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

OMB No 1545-0052 2009

	Inte	mal R	evenue Se	rvice	Note: The foundat	tion may	be able to use a copy of	this return to s	atisty state	repor	ung requirements.	
/	Fo	r ca	lendar	vear 2009.	or tax year beg	inning		, 2009,	and end	ing_	_	, 20
				hat apply:	Initial retu		Initial return	of a former p	ublic cha	rity		Final return
	_	00	OK GII (	inat apply.	Amended			ss change	Γ	——————————————————————————————————————	ame change	_
				Name of fou		1010111				_	A Employer identific	ation number
				1	REN FOUNDA!	ו ארריד	NC			ſ		
	U		ne IRS				.110.				06-	1467469
		lab			DES & O'NE		<u> </u>					
	(		wise,		•		mail is not delivered to street	address)	Room/su	iite	B Telephone number (see	page 10 of the instructions)
		•	int	348 BOS	TON POST RO	DAD						
	_	or ty	•	P.O. BO	X 1418						(20	3) 458-2113
			pecific	City or town	, state, and ZIP co	xde				Ī	C If exemption applica	
	ın	ISTFU(	ctions.	,	,,,						pending, check-here	<b>▶</b>   1
				MADISON	, CT 06443						D 1. Foreign organizati	•
	_			·						-	<ol><li>Foreign organizat</li><li>85% test, check h</li></ol>	
	卢	_		e of organiza			c)(3) exempt private f			- [	computation .	
	上	<u>ļ s</u>	ection 4	4947(a)(1) no	nexempt charitab		Other taxable pr				E If private foundation	status was terminated
	ı	Fair	marke	et value of all	l assets at end	J Acco	unting method: X C	ash 💹 Acc	rual		under section 507(b)	<b>►</b> 1
		of v	ear <i>(fro</i>	m Part II, co	ol. (c). line		ther (specify)	-		- 1	F If the foundation is	ın a 60-month termination
			<b>▶</b> \$		64,089.	(Part I,	column (d) must be or	cash basis.)				(1)(B), check here
	P			reie of Reve	enue and Expen	<del>.</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·				(d) Disbursements
	4	arti	total o	f amounts in o	columns (b), (c), ar	nd (d)	(a) Revenue and	(b) Net inve	stment	(c	) Adjusted net	for charitable
			may n	not necessanly	y equal the amoun	ts in	expenses per books	incom	e		ıncome	purposes
	_		colum	n (a) (see pag	ge 11 of the instruc	ctions).)		or a way a financial and the	Name of Street Control	SSSSSSS-201	A ALCOHOLOGICA (MANAGER)	(cash basis only)
		1	Contribut	tion <u>s, grit</u> s, grants,	, etc., received (attach so foundation is <b>not</b> rec	chedule) .			~000,000,000,000,000,000,000	entropy (		****
$\blacksquare$	l	2	Check ]	If the	foundation is <b>not</b> red i Sch. B	uired to		まながら		M 350 9		
2010		3	Interest		temporary cash inve							
-	- [	4		-	est from securities		20.		20.		0.	ATCH 2
~		T	_									1 7. N. M.
_	1	. Ja						AN THE STATE	1. 1. Jan - 1	الما يشريد	S. T. KASAME	
≽		þ		tal income or (lo			-1,502.			***		TOTAL SERVICE SERVICE
¥	흥	6a	Net gan	n or (loss) from ales price for all	sale of assets not on	line 10						A SHIP AND THE PROPERTY OF THE PARTY OF THE
	e l			on line 6a	. 83	5,123.	Y . ***		-			
	Revenue	7	Capital	l gain net inco	ome (from Part IV,	line 2) .	Karang San	6	6,923.	3 . Es 1	いるがあれる	A STATE OF THE STA
SCANNED	~	8	Net sh	ort-term capit	tal gain				» T.			Britan . Salas John Britan
4		9	Income	e modification	ns · · · · · · ·			r.	3			
$\leq$	ľ	10 a	Gross sa	ales less returns wances	1		, , , , ,	,			N 14 /	· 一大
六	- 1	h		ost of goods sole	i			*			8 - 12,0	P
$\tilde{\mathbf{w}}$	ļ			-			· · · · · · · · · · · · · · · · · · ·	7- : 7				
• •	1				) (attach schedule)		43.		0.		0.	ATCH 3
		11			h schedule)		85,186		6,943.		0.	MICH S
	+	12			rough 11		03,100.		0, 545.			, , 35 mm 4 m
		13	Compe	neation of office	ers, directors, trustees	s, etc						<del></del>
	<b>.</b>	14			aries and wages .					•		<del> </del>
	8	15	Pensio	n plans, emp	loyee benefite .							
	盲	16a	Legal f	englettath G	chadule Q							
	윘	ь	<b>A</b> ₹	nting fees (at	tach schedur		2,050.		0.		0.	2,05
	او	C			ees (attach schedu	ıle)						
	슬	17		OGDEN		,						
	12		1									<del></del> _
	<b>:</b>	18	-		) (see page 14 of the in							The second secon
	Ē	19	Depred	ciation (attach	h schedule) and de	epletion.	<u> </u>					2 m ( ) 10 m ( 2 m ( 2 m ) )
	Operating and Administrative Expenses	20	•	•								<u>-</u>
	اع	21	Travel,	conferences	, and meetings						<del></del>	
	ē	22	Printing	g and publica	ations			_				<del> </del>
	E	23	Other o	expenses (atta	ach schedule) [ 4	]	1,995.		1,932.			6.
	Ę.	24		-	d administrative e							
	96			-	h 23		4,045.		1,932.		0.	2,113
	ō	2 =		_	grants paid		34,175.	_	, dy 2, 7,	, Z/3	19 1 1 3 9 1 1 3 9 1 1 1 1 1 1 1 1 1 1 1	34,17
		25		-	-		38,220.		1,932.		<u> </u>	36,288
	$\neg$	26			irsements. Add lines 2	24 and 25	2-40% } ###################################	Committee and the same	A POST A STATE OF THE PARTY OF	- Marie 1975		
		27	Subtra	ct line 26 fro	m line 12.				7			
		a	Excess o	of revenue over ex	xpenses and disbursen	nents	46,966.			25		
		b	Net inv	vestment inc	ome (if negative, e	nter -0-)	# 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1		5,011.	\$37. ª		
		C	Adjust	ted net incom	ne (if negative, ente	er -0-)		1772	<b>对决制</b> 证		-00.	745 W. 6.5 W
					<del></del>						-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 000 FKX 0 KU 3759 4/27/2010 10:25:04 AM V 09-5.2

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-00. Section 1 PAGE 475

p	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
	a 1 L II	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	17,123.	64,089.	64,089.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)	. , ,		
	•	Less: allowance for doubtful accounts			
	8				
Assets		Inventories for sale or use	<del></del>	···	
88	9	Prepaid expenses and deferred charges	1	<del></del>	<del></del>
٩		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule)			<u></u>
		and equipment basis Less accumulated depreciation (attach schedule)			<del></del>
J	12	Investments - mortgage loans		-	
i	13 14	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		(attach schedule)			· · · · · · · · · · · · · · · · · · ·
	15	Other assets (describe			· · · · · · · · · · · · · · · · · ·
- 1	16	Total assets (to be completed by all filers - see the			
┙		instructions Also, see page 1, item I)	17,123.	64,089.	64,089.
	17	Accounts payable and accrued expenses		_	
	18	Grants payable			
8	19	Deferred revenue			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			
≔	21	Mortgages and other notes payable (attach schedule)			
<b> </b> Ë	22	Other liabilities (describe		•	
		, industrials (4555), p			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
$\dashv$	<del></del>	Foundations that follow SFAS 117, check here		<u>~                                </u>	
ŀ		and complete lines 24 through 26 and lines 30 and 31.			
Ø	24	_			
2	24	Unrestricted			
曺	25	Temporarily restricted			
Ö	26	Permanently restricted			
핅	25 26 27 28 29	Foundations that do not follow SFAS 117,			
띤		check here and complete lines 27 through 31. $\blacktriangleright X$			
힐	27	Capital stock, trust principal, or current funds	0.	0.	
뙮	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
88	29	Retained earnings, accumulated income, endowment, or other funds	17,123.	64,089.	
<u></u>	30	Total net assets or fund balances (see page 17 of the			
ž		instructions)	17,123.	64,089.	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	17,123.	64,089.	
P	art II	Analysis of Changes in Net Assets or Fund B	alances		
		net assets or fund balances at beginning of year - Part II,		agree with	
		of-year figure reported on prior year's return)			17,123.
2	Ente	amount from Part I, line 27a		2	46,966.
3	Othe	r increases not included in line 2 (itemize) ▶		3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	DHA I				64,089.
					——————————————————————————————————————
		eases not included in line 2 (itemize) ►	o 5\ Doet II ook /-\	line 30	64,089.
	olai	net assets of fully balances at end of year time 4 minus in	ie 5) - Part II, column (b),	line 30   6	04,009.

	(a) List and	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
1a	ODD DADE THE COUR					
t	)					
_				<u> </u>		
_	•			ļ	<u> </u>	
_6					<u> </u>	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
_8	1					
<u>t</u>	o			<b>↓</b>		
_ç	·				<del></del>	
_ç	1			ļ		
_				ļ		
	complete only for assets si		ned by the foundation on 12/31/69		Gains (Col. (h) g	
	(i) F.M.V as of 12/31/69	(J) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI	(k), but not less Losses (from co	
_a	1			ļ		
_ <u>t</u>	<u> </u>					
	<u>i</u>					
_6		,	,			
2	Capital gain net income or	(DAT CODEO)	gain, also enter in Part I, line 7	_		66 000
		ξ "	(loss), enter -0- in Part I, line 7	2	·	66,923.
3		or (loss) as defined in sections 12				
		line 8, column (c) (see pages 13				
	If (loss), enter -0- in Part I, I	ine 8		] 3		
W			outable amount of any year in the b	ase peno	d? [	Yes X No
_	· · · · · · · · · · · · · · · · · · ·		, see page 18 of the instructions be	efore mak	ung any entries	
÷	(a)	(b)	(c)	1	(d)	
c	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ration (col. (b) divided by	
_	2008	33,558.	16,921.		( (-)	1.983216
	2007	333,607.	167,252.			1.994637
	2006	31,142.	25,111.	İ	-	1.240174
	2005	43,726.	49,307.			0.886811
	2004	82,914.	100,178.			0.827667
2	Total of line 1, column (d)			2		6.932505
3	Average distribution ratio t	for the 5-year base period - divide	the total on line 2 by 5, or by the			
	number of years the found	lation has been in existence if less	than 5 years	3		1.386501
4	Enter the net value of non-	charitable-use assets for 2009 fro	m Part X, line 5	4		27,697.
5	Multiply line 4 by line 3			5		38,402.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	6		650.
7				7		39,052.
8	Enter qualifying distribution	ns from Part XII, line 4		8	407	36,288.
	Part VI instructions on page	eater than line 7, check the box 11 e 18.	n Part VI, line 1b, and complete t	nat part	using a 1% ta	x rate. See the

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	truction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,3	00.
	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-) 2			
3	Add lines 1 and 2		1,3	00.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment Income. Subtract line 4 from line 3. If zero or less, enter -0		1,3	00.
6	Credits/Payments·			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			_
7	Total credits and payments. Add lines 6a through 6d			$\frac{0.}{39.}$
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		1 7	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,3	39.
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 2010 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	_	Yes	No X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	4.		х
	of the instructions for definition)?	1 b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	4-		х
	Did the foundation file Form 1120-POL for this year?	1 c		
đ	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 foundation managers   \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	'	Х
2				
•	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4.0		4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 b		
5	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	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	ľ	
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	Х	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) $^{\text{CT}}$ ,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	L	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	

Par	t 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 page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			١
	August 17, 2008?	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of LYNDA MILLIGAN Telephone no 203-45	3-21	<u>13</u>	
	Located at 348 BOSTON POST RD, MADISON, CT ZIP+4 > 06443			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\cdot$
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	,		
	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(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)?	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	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 statement - see page 20 of the instructions.)	2b	ļ.,	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 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	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	1		
	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 2009 )	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		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 2009?	4 b		Х

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur any amou	nt to:				
	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	. Yes XN	o	
	(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,			
	directly or indirectly, any voter registration drive?			Yes X N	o	
	(3) Provide a grant to an individual for travel, study, or oth				o	
	(4) Provide a grant to an organization other than a chari					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (			Yes X N	o	
	(5) Provide for any purpose other than religious, chantal				1	
	purposes, or for the prevention of cruelty to children of			Yes X N	。	
h	If any answer is "Yes" to 5a(1)-(5), did any of the trans					
•	Regulations section 53.4945 or in a current notice regard	· · · · · · · · · · · · · · · · · · ·			БЬ	
	Organizations relying on a current notice regarding disast	-	• •	. (V)		
_	If the answer is "Yes" to question 5a(4), does the foundation			• • • • • • • •		1
·	because it maintained expenditure responsibility for the gi			Yes N	。	
	If "Yes," attach the statement required by Regulations sec.			. —		
c -	Did the foundation, during the year, receive any funds, d		nav promiume			ļ
ъа	on a personal benefit contract?	•		Yes X N	.	
h	Did the foundation, during the year, pay premiums, direct			. — —	6b	l x
U	If "Yes" to 6b. file Form 8870.	try or manechy, on a p	ersonal benefit contrat	M:		
7.	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	chalter transaction?	Yes X N	,	
	If yes, did the foundation receive any proceeds or have a			• — —		$\overline{\mathbf{x}}$
	t VIII Information About Officers, Directors					
	and Contractors					
1	List all officers, directors, trustees, foundation m		(c) Compensation	e page 22 of the instr (d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(If not paid, enter	employee benefit plans	(e) Expense other allo	
		devoted to position	—— <del></del>	and deferred compensation		
л Т	TACHMENT 5		0.	0.		0
_						
		i .			ł	
2	Companyation of five highest-naid amployees (at	her than those inc	luded on line 1 - se	e nage 23 of the ins	tructions)	
2	Compensation of five highest-paid employees (ot	her than those inc	luded on line 1 - se	e page 23 of the ins	tructions).	
-	If none, enter "NONE."			(d) Contributions to		account
-	Compensation of five highest-paid employees (ot if none, enter "NONE."	(b) Title, and average hours per week	luded on line 1 - se	(d) Contributions to employee benefit plans and deferred	tructions). (e) Expense other allo	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
-	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a)	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense	wances

Part VIII	Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued)	agers, Highly Paid Employ	yees,	-
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NO	NE."
<u> </u>	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	
NONE			<del></del>	
		·		
Total number	er of others receiving over \$50,000 for professional services		▶	NONE
Part IX-A	Summary of Direct Charitable Activities			
	dation's four largest direct charitable activities during the tax year. Include relevant statistical informons and other beneficianes served, conferences convened, research papers produced, etc.	nation such as the number	Exper	ises
1 N/A				
2				
				· ·
3				
4				
Part IX-B	Summary of Program-Related Investments (see page 23 of the inst			
	two largest program-related investments made by the foundation during the tax year on lines 1 and	12	Amo	unt
1 NONE				
2	<del></del>			
<b>-</b>				
All other pro	gram-related investments. See page 24 of the instructions			
3 NONE				
T-4-1 A-1-1	4 1			
i otal. Add l	ines 1 through 3	<b>&gt;</b>		

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	<del></del>
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	28,119.
С		1c	0.
d		1d	28,119.
е			•
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	28,119.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	422.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	27,697.
6	Minimum investment return. Enter 5% of line 5	6	1,385.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	te operatno	]
	foundations and certain foreign organizations check here ▶ ☐ and do not complete this p	part)	
1	Minimum investment return from Part X, line 6	1	1,385.
2a	Tax on investment income for 2009 from Part VI, line 5		
b			
C		2c	1,300.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	85.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	85.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	85.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	36,288.
b		1b	0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		· · · · · · · · · · · · · · · · · · ·
		2	0.
3	Amounts set aside for specific charitable projects that satisfy the.		
a	<b>A</b> (1) 111 (1) (1) (1) (1) (1) (1) (1) (1)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	36,288.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<del></del>
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,288.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years.	hether the	foundation

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Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d</b> ) 2009
•	line 7				85.
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only			0.	
- h	Total for pnor years 20 07 .20 06 .20 05		0.		
3	Excess distributions carryover, if any, to 2009:				
Ŭ,	From 2004				
h					
	30.028				
ď	From 2007 325,270.				
•	From 2008				
•	Total of lines 3a through e	507,694.			
4	Qualifying distributions for 2009 from Part XII,	· · · · · · · · · · · · · · · · · · ·		İ	
	line 4 ▶ \$36,288.				
a	Applied to 2008, but not more than line 2a			0.	
þ	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				•
	required - see page 26 of the instructions)				85.
	Applied to 2009 distributable amount	36,203.			
_ 0	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2009	30,203.			
5 6	(If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	543,897.			
b	Pnor years' undistributed income Subtract line 4b from line 2b	,	0.		
С	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				
d	Subtract line 6c from line 6b. Taxable		0.		
	amount - see page 27 of the instructions Undistributed income for 2008. Subtract line		V. -	-	
Ð	4a from line 2a Taxable amount - see page			0.	
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Instructions)	78,175.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	465,722.		<u>-</u>	
10	Analysis of line 9:				
а	Excess from 2005 41,509.				
b	Excess from 2006				
	Excess from 2007 325, 270.				
	Excess from 2008 32,712.				
0	Excess from 2009 36, 203.				

	n 990-PF (2009)				467469	Page 10
Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has					
	foundation, and the ruling					· · · · · · · · · · · · · · · · · · ·
þ	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Тах уеаг		Prior 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	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					T .
	used directly for active conduct					
e	of exempt activities					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c	:				
3	Complete 3a, b, or c for the					<del>                                     </del>
_	alternative test relied upon					
а	"Assets" alternative test - enter				}	
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-			<del>, · · · · · · · · · · · · · · · · · · ·</del>		<del></del>
_	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed				<del></del>	
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)		<u> </u>			
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	()(3)(B)(III)			······································		
	(3) Largest amount of sup- port from an exempt					
	organization					<u> </u>
	(4) Gross investment income	<u> </u>			<u> </u>	
Pa					ation had \$5,000	or more in assets
_		during the year - se		Structions.)		
1	Information Regarding				l4	and has the formulation
а	List any managers of before the close of any	the foundation who retails that year (but only if the	lave contributed more	than 2% of the tota	e section 507(d)(2) \	red by the foundation
	•	tax your (but only if the	icy have contributed in	1010 than \$0,000). (0	00 0000011 007 (0)(2) /	
	NONE			<del> </del>		<del></del>
b	List any managers of					large portion of the
	ownership of a partner	snip or other entity) of	wnich the foundation	nas a 10% or greater	interest	
	NONE		0:61		<del></del> -	
2	Information Regarding	•		• •		
						ind does not accept
	unsolicited requests for				28 of the instruction	ons) to individuals or
	organizations under ot	<del></del>				<del></del>
а	The name, address, a	•	of the person to whom	applications should b	e addressed	
	<u> ATTACHME</u>				_ : <u>_</u> -	
b	The form in which appl	lications should be sul	omitted and informatio	n and materials they	should include.	
	WRITTEN REC	QUEST		<u> </u>		
C	Any submission deadling	nes				
	NONE			·, <u> </u>		
d	Any restrictions or life	mitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
	factors:					
ISA	ATTACHME	ENT 7	<del></del>		<del></del>	

3 Grants and Contributions Paid Duri	I If recipient is an industrial	ovea for h	-uture Payment	Τ
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (name or business)	or substantial contributor	recipient		
a Paid during the year SEE ATTACHED				34,175.
Total			▶ 3a	34,175.
b Approved for future payment				
Total			▶ 3b	

		(a)	/h)	, ,	y section 512, 513, or 514 (d)	(e) Related or exempt function income
Drogram	service revenue	Business code	(b) Amount	(c) Exclusion code		(See page 28 of the instructions)
_				<b></b>		the mandedona /
. —			· · · · · · · · · · · · · · · · · · ·		,	
_		, ,				
θ						
f						
g Fees	and contracts from government agencies					
Members	hip dues and assessments		· · · · · · · · · · · · · · · · · · ·			
	savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	s and interest from securities	ļ		14	20.	
	I income or (loss) from real estate	ļ				· · · · · · · · · · · · · · · · · · ·
	-financed property			ļ <u>.</u>		
	lebt-financed property					
	income or (loss) from personal property .					
	restment income			18	1 502	······································
•	ess) from sales of assets other than inventory		······································	10	-1,502.	
	ne or (loss) from special events	T				
-	ofit or (loss) from sales of inventory	ļ		ļ		<del></del>
Other rev	enue: a SS ACTION SETTLEMENT	541100	43.		,	· <del>-</del> · · · · · · · · · · · · · · · · · · ·
	35 ACTION SETTBEMENT	341100	43.			
	·····	-				
	<del> </del>			-		
6	Add columns (b), (d), and (e)		43.		-1,482.	······································
	d line 12, columns (b), (d), and (e)		<del></del>			-1,439
					<del></del> _	
e worksh	eet in line 13 instructions on page 28 the Relationship of Activities  Explain below how each activities	to the Accon	plishment of Exe	empt Purp		
e worksh		to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
e workshe art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
e workshe art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
e worksho art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
e workshe art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp	(e) of Part XVI-A cont	ributed importantly
e worksho art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
e worksho Irt XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Execution is reported	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
e worksho Irt XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
e worksho art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
e worksh art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
e workshe art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
e worksho art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
e workshe art XVI-E ne No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly
ee workshe art XVI-E Ine No.	Relationship of Activities  Explain below how each activities the accomplishment of the fo	to the Accon	nplishment of Exe ncome is reported empt purposes (ot	empt Purp in column her than b	(e) of Part XVI-A cont	ributed importantly

Pa	rt XVI	Information F Exempt Organ		Transfers To and	Fransactions	and Relat	ionships W	th Nonc	harit	able
1 a	ın se	ection 501(c) of the Co	ode (other than	engage in any of the section 501(c)(3) orga on charitable exempt organize	ınızations) or ın	any other org section 527,	ganization descr relating to pol	ibed tical	Yes	No
								1a(1)	ļ	X
								1	ļ	X
b		transactions:						l	ŀ	x
				organization						$\frac{\hat{x}}{x}$
				exempt organization					T	$\frac{x}{x}$
										X
								1.7		Х
				fundraising solicitations						X
				ther assets, or paid employe					L	X
d		•		Yes," complete the foll	-					
				rices given by the repo	=					
	value	in any transaction or	sharing arran	gement, show in colum	in (d) the valu	e of the good	is, other assets	, or servic	es re	ceived.
(a)	ine no	(b) Amount involved	(c) Name of	noncharitable exempt organiza	ation (d) D	escription of trans	fers, transactions, a	nd shanng am	angeme	nts
<del>``</del>		N/A	····		N/A		<del></del>	<del></del>	,	
			<del> </del>			<del> </del>				
				<del> </del>						
		<del> </del>								
							<del> </del>			
								-		
				·						
						·				
				······································	· · · · · · · · · · · · · · · · · · ·					
				<del> </del>			<del></del>			
				· · · · · · · · · · · · · · · · ·						
2a	ls the	foundation directly or	indirectly affilia	ted with, or related to,	one or more tax	k-exempt organi	zations describe	d in		
	sectio	on 501(c) of the Code (oth	er than section s	501(c)(3)) or in section 527	7?			∟∀	es 🗀	X No
þ	If "Ye	s," complete the following				<del>,</del>				
		(a) Name of organization		(b) Type of organ	uzation		(c) Description of r	elationship		
					<del></del>					
		^				ļ				
	Under	penalties of perjury, I decla	ne that I have ex	amined this retum, including of preparer (other than taxpa	accompanying sc	hedules and states	ments, and to the	best of my k	nowled	ge and
	Donoi,			or propercy (other than texpe	100	2011	Sec.	1_		
	_	/ will	<u> </u>		1041	2110 P		/ sre	<u>a.</u>	
<u></u>	, s	gnature of officer or trustee	<del>, U ,</del>		Date		Title	arer's identi	fvina	
Sign Here	Paid Preparer's Use Only	Preparer's signature	RBich	COA	סורכלף	Check if self-employ	red ▶  numil	per (See Sign 30 of the inst 107927	áture o	n .)
٠,	Paid repare se On	Firm's name (or yours if	BECHE	R, DELLA TORRE,	GITTO AND	co.		625944		
	r z	self-employed), address,		RTH WALNUT STREE		•				
		and ZIP code	RIDGEV	NOOD, NJ	0	7450	Phone no 20	1-652-4		
		-						- 0	A DE	(2000)

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#### 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, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
THE WARREN FOUNDATION IN	IC.	06.1468460
C/O RHODES & O'NEILL	· · · · · · · · · · · · · · · · · · ·	06-1467469
Organization type (check one)		
Filers of: Se	ection:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion
	501(c)(3) taxable private foundation	
• •	by the <b>General Rule</b> or a <b>Special Rule</b> . or (10) organization can check boxes for both the General Rule and a S	Special Rule See
General Rule		
<del></del>	orm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 of tributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) and 170	panization filing Form 990 or 990-EZ that met the 331/3 % support test (b)(1)(A)(vi), and received from any one contributor, during the year the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, inc	, a contribution of the greater
the year, aggregate contrib	), or (10) organization filing Form 990 or 990-EZ that received from a outions of more than \$1,000 for use <i>exclusively</i> for religious, charitable ne prevention of cruelty to children or animals. Complete Parts I, II, an	e, scientific, literary, or
the year, contributions for u aggregate to more than \$1 year for an exclusively religi applies to this organization	o, or (10) organization filing Form 990 or 990-EZ that received from a use exclusively for religious, charitable, etc., purposes, but these con ,000. If this box is checked, enter here the total contributions that we ous, charitable, etc., purpose. Do not complete any of the parts unless because it received nonexclusively religious, charitable, etc., contributions.	tributions did not ere received during the es the General Rule outions of \$5,000 or more
990-EZ, or 990-PF), but it <b>must</b> answ	overed by the General Rule and/or the Special Rules does not file So er "No" on Part IV, line 2 of its Form 990, or check the box on line H ertify that it does not meet the filing requirements of Schedule B (Form	of its Form 990-EZ,
For Privacy Act and Paperwork Reduction Act	t Notice, see the Instructions Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization THE WARREN FOUNDATION INC.

C/O RHODES & O'NEILL

Employer Identification number 06-1467469

Part I Contributors	(see instructions)
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ιαιτι	Continuators (see manachons)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RUSSELL F. WARREN  15 PEAR LANE  GREENWICH, CT 06830	\$86,625.	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.)
(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.)

of Part II

THE WARREN FOUNDATION INC. Name of organization C/O RHODES & O'NEILL

Employer identification number

06-1467469

Part II	Noncash	<b>Property</b>	(see	instructions)
---------	---------	-----------------	------	---------------

(a) No.		(c)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
1_	5000 SHARES OF ARTHROCARE CORPORATION COMMON STOCK	_	
		\$ 86,625.	09/03/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	

JSA 9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust THE WARREN FOUNDATION INC. Employer Identification number 06-1467469 C/O RHODES & O'NEILL Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales pnce (mo , day, yr ) (mo , day, yr ) 1a 66,923. b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 66,923. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (b) Date acquired (c) Date sold the entire year Subtract (e) from (d) (see page 4 of the (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6 b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Schee	dule D (Form 1041) 2009				Page 2
	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
	Caution: Read the instructions before completing this	1	(see page 5)	OI (IUS) S	66,923.
	Net short-term gain or (loss)	13		<del> </del>	00, 923.
	Net long-term gain or (loss):				
a	Total for year	148			<del></del>
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)		· · · · · · · · · · · · · · · · · · ·		<del></del>
4.5	28% rate gain	146			66,923.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For		T Port I line 4s) Hiline	s 1/a and 15 cal	
to Pa	rt V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete P	art IV	and the Capital Loss Car	ryover Worksheet,	as necessary.
	t IV Capital Loss Limitation		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Enter here and enter as a (loss) on Form 1041, ine 4 (or Form 990-T, F	Part I. I	ne 4c. if a trust), the sn	naller of:	
	· · ·			1	(
Note	The loss on line 15, column (3) or b \$3,000	ė i, lir	e 22 (or Form 990-T, li	ne 34), is a loss, c	omplete the Capital Loss
Par					
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu			nount is entered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	tion: Skıp thıs part and complete the worksheet on page 8 of the ınstru ıther lıne 14b, col. (2) or lıne 14c, col  (2) is more than zero, or	Cuons	) II.		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
Form	n 990-T trusts. Complete this part only if both lines 14a and 15 are	e gaır	ns, or qualified divide	ends are include	ed in income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	complete the works	sheet on page 8	of the instructions if
eithe	er line 14b, col (2) or line 14c, col. (2) is more than zero				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	. 17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dwidends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20 If zero or less, enter -0		22		
23	Subtract line 22 from line 17. If zero or less, enter -0		23		
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 24	1?			
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	ne 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% ( 15)			30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate				
	(see the Schedule Ginstructions in the instructions for Form 1041).	• • •		31	
20	Add lines 20 and 21			32	
32	Add lines 30 and 31			· · · · · <del></del>	
33	(see the Schedule Ginstructions in the instructions for Form 1041)			<b> </b>	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33				
J#	G, line 1a (or Form 990-T, line 36)				
	<u></u>		<del> </del>		

#### SCHEDULE D-1 1(Form 1041)

Department of the Treasury Internal Revenue Service

### **Continuation Sheet for Schedule D** (Form 1041)

▶ See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

2009

Name of estate or trust

THE WARREN FOUNDATION INC.

Employer identification number

06-1467469 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) Subtract (e) from (d) (see page 4 of the instructions) acquired (mo , day, yr ) (mo, day, yr) 1a 85,123. 18,200. 66,923. PUBLICLY TRADED SECURITIES

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b. For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

66,923.

FORM 990-PF - PART IV

Kind of F	Property	INS AND LO	Desc	cription	•	P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
	-	PUBLICLY TI					·	
05 100		PROPERTY T	YPE: SECURI	TIES			66,923.	
85,123.		18,200.					66,923.	
TAL GAIN(L	oss)		• • • • • • • • • •	• • • • • • • • • • • •			66,923.	
							ļ	
						:		

SECURITIES	
FROM	
INTEREST	
AND	
DIVIDENDS	
ı	
PART I	
990PF,	
FORM	

ADJUSTED NET INCOME	0.	0
NET INVESTMENT INCOME	20.	20.
REVENUE AND EXPENSES PER BOOKS	20.	20.
		TOTAL
DESCRIPTION	GOLDMAN SACHS	

PAGE 21

- OTHER INCOME FORM 990PF, PART I

DESCRIPTION CLASS ACTION SETTLEMENT

43. EXPENSES PER BOOKS REVENUE

0 NET INVESTMENT INCOME

ADJUSTED NET INCOME

0

TOTALS

43.

PAGE 22

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ATTACHMENT

25805

PAGE 23

ATTACHMENT

# - OTHER EXPENSES PART I FORM 990PF,

CHARITABLE PURPOSES 0.	63
NET INVESTMENT INCOME 1,920.	1,932
REVENUE AND EXPENSES PER BOOKS 1,920. 12.	1.995
	STATOT
DESCRIPTION ADMINISTRATIVE FEES BANK FEES MISCELLANEOUS	

\_0. 63.

63.

EXPENSE ACCT

CONTRIBUTIONS

ALLOWANCES AND OTHER

BENEFIT PLANS

TO EMPLOYEE

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#### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

LYNDA MILLIGAN, C/O RHODES & O'NEILL 348 BOSTON POST ROAD MADISON, CT 06443

## 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

MEDICAL EDUCATION, HEALTH CARE, HOSPITALS, MEDICAL RESEARCH, ARTHRITIS, COMMUNITY SUPPORT AND CULTURAL PROGRAMS.

# The Warren Foundation, Inc. 2009 Grants

<u>Date</u>	Recipient	<u>Amount</u>	Purpose
2/19/2009	Hospital For Special Surgery 145 West 45th St. Suite 300 New York, NY 10036	8,000.00	26th Annual Tribute Dinner 10 tickets @ \$1,000 Cost of Goods/Serv. \$200/ticket
9/9/2009	Hospital For Special Surgery 145 West 45th St. Suite 300 New York, NY 10036	25,000.00	\$100,000 Pledge to the New Building Fund Balance after this Grant: \$25,000
10/13/2009	Pathways, Inc. 175 Milbank Ave. Greenwich, CT 06830	175.00	Pathways, Inc. Annual Fundraiser Event 1 Ticket @ \$300 Cost of Goods/Serv. \$125/ticket
	Columbia College Office of Alumni Affairs 622 West 113th Street New York, NY 10025	1,000.00	Alexander Hamilton Award Dinner 1 Ticket @ \$1,200 Cost of Goods/Serv. \$200/ticket
	Total 2009 Grants:	34,175.00	