions described			T	No
h		ete the following sch		III Section 52.	, ,				Yes	Λ	סאו ר
u	ii res, compi	(a) Name of org		(b) T	ype of organization	on		(c) Description of re	elationship		
		N/A		(2)) po o o o gamento	-		(4) Dodgenphon or it	- Controllip		
		21, 21				-+		· · · —			
_						_		·			
		·									
Т	Under penalties of	penjury, I geclare that I h	ave examined this return, recluch	no accompanyir	ng schedules and sta	atements	s, and to the best o	f my knowledge and be	elief, it is true, corre	ct,	
	and complete Dec	laration of peparer (other	than taxpayer or flouriary) is be	ased on all inform	nation of which prep	oarer has	any knowledge				
	N 1/				18/20		L/ Tu	urter			
;	Signature d	officer of trustee			Date		Title				
:[Prepare	r's	1 2 1	0.		Date		eck if	Preparer's identify	ing num	ber
<u>۱</u>	signatui		1 mg (<i>₩</i> 5		8	Jen Se	nployed			
	Signatul Signatul Firm's nam if self-emplo	c (or yours GOLD	BLATT BOKOFF	LLC /			,	EIN >			
1	if self-emple	. A E 7	WEST MAIN ST	REET '						_	
	address, an	d ZIP code NORW	ICH, CT 0636	0				Phone no 8	60-886-	510	8_
									Form 990		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2008

Name of the organi	Employer identification number		
	GRAMPY'S CHARITIES U/A/D 12/24/03 JAMES, JONATHA, WILLIAM CASTLE, TTEES	20-0523402	
Organization type	check one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (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		
• -	zation 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			
-	ations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n . Complete Parts I and II.	noney or property) from any one	
Special Rules			
509(a)(1)/1	on 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the g Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I an	reater of (1) \$5,000 or (2) 2% of the	
aggregate o	on 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any contributions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, so or the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
some contr \$1,000. (If t etc., purpos	on 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any obstitutions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions dhis box is checked, enter here the total contributions that were received during the year for a see Do not complete any of the parts unless the General Rule applies to this organization be naritable, etc., contributions of \$5,000 or more during the year.)	lid not aggregate to more than an <i>exclusively</i> religious, charitable,	
Caution Organization	ons that are not covered by the General Bule and/or the Special Bules do not file Schedule F	3 (Form 990, 990-F7, 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

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)

Name of organization
GRAMPY'S CHARITIES U/A/D 12/24/03
JAMES, JONATHA, WILLIAM CASTLE, TTEES

Employer identification number

20-0523402

Part I	Contributors (see instructions)		_
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES H. CASTLE 902 KINGS CROWN DRIVE SANIBEL, FL 33957	\$23,379.	Person X Payroll
(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
		\$	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
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF	DIVIDENDS	AND	INTEREST FROM	1 SECURITIES	STATEMENT 1
SOURCE			GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BRIDGEWATER SAVINGS MORGAN STANLEY	BANK	•	5,892. 7,535.		5,892. 7,535.
TOTAL TO FM 990-PF,	PART I, LN	4	13,427.	0.	13,427.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 2
INCOME	1	
2. RETURNS AND ALLOWAN	CES	138
4. COST OF GOODS SOLD 5. GROSS PROFIT (LINE	(LINE 15)	138
	INES 5 AND 6)	138
9. MERCHANDISE PURCHAS: 10. COST OF LABOR 11. MATERIALS AND SUPPL 12. OTHER COSTS 13. ADD LINES 8 THROUGH 14. INVENTORY AT END OF	ING OF YEAR	

FORM 990-PF	OTHER	INCOME		STATEMENT	3	
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		E	
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	_	193,587.	0	. 193,587	7.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	193,587.	0	193,583	7 .	
FORM 990-PF	OTHER	EXPENSES		STATEMENT	4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
BANK & CREDIT CARD FEES	4,499	2,442		0.	0.	
GOLF TOURNAMENT FOOD & ENTERTAINMENT	16,234	. 0	•	0.	0.	
GOLF TOURNAMENT PRIZES & AUCTION ITEMS GOLF TOURNAMENT GREENS FEES INSURANCE PRINTING & REPRODUCTION SUPPLIES	53,375 33,063 945 649 41	. 0 . 0	•	0. 0. 0.	0.	
TO FORM 990-PF, PG 1, LN 23	108,806	2,442		0.	0.	
FORM 990-PF	CORPORA	TE STOCK		STATEMENT	<u> </u>	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE		
MARKETABLE SECURITIES		724,935.		476,092	476,092.	
TOTAL TO FORM 990-PF, PART II	, LINE 10B		724,935.	476,092	<u> </u>	

	ST OF OFFICERS, D		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JAMES H. CASTLE 902 KINGS CROWN DRIVE SANIBEL, FL 33957	TRUSTEE 1.50	0.	0.	0.
JONATHA Y. CASTLE 902 KINGS CROWN DRIVE SANIBEL, FL 33957	TRUSTEE 0.25	0.	0.	0.
WILLIAM H. CASTLE 3747 PURDUE STREET HOUSTEN, TX 77005	TRUSTEE 0.25	0.	0.	0.
JENNIE Y. CASTLE 40 EAST 89TH STREET, APT 8D NEW YORK, NY 10128	TRUSTEE 0.25	0.	0.	0.
COURTNEY A. CASTLE 40 EAST 89TH STREET, APT 8D NEW YORK, NY 10128	TRUSTEE 0.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
	AND CONTRIBUTION DURING THE YEAR	S	STATI	EMENT 7
RECIPIENT NAME AND ADDRESS	RECIPIENT RELA AND PURPOSE O		ECIPIENT STATUS	AMOUNT
ALZHEIMER'S DISEASE RESEARCH FOUNDATION DBA CURE ALZHEIMER'S FUND	NONE		BLIC ARITY	3,000.
BULKELEY ALUMNI ASSOCIATION,	NONE		IVATE UNDATION	1,000.

GRAMPY'S CHARITIES U/A/D 12/24/	03 JAMES,		20-0523402
CHILDREN'S CANCER FUND OF NEW YORK UNIVERSITY	NONE	PUBLIC CHARITY	2,500.
CHILDREN'S SPECIALIZED HOSPITAL FUND	NONE	PUBLIC CHARITY	10,000.
CHRISTOPHER'S HAVEN,	NONE	PUBLIC CHARITY	5,000.
CONNECTICUT FOOD BANK,	NONE	PRIVATE FOUNDATION	250.
CROHN'S AND COLITIS FOUNDATION OF AMERICA	NONE	PRIVATE FOUNDATION	13,000.
DANA FARBER CANCER INSTITUTE,	NONE	PUBLIC CHARITY	2,500.
FLORIDA REPERTORY THEATRE,	NONE	PRIVATE FOUNDATION	1,000.
GOOD NEIGHBORHOOD COMMUNITY,	NONE	PUBLIC CHARITY	1,500.
MAKE-A-WISH FOUNDATION OF AMERICA,	NONE	PUBLIC CHARITY	5,000.
MUSCULAR DYSTROPHY ASSOCIATION,	NONE	PRIVATE FOUNDATION	6,050.
NATIONAL MULTIPLE SCLEROSIS SOCIETY - DR. HOWARD WEINER	NONE	PUBLIC CHARITY	15,000.

· 13 · 4

ORDER OF ELKS, USA,	NONE	PRIVATE FOUNDATION	200.
RONALD MCDONALD HOUSE OF NH,	NONE	PUBLIC CHARITY	10,000.
SHAKEN ROWING ASSOCIATION,	NONE	PRIVATE FOUNDATION	500.
SICKLE CELL FOUNDATION,	NONE	PUBLIC CHARITY	2,500.
SOUTH SHORE DAY CARE SERVICES, INC.	NONE	PUBLIC CHARITY	2,000.
SUMMER SEARCH BOSTON,	NONE	PRIVATE FOUNDATION	6,400.
THE CHILDREN'S FOUNDATION,	NONE	PUBLIC CHARITY	2,500.
TOTAL TO FORM 990-PF, PART XV,	LINE 3A		89,900.

Form **8868** (Rev. April 2009)

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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		ightharpoons X
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	•
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously f	led Fo	rm 8868.
Pái	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 cor	nplete	
Part I	·	•	▶ □
All ot	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	exter	nsion of time
	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 electronication at the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic films gov/efile and click on e-file for Charities. Nonprofits	ically if nsolida	f (1) you want the additional ated Form 990-T. Instead,
Туре	· · ·	Emp	loyer identification number
print	GRAMPY'S CHARITIES, INC U/A/D 12/24/03		
File by	JAMES, JONATHA, WILLIAM CASTLE, TTEES	2	0-0523402
due dat filing you return	te for Number, street, and room or suite no. If a P.O. box, see instructions. 1 261 LEDYARD STREET		
instruct			
	k type of return to be filed(file a separate application for each return) Form 990 Form 990-T (corporation) Form 990-BL Form 990-EZ Form 990-PF Form 990-T (trust other than above) Form 990-PF Form 1041-A Form 88	227 069	
Te ● If t	JAMES H. CASTLE, TRUSTEE e books are in the care of ▶ 261 LEDYARD STREET - NEW LONDON, CT 063 lephone No ▶ 860 437-6200 FAX No ▶ 860 437-6229 he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If th ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all	s is foi	
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit JUNE 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for calendar year or X tax year beginning NOV 1, 2008 , and ending OCT 31, 2009		The extension
2	If this tax year is for less than 12 months, check reason.		Change in accounting period
3a	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	\$ 220.
	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	3b	\$ 0.
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)		000
	See instructions	3c	\$ 220.
Cauti	on. 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.

Form	8868 (Rev 4-2009)			Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
∜ If	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).						
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	needed).				
Type print	GRAMPI'S CHARITIES U/A/D 12/24/U3	<u> </u>	Employer identification number $20-0523402$				
File by extend due da filing t	Number, street, and room or suite no. If a P.O. box, see instructions.		RS use on				
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions	See City, town or post office, state, and ZIP code. For a foreign address, see instructions					
Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069							
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	ed Form 8	368.			
JAMES H. CASTLE, TRUSTEE • The books are in the care of • 261 LEDYARD STREET - NEW LONDON, CT 06320							
	elephone No. ► 860 437–6200 FAX No. ► 860 437–6229	·					
	the organization does not have an office or place of business in the United States, check this box			▶ ∟			
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th Lift is for part of the group, check this box and attach a list with the names and EINs of all						
4	I request an additional 3-month extension of time until SEPTEMBER 15, 2010.	memic	ers trie ex	ension is for.			
5	· · · · · · · · · · · · · · · · · · ·	ОСТ	31,	2009 .			
6	If this tax year is for less than 12 months, check reason: Initial return Final return			accounting period			
7	State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND						
	ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND	ACC	UKAIE	RETURN			
8a	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.	_8a	\$	0.			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			_			
	previously with Form 8868.	8b	\$				
C	Balance Due. Subtract line 8b from line 8a. 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.	_8c	\$				
Signature and Verification							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
Signa	ture ▶	Date	>				

Form 8868 (Rev 4-2009)

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