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Form **990-PF**

OMB No 1545-0052

Department of the Treasury	
Internal Powerus Senace	

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

2009

			or tax year begi	nning			, 2009	, and end	ing		, 20
G Chec	ck all tha	at apply.	Initial retur				of a former p	oublic cha	<u> </u>	L	_ Fınal return
		lama of form	Amended	return		Addre	ss change			lame change	
	1	Name of four	nuation							A Employer identifi	cation number
Use th		INTON SZ	AVINGS BANK	ברווא	רביים מחו	N TNC				06-	-1508286
Other	-		street (or P O box				t addmas)	Room/su			e page 10 of the instructions)
pri		tumber and	Street (OFF O BOX	iiuinbei ii	maii is not	delivered to suee	(address)	Koom/sc		B relephone number (see	page 10 of the instructions)
or ty	pe.	26 MATN	N STREET						ļ	120	3) 830-4200
See Sp	ecific		state, and ZIP coo					<u> </u>	\dashv	C If exemption applica	<u> </u>
Instruc	tions.	only of town,	State, and Zir Coc	16						pending, check here	· · · · · · · . [-
	- Ir	ANRURY.	СТ 06810							D 1. Foreign organiza	- · · ·
H Cher			tion X Section	on 501/	c)(3) eve	mnt private	foundation			2. Foreign organiza 85% test, check h	nere and attach
		_	nexempt charitable		$\overline{}$	ner taxable p		tion		computation .	
					unting m		ash X Ace			E If private foundation	
		Part II, col			ther (spe			5,00,)(1)(A), check here . L
16)			26,837.			d) must be or	n cash basis)				in a 60-month termination)(1)(B), check here
	Analys	is of Reve	nue and Expens	es (The	435		T			- · · · ·	(d) Disbursements
	total of a	amounts in co	olumns (b), (c), and	d (d)	(a) \\	evenue and enses per	(b) Net inve		(c) Adjusted net income	for charitable
	column	necessarily (a) (see page	equal the amounts e 11 of the instruct	in ions))		books	""	ne e		IIICOIIIC	purposes (cash basis only)
1	·		etc , received (attach sch	· · · · · · · · · · · · · · · · · · ·		609,550					
	Check >	If the fo	oundation is not requ Sch B	ired to		<i>*</i>				,	
	Interest o		temporary cash inves								
4	Dividend	s and interes	st from securities			49,261	4	19,261.		0.	ATCH 1
5 a	Gross rei	nts									
b	Net rental	income or (los	ss)				· `				·
<u>စ</u> 6 a			sale of assets not on I			-23,988					`
	Gross sale assets on	es price for all line 6a -	126	<u>,940</u> .							
e 6a b 7	Capital g	ain net inco	me (from Part IV, I	ne 2) <u>.</u>		·					
_ Q	Net shor	t-term capita	l gain	<u>:D</u>	1		· -				
9	Income i	nodifidations s less returns	RECEIVE	,	<u></u>						
l o a	and allow	ances · · · ·			<u> </u>		, ~ ~			, , ,	5 5 655
		of goods sold		010	W			`			0,3
			(attach schedule)		E.		 				
11	Other in	come (altach	schedule)	· H.T.		634,823	 	19,261.		0.	, ,
12	Total. Ac	ld lines 1 thr	OUTHER PEN		المعطية	034,023		15,201.			
			s, directors, trustees,				}				
ויט			ries and wages .								
S 15			hedule)								
16a b	Account	na fees /atts	ach schedule) ATC	 н 2	-	7,000	 	0.		0 .	7,0
			es (attach schedul			20,929	1	17,614.		0.	. 3,3
≧ 17 E	-		es (allacii scriedui			· · · · · · · · · · · · · · · · · · ·		<u>i</u>			
18	_		(see page 14 of the inst								
19	•	-	schedule) and de								
20					_						
21	•	•	and meetings					,,,,,,			
E 22			ions								
E 23	•	•	ch schedule)								
5 I		•	administrative ex								
e e	•	-	23	-		27,929		L7,614.		0	. 10,3
25		_	grants paid			156,000					156,0
			sements. Add lines 2			183,929	- 1	L7,614.		0	. 166,3
\neg		line 26 from									
a	Excess of r	evenue over exp	enses and disburseme	ents		450,894		<u> </u>			
Ь	Net inve	stment inco	me (if negative, en	ter -0-)				31,647.			
- I			(if negative, enter							-08	

É

Ð	art-II-	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	Beginning of year End of year	
_	ai t ii	Datanee Officeto	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beam	ng		·	
			cash investments [22,742.	101,415.	101,415.
	3	Accounts receivable				
		Less. allowance for doub	btful accounts ▶			
	4	Pledges receivable				
		Less allowance for dou	btful accounts ▶	.	, ,	
	5	Grants receivable				
			fficers, directors, trustees, and other	· · · · · · · · · · · · · · · · · · ·		
	6		· · · · · ·			
	_		ich schedule) (see page 16 of the instructions)			
			eceivable (attach schedule)			
			btful accounts ►			
ş		Inventories for sale or us				
Assets	9	Prepaid expenses and d	eferred charges			
As	10 a	Investments - U S and state	e government obligations (attach schedule)	51,547.	99,930.	99,930.
	b	Investments - corporate	stock (attach schedule)	1,337,497.	2,123,297.	2,123,297.
			bonds (attach schedule)	305,233.	297,755.	297,755.
	11	Investments - land, buildings	s, •			· ·
		and equipment basis Less accumulated deprecia	ation			
	4.2	(attach schedule)	loon			
	12 13	Investments - mongage	loans			.
	14	Land, buildings, and	ach schedule)			
		equipment basis	ution >			
		(attach schedule)	ition	3 002	4 440	4 440
	15	Other assets (describe	- '	3,982.	4,440.	4,440.
			pleted by all filers - see the			, '5
_			age 1, item l)		2,626,837.	2,626,837.
	17	Accounts payable and a	ccrued expenses	3,613.	5,134.	,
						*
Ś	19					
ij			rs, trustees, and other disqualified persons			, ·
ğ	21		ites payable (attach schedule)		-	
:≝	22		⇒ ►)			· · ·
		O ti lor madiminos (accordo	· · · · · · · · · · · · · · ·			, , , , ,
	23	Total liabilities (add line	es 17 through 22)	3,613.	5,134.	
_			low SFAS 117, check here ► X			
			24 through 26 and lines 30 and 31.		,	
ŝ			24 tinough 20 und mics 00 und 01.	1,717,388.	2,621,703.	·
ž	24	Unrestricted		1,717,300.	2,021,703.	
iai	25	Temporarily restricted .				
ă	26	Permanently restricted .				
힡		Foundations that do	not follow SFAS 117,			· · · · · · · · · · · · · · · · · · ·
ቯ		check here and com	plete lines 27 through 31. ▶			
9	27	Capital stock, trust princ	cipal, or current funds			
		Paid-in or capital surplus, or	r land, bldg , and equipment fund			* * * * * * * * * * * * * * * * * * * *
SS(29	Retained earnings, accumi	ulated income, endowment, or other funds			y y y
ĹΑ			d balances (see page 17 of the			
Š				1,717,388.	2,621,703.	77 97
	31	Total liabilities and net	assets/fund balances (see page 17			
				1,721,001.	2,626,837.	
E	art II	Analysis of Cha	anges in Net Assets or Fund		, :==, := ; •	
			alances at beginning of year - Part II		agree with	
•						1,717,388.
_			d on prior year's return)			450,894.
2	Ente	r amount from Part I, I	line 27a ed in line 2 (itemize) ▶ATTACH	MIDNIM 4	2	
			ed in line 2 (itemize) \blacktriangleright ATTACH	MENT 4		453,421.
					1	2,621,703.
		eases not included in			5	
<u>6</u>	Total	net assets or fund ba	alances at end of year (line 4 minus	ine 5) - Part II, column (b),	, line 30 6	2,621,703.

Part IV

(a) List and	(b) How acquired P-Purchase (mo , day, yr) (c) Date acquired (mo , day, yr)					
1a SEE PART IV SCHEI	D-Donation	(1.10 ; 00);)				
b				1		
c			-			
d						
e						
(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) mini		
a						
b						
С						
d						
e						
	owing gain in column (h) and own	ned by the foundation on 12/31/69	/h	Gains (Col (h) g	ain minus	
(i) F M V as of 12/31/69		(k), but not less Losses (from co	than -0-) or			
a						
b						
С						
d						
е						
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 }	2		-23,988.	
3 Net short-term capital gain	or (loss) as defined in sections 12	22(5) and (6)				
<u> </u>	line 8, column (c) (see pages 13 ane 8		3			
Part V Qualification Un	der Section 4940(e) for Redu	uced Tax on Net Investment Inc	come			
	he section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d? [Yes X No	
	not qualify under section 4940(e)			· · · · · · · · · · · · · · · · · · ·		
1 Enter the appropriate amo	unt in each column for each year	; see page 18 of the instructions be	efore mak			
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by		
2008	145,091.	2,319,535.			0.062552	
2007	134,300.	2,813,897.			0.047727	
2006	122,226.	2,607,945.			0.046867	
2005	117,855.	2,510,352.	ļ		0.046948	
2004	106,805.	2,206,487.	ļ		0.048405	
2 Total of line 1, column (d)			2		0.252499	
-	for the 5-year base period - divide	e the total on line 2 by 5, or by the s than 5 years	3		0.050500	
4 Enter the net value of none	charitable-use assets for 2009 fro	m Part X, line 5	4	4 2,012,166.		
5 Multiply line 4 by line 3			5	5 101,614.		
•			6		316.	
			7		101,930.	
If line 8 is equal to or gre Part VI instructions on page	ater than line 7, check the box i	in Part VI, line 1b, and complete t	that part	using a 1% ta	x rate. See the	

Capital Gains and Losses for Tax on Investment income

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)
1 a	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		3	16.
	here \blacktriangleright X and enter 1% of Part I, line 27b			
С	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		3	16.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		3	16.
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,551.			
	Exempt foreign organizations-tax withheld at source 6b 0			
С	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		2,5	51.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,2	35.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 2,235. Refunded ▶ 11			
Par	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
	participate or intervene in any political campaign?	1a		Х
b				
:	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		, ,	
	published or distributed by the foundation in connection with the activities		, ,	
c	Did the foundation file Form 1120-POL for this year?	1 c		X
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 ▶\$	1	\	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$	- 11	3 4	~
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.		No. 4	, ,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		ب مانا هاست	ئ ئد ســــ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	ff "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.		8 ·	14
	By language in the governing instrument, or	ù		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		·	× 1
	conflict with the state law remain in the governing instrument?	6	Х	
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	<u> </u>
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		•/	(; l
	instructions) > 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	<u> </u>
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		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

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)

enterprise at any time during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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?

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

Form 990-PF (2009)

Х

Χ

2b

3

3 b

4 b

X No

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowances
NONE				
Total number of other employees paid over \$50,000				<u> </u>

Form 990-PF (2	009)	06-1508286		Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid Emplo	oyees,	
3 Five highe	st-paid independent contractors for professional services (see pa	ge 23 of the instructions). If none	, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	
NONE				
Total numbe	r of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	▶	NONE
Part IX-A	Summary of Direct Charitable Activities			
	ation's four largest direct charitable activities during the tax year. Include relevant statist is and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number	Ехре	nses
1 N/A	The state of the s			
1 N/A				
2				
-				
3				
4			<u> </u>	
·				
Part IX-B	Summary of Program-Related Investments (see page 23 of t	he instructions)		
	wo largest program-related investments made by the foundation during the tax year on lii		Amo	ount
1 NONE			1	
2				
All other prog	am-related investments See page 24 of the instructions			
3 NONE				
Total. Add lu	nes 1 through 3		.	

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	reign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	a Average monthly fair market value of securities	_ 1a	2,042,808.
b	b Average of monthly cash balances	1b	
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	2,042,808.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,042,808.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	30,642.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,012,166.
6	Minimum investment return. Enter 5% of line 5	. 6	100,608.
Pa	Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) produced foundations and certain foreign organizations check here ▶ and do not complete the foundations are certain foreign organizations.	orivate operating	
1	Minimum investment return from Part X, line 6	1	100,608.
2a		16.	
b			
С		2c	316.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	100,292.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	I _ I	100,292.
6	Deduction from distributable amount (see page 25 of the instructions)		·
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	• •	
	<u>line 1 · · · · · · · · · · · · · · · · · · </u>	7	100,292.
Pa	Part XII Qualifying Distributions (see page 25 of the instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	 	
' a		1a	166,315.
b	b. Program-related investments, total from Part IX R	· · 1a	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.,	16	<u> </u>
_	numbers paid to acquire assets used (or field for use) directly in carrying out chantable, etc.,		0.
3	purposes Amounts set aside for specific charitable projects that satisfy the	2	
-	Amounts set aside for specific charitable projects that satisfy the		0.
a	Cook distribution that (Albert the constraint distribution)	3a	
4	b Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	3b	0. 166,315.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		100,313.
J			316.
c	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	165,999.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	ig whether the	loundation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7		· · · · · · · · · · · · · · · · · · ·		100,292.
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only			51,477.	
a	Total for prior years 20 07 20 06 20 05				
3	Excess distributions carryover, if any, to 2009				
٠,	From 2004				
h	F 2005				
	From 2006				
d					
	From 2007				
f	Total of lines 3a through e				ı
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$166,315.			5.4	
а	Applied to 2008, but not more than line 2a			51,477.	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				1
đ	Applied to 2009 distributable amount				100,292.
	Remaining amount distributed out of corpus	14,546.	,		^ \
5	Excess distributions carryover applied to 2009		V. 2	*	
	(If an amount appears in column (d), the same amount must be shown in column (a))	,			ψ ½·
6	Enter the net total of each column as		, , , , , , ,	, y	` '\\
	indicated below:	3	, ys 4	`	, , , , , , , , , , , , , , , , , , , ,
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	14,546.	/ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		·
b	Prior years' undistributed income Subtract				,` <i>,</i> `
	line 4b from line 2b	`			À 1
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			,	¥ , * , s
d	Subtract line 6c from line 6b Taxable			,	, , , , , , , , , , , , , , , , , , ,
	amount - see page 27 of the instructions	,		<i>ŷ</i> ,	
e	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page	li de de la companya	, ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		
	27 of the instructions		7 / / 7 / / / · · · · · · · · · · · · · · · ·		,
f	Undistributed income for 2009 Subtract lines	*		<i>`</i> , . ,	
	4d and 5 from line 1 This amount must be	,	-	` ′、	
7	distributed in 2010	<u> </u>		,	
•	to satisfy requirements imposed by section	,	·	,	, >
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			,	
8	instructions)		, , -,		
	applied on line 5 or line 7 (see page 27 of the instructions)				· · · · · · · · · · · · · · · · · · ·
9	Excess distributions carryover to 2010.				`
	Subtract lines 7 and 8 from line 6a	14,546.			
10	Analysis of line 9				
а	Excess from 2005				,
b	Excess from 2006				,
	Excess from 2007				
	Excess from 2008				
е	Excess from 2009 14,546.				

V 09-8.3

b The form in which applications should be submitted and information and materials they should include:

ATTACHMENT 7

c Any submission deadlines

JUNE 1ST TO AUGUST 31ST

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ATTACHMENT 8

Form 990-PF (2009)			06-1508286	Page 1 1
Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appl		uture Payment	r
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ATTACHMENT 9				
		1		
		}		
Total			▶ 3a	156,000
b Approved for future payment	<u> </u>			130,000
	:			
		<u> </u>		
Total			▶ 3b	

Form 990-PF	(2009)			06-	-1508286	Page 12
Part XVI	A Analysis of Income-Produ	icing Activ	vities			
	amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt function income
•	n service revenue:	(a) Busmess code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a			. —-			,
ь						
c						
d						
e						- .
f	 					
-	s and contracts from government agencies	-				
	rship dues and assessments			-		
	ds and interest from securities			14	49,261.	
	tal income or (loss) from real estate					
	ot-financed property					
	debt-financed property					
	al income or (loss) from personal property					
	vestment income			10	22.000	
	loss) from sales of assets other than inventory			18	-23,988.	
	ome or (loss) from special events					
	evenue a					
_	venue a					
е						
12 Subtota	I Add columns (b), (d), and (e)				25,273.	
	dd line 12, columns (b), (d), and (e)				13	25,273.
	heet in line 13 instructions on page 28 -B Relationship of Activities			vomnt Durr	20505	
	Explain below how each activ		· · · · · · · · · · · · · · · · · · ·			tributed importantly to
Line No. ▼	the accomplishment of the for page 29 of the instructions)					
	NOT APPLICABLE	·				
-			···			·
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						· · · · · · · · · · · · · · · · · · ·
			 			
						
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	-					
	I					

Form	990-PF	(2009)					06-150828	36			Pa	ge 13
	rt XVI			ransfers To and	Transa	ctions	and Relati	onship	s With N	lonc		
1	ın se	the organization directly	y or indirectly ode (other than	section 501(c)(3) org	anizations)	g with	any other org section 527,	anization relating to	described political		Yes	No
а		izations? ifers from the reporting f										v
		ash										X
		other assets	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •						1a(2)		Λ
10		r transactions	aritable avenut	organization						4 5 / 4 \		Х
	(1) O	ales of assets to a nonch urchases of assets from	a nonchantable	organization		• • • •				1b(1) 1b(2)		X
		ental of facilities, equipm								1b(3)		X
		eimbursement arrangeme								1b(4)	-	Х
		oans or loan guarantees										Х
		erformance of services of										Х
C		ng of facilities, equipmer										Х
d		e answer to any of t		•	-				-			
		of the goods, other			-							
	value	in any transaction or	snaring arran	gement, snow in colu	mn (a) tr	ie value	e of the goods	s, otner	assets, or	service	es rec	eivea
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organi	zation	(d) De	escription of transfe	ers, transact	ions, and shar	ng arra	ngeme	nts
		N/A				N/A						
												
												
_						·····						
					-							
	la the	foundation dispeths as	indicable office	tod with an related to								-
Za		e foundation directly or on 501(c) of the Code (oth					-exempt organiz		scribed in		<u>.</u> Г	No
b		s," complete the following		50 1(c)(0)) or in section of		• • • •			L	' ''	~	
		(a) Name of organization	1	(b) Type of orga	anızatıon		(c) Descripti	on of relations	hip		
				<u></u>								
			 				·					
		· · · · · · · ·										
												-
_	Under	penalties of perjury, I decl	are that I have ex	amined this return including	g accompai	nvina sch	edules and staten	nents and t	to the best o	f mv k	nowled	ge and
	belief,	it is true, correct, and com	plete Declaration	of preparer (other than taxp	ayer or fidu	ciary) is	based on all inform	mation of w	hich prepare	has a	ny kno	wledge
	N .)			-	11-	8-10	1000	sure	_		
<u>a</u>	Sı	ignature of officer or trustee				Date		Title				
£١			-		Date		Check if		Preparer's number (Se			
Sign Here	Paid reparer's Jse Only	Preparer's signature	un 18	18ncm	10/2	7/201	a alf amplay		page 30 of t P00064	he instr 352		
	Prep Use	Firm's name (or yours if		COMPANY, PC				EIN ▶	04-2689	883		
		self-employed), address.	. 🖊 99 HIC	GH STREET. 21ST	r FLOOF	{		t				

Phone no 617-439-9700

self-employed), address, and ZIP code

02110

BOSTON,

99 HIGH STREET, 21ST FLOOR

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	TOWNS AT AN AND	Employer identification number
UNION SAVINGS BANK	FOUNDATION, INC.	06-1508286
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 pr	vate foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7) instructions.	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General	Rule and a Special Rule See
General Rule		
	i filing Form 990, 990-EZ, or 990-PF that received, during the yone contributor. Complete Parts I and II	ear, \$5,000 or more (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % and 170(b)(1)(A)(vi), and received from any one contributor, du 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	ırıng the year, a contribution of the greater
the year, aggregate	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive contributions of more than \$1,000 for use exclusively for religious, or the prevention of cruelty to children or animals. Complete	ous, charitable, scientific, literary, or
the year, contribution aggregate to more year for an exclusive applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recons for use <i>exclusively</i> for religious, charitable, etc., purposes, be than \$1,000. If this box is checked, enter here the total contributely religious, charitable, etc., purpose. Do not complete any of the nization because it received nonexclusively religious, charitable.	out these contributions did not utions that were received during the he parts unless the General Rule e, etc , contributions of \$5,000 or more
990-EZ, or 990-PF), but it mu or on line 2 of its Form 990-F 990-PF)	is not covered by the General Rule and/or the Special Rules dest answer "No" on Part IV, line 2 of its Form 990, or check the PF, to certify that it does not meet the filing requirements of Sch	box on line H of its Form 990-EZ, nedule B (Form 990, 990-EZ, or
For Privacy Act and Paperwork Red for Form 990, 990-EZ, or 990-PF.	uction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) UNION SAVINGS BANK FOUNDATION, INC. Name of organization Employer identification number 06-1508286 Part I Contributors (see instructions) (a) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution UNION SAVINGS BANK 1 Х Person **Payroll** PO BOX 647 609,550. Noncash (Complete Part II if there is DANBURY, CT 06813 a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Pavroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (d) (b) (c)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

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

Type of contribution

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

Person **Payroll** Noncash

Person **Payroll** Noncash

Person **Payroll** Noncash

Aggregate contributions

(c)

Aggregate contributions

(c)

Aggregate contributions

No.

(a)

No.

(a)

No.

UNION SAVINGS BANK FOUNDATION, INC.
FORM 990-PF - PART IV

Kind of P	roperty		Desc	ription		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	D	Gain or (loss)	
		JP MORGAN &				Р	07/30/2007	01/15/200
25,000.		PROPERTY TY 25,376.	PE: SECURI	TIES			-376.	
		CIT GROUP I PROPERTY TY				P	07/30/2007	07/16/200
26,938.		49,715.	PE. SECURI	1165			-22,777.	
		FEDERAL HOM				Р	01/06/2003	11/13/20
50,000.		50,896.	II. SIOOKI	1100			-896.	
		FEDERAL HOM PROPERTY TY				Р	09/10/2009	12/10/20
25,000.		24,941.					59.	
		ISHARES TR PROPERTY TY				P	01/15/2007	12/07/20
2.							2.	
TAL GAIN(LO	oss)		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		-23,988.	
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ADJUSTED NET INCOME	0.	0
NET INVESTMENT INCOME	49,261.	49,261.
REVENUE AND EXPENSES PER BOOKS	49,261.	49,261.
		TOTAL
DESCRIPTION	BONY	

T T T S
GNITHNUCCUA
ı
PART T
—
PART

CHARITABLE PURPOSES	7,000.	7,000.
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	.0	0.
REVENUE AND EXPENSES PER BOOKS	7,000.	7,000.
		TOTALS
DESCRIPTION	AUDIT FEE	

PAGE 19

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	0. 765. 2,550. 3,315.
ADJUSTED NET INCOME	0000
NET INVESTMENT INCOME	17,614. 0. 0.
REVENUE AND EXPENSES PER BOOKS	17,614. 765. 2,550. 20,929.
DESCRIPTION	INVESTMENT MANAGEMENT FEE FILING FEES TAX PREPERATION FEE

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

THUUNA

UNREALIZED GAINS ON INVESTMENTS

453,421.

TOTAL

453,421.

PART VIII

FORM 990PE,

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
JAY C LENT 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	· 0	ó	Ö	
EUGENE D LATTIMER 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	.0	.0	.0	
JEFFREY M LEVINE 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	.0	.0	.0	
JOHN M MURPHY 226 MAIN STREET DANBURY, CT 06810	TRUSTEE	.0	·		
CYNTHIA STEVENS 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	.0	· o	ó	
THOMAS A FRIZZELL 226 MAIN STREET DANBURY, CT 06810	CHAIRMAN/TRUSTEE 1.00	.0	.0	.0	

ATTACHMENT 5 (CONT'D)

FORM 990PF,

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RAY P BOA 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	.0	.0	.0
ABNER BURGOS-RODRIQUEZ 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	·	.0	· O
THOMAS R GREEN 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	·	.0	
MARYANN KIELY 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	·	· o	· o
ARNOLD E FINALDI JR 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	Ö	·	Ċ
MARY ANN FREDE 226 MAIN STREET DANBURY, CT 06810	TRUSTEE 1.00	Ö		Ċ

ATTACHMENT 5 (CONT'D)

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AND TRUSTEES	
DIRECTORS,	
F OFFICERS,	
- LIS	
PART VIII	
FORM 990PF,	

WEEK DEVOTED TO POSITION TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 1.00	TRUSTEE 1.00 1.00 1.00 TRUSTEE 1.00 TRUSTEE 1.00 1.00
	TRUSTEE 1.00
	TREASURER 1.00

ATTACHMENT 5 (CONT'D)

EXPENSE ACCT

CONTRIBUTIONS

AND OTHER ALLOWANCES

BENEFIT PLANS

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

TO EMPLOYEE

0

0

.

.

SECRETARY/TRUSTEE

1.00

DANBURY, CT 06810

226 MAIN STREET

LUCIE H VOVES

LYNNE A BEARDSLEY 226 MAIN STREET DANBURY, CT 06810

TRUSTEE

GRAND TOTALS

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

MARIE O'NEILL, SVP MARKETING 225 MAIN STREET DANBURY, CT 06810 203-830-4200

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

AN EXAMPLE OF THE GRANT APPLICATION IS ATTACHED TO THE 990-PF. THESE APPLICATIONS ARE AVAILABLE AT WWW.UNIONSAVINGS.COM. THEY MAY BE EMAIL TO THE FOUNDATION'S EMAIL ADDRESS OR MAILED TO PO BOX 647 DANBURY CT 06813-0647.

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

GRANTS ARE RARELY APPROVED FOR: PUBLIC ENTITIES, MUNICIPALITIES, SECTARIAN ORGANIZATIONS, CAPITAL EXPENSES, OR MULT-YEAR REQUESTS. REQUEST FROM INDIVIDUALS OR FROM ENDOWMENTS ARE ALSO RARELY GRANTED. IN ADDITION, ORGANIZATIONS AWARDED A 2008 GRANT ARE NOT ELIGIBLE TO APPLY IN 2009.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMOS HOUSE ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
AMERICAN PARKINSON DISEASE ASSOCIATION, CT CHAPTER ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	2,500
ANN'S PLACE THE HOME OF I CAN ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
CHORE SERVICE ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
CHRISTIAN COMMUNITY OUTREACH MINISTRIES, INC. ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	5,000
CITY OF DANBURY SCHOOL BASED HEALTH CENTERS ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	5,000

V 09-8 3

ATTACHMENT 9 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CT ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	7,000
CONNECTICUT INSTITUTE FOR COMMUNITIES ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	5,000
DAILY BREAD ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	5,000
FAMILIES NETWORK OF WESTERN CT ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
FAMILY & CHILDREN'S AID ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
JERICHO PARTNERSHIP, INC ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000

v 09-8 3

ATTACHMENT 9 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KENT CHILDREN'S CENTER, INC ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	4,500
KENT VILLAGE HOUSING FOR THE ELDERLY ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
KEVIN'S COMMUNITY CENTER ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	5,000
LITERACY VOLUNTEERS OF AMERICA - DANBURY, CT ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
REBUILDING TOGETHER LITCHFIELD COUNTY ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	5,000
SALVATION ARMY DANBURY CORPS ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000

ATTACHMENT 9 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SOUTHBURY-MIDDLEBURY YOUTH AND FAMILY SERVICES ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	2,000
TBICO-THE BRIDGE TO INDEPENDENCE & CAREER OPPORTUN ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000
	NOT RELATED 501(C)(3)	EXEMPT PURPOSE	10,000

TOTAL CONTRIBUTIONS PAID

V 09-8.3

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

► 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).

τ	JNION SAVINGS BANK FOUNDATIO	N, INC.			06-15082	86	
Note	e: Form 5227 filers need to complete only F	arts I and II					
Pai	t I Short-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other b (see page 4 of t instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
					<u> </u>		
		_					
							···

b	Enter the short-term gain or (loss), if any,	from Schedule D)-1, line 1b			1b	59.
2	Short-term capital gain or (loss) from For	ms 4684, 6252,	6781, and 882	4		2	
3						3	
4	Short-term capital loss carryover Enter to	ne amount, if an	y, from line 9 of	the 2008 Capital Los			,
5	Net short-term gain or (loss). Combine lii		In column (f)	Enter here and on lir		4	(
					▶	5	59.
Pai	t II Long-Term Capital Gains and Loss	es - Assets Held	More Than Or	ne Year	(a) Cook or other h		(f) Coin on (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other to (see page 4 of to instructions)	the]	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
				.			
					<u> </u>		
b	Enter the long-term gain or (loss), if any,	from Schedule D-	-1, line 6b			6 b	-24,047.
7	Long-term capital gain or (loss) from For	ms 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	ships, S corporat	ions, and other	estates or trusts		8	
9	Short-Term Capital Gains and Losses - Assets Held One Year or Less (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (mo, day, yr) (c) Date sold (mo, day, yr) (d) Sales pnce (e) Cost (see p inst) Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 11 Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost (see p			9			
10						10	
11	Long-term capital loss carryover Enter the	ne amount, if any	\prime , from line 14 \circ	of the 2008 Capital Lo	ss		(
12	Net long-term gain or (loss). Combine line	es 6a through 11	l ın column (f)	Enter here and on li	ne 14a,	11	24.2
				<u> </u>		12	-24,047.
For I	Paperwork Reduction Act Notice, see the Inst	ructions for Form 1	1041.		Sch	nedul	e D (Form 1041) 2009

	Summary of Parts I and II		(4) Dam		12. =			- rage <u>s</u>
Pal	Summary of Parts I and II Caution: Read the instructions before completing this	oart.		eficiaries' page 5)	(2) Est			(3) Total
13	Net short-term gain or (loss)	13				-	i	59.
	Net long-term gain or (loss):						Ì	
а	Total for year	14a						-24,047.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)						Ì	
	28% rate gain	14c						
15	Total net gain or (loss). Combine lines 13 and 14a	15						-23,988.
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For	m 990	-T, Part I, II	ne 4a) If line	es 14a and 1	5, coli	umn (2), are net gains, go
	nt V, and do not complete Part IV If line 15, column (3), is a net loss, complete P	art IV	and the Cap	rtai Loss Ca	myover Work	sheet	, as n	ecessary
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	N4 1 1	4 5-4				ı	
						4.0	,	3,000)
Note	The loss on line 15, column (3) or b \$3,000 if the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	e i İır		 nm 990-T I		1055 (comp	lete the Capital Loss
Сату	over Worksheet on page 7 of the instructions to figure your capital loss carryove	r ,,	70 22 (07) 0	000 1,1			υσρ	cie ine ouphur 2003
Par	t V Tax Computation Using Maximum Capital Gains Rate	S						
Forn	n 1041 filers. Complete this part only if both lines 14a and 15 in colu	ımn (2	2) are gain	s, or an ar	nount is en	tered	in P	art I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	e tha	n zero					
Cau	tion: Skip this part and complete the worksheet on page 8 of the instruc-	ctions	ıf					
• B	other line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.							
	n 990-T trusts. Complete this part only if both lines 14a and 15 are	e gair	ns or qua	lified divid	ends are ir	neluda	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 work	sheet on p	age (8 of	the instructions if
eithe	er line 14b, col (2) or line 14c, col (2) is more than zero					-9-		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	17			F	[
18	Enter the smaller of line 14a or 15 in column (2)	٠, .					1	
	but not less than zero							
19	Enter the estate's or trust's qualified dividends							
	from Form 1041, line 2b(2) (or enter the qualified		^			,	1	
	dividends included in income in Part I of Form 990-T) 19						1	
20	Add lines 18 and 19					-		
21	If the estate or trust is filing Form 4952, enter the		7 1					
	amount from line 4g, otherwise, enter -0-					'	1	
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)		
					_	1	ł	
24	Enter the smaller of the amount on line 17 or \$2,300		24			34.8	:	
25	Is the amount on line 23 equal to or more than the amount on line 24					1 .	i	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box							
	No. Enter the amount from line 23		25			<		
26	Subtract line 25 from line 24		26					
27	Are the amounts on lines 22 and 26 the same?					/	1	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27] `	Ì	
						′		
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	<u> </u>	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate							
	(see the Schedule G instructions in the instructions for Form 1041) $_{\star}$					31	1	
32	Add lines 30 and 31					32	1	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate	Sch	edule for	Estates a	nd Trusts			
•	(see the Schedule Ginstructions in the instructions for Form 1041).					33	ļ	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h					_		
	G, line 1a (or Form 990-T, line 36)	<u> </u>	<u></u>			34	<u> </u>	

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

Department of the Treasury Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Name of estate or trust UNION SAVINGS BANK FOUNDATION, INC.

Employer identification number 06-1508286

t I Short-Term Capital Gains a		,	/d) Color area	(a) Cost or other has:	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
EDERAL HOME LOAN BANK -					
3.00%	09/10/2009	12/10/2009	25,000.	24,941.	51
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

Employer identification number

	(b) Date	s Held More Tha	(d) Sales price	(e) Cost or other basis	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(see page 4 of the instructions)	(f) Gain or (loss Subtract (e) from
P MORGAN & CO INC -					
6.250%	07/30/2007	01/15/2009	25,000.	25,376.	-3
IT GROUP INC - 5.200%	07/30/2007	07/16/2009	26,938.	49,715.	-22,7
EDERAL HOME LOAN BANK -					
4.25%	01/06/2003	11/13/2009	50,000.	50,896.	-8
SHARES TR BARCLYS 1-3YR	01/15/2007	12/07/2009	2.		
	01/13/2007	12/0//2009			
		-			
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				l	
Total. Combine the amounts in colum					-24,0

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side



心。 经完整。

Please save this application and submitivia email,

with your supporting documents as attachments to the email. If you send some materials separately

via mail please reference your organization is name

All requests must be received by August 31, 2010.

and the date you submitted the email

Todal of the

2010 Grant Application Form

Eligibility Requirements Include:

- Completed Grant Application
- Budget for the program in need of funding
- Most recent financial statement

All of the above should be submitted to usbfoundation@unionsavings.com

or mailed to Union Savings Bank Foundation, Inc. Attn Marie @ Neill PO Box 647

Danbury, CT 06813-0647

ORGANIZATION BACKGR	Ol	UND
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Organization Name [Type Here] Tax Identification Number [Type Here]											
Tax Identification Nu	mber [Type Here]										
Name of Executive D	irector [Type Here]										
List of Board of Direct Please limit your response	ctors onse to the visible space provided. If more room is required, submit an addition	al Word document									

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What geographical territory does your non-profit serve? [Type Here] Please provide us the names of any Union Savings Bank employees who currently volunteer with your agency. [Type Here] Has the organization received funding from Union Savings Bank Foundation in the past? If so, please provide the amount and year received. Amount [Type Here] Year [Type Here] Amount [Type Here] Year [Type Here] Year [Type Here] Amount [Type Here] Year [Type										
What geographical territory does your non-profit serve? [Type Here] Please provide us the names of any Union Savings Bank employees who currently volunteer with you [Type Here] Has the organization received funding from Union Savings Bank Foundation in the past? If so, please provide the amount and year received. Amount [Type Here] Year [Type Here] Amount [Type Here] Year [Type Here]										
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October 27, 2010

Mr. David A Birkins, CFO Union Savings Bank 225 Main Street Danbury, CT 06810

Dear David:

Enclosed are the original and one copy of the income tax returns for the period ended December 31, 2009 Union Savings Bank Charitable Foundation, Inc. as follows:

Form 990-PF – Return of Private Foundation

Connecticut Form PCURG-01 - Annual Charity Registration Application

The original of each of the above-mentioned returns should be dated and signed by an authorized officer of the Foundation in accordance with the filing instructions attached to the copy of the return. The copy is for your use and should be retained for your files.

As a public charity, the Foundation is required to follow certain IRS regulations related to public disclosure of records. A summary of those requirements is attached.

The return indicates that the foundation has excess distributions of \$\frac{\\$14,546}{\}\$ which may be used to reduce the Foundations' minimum distribution requirement for the year ended December 31, 2010. Based on the December 31, 2009 ending FMV of assets of \$\frac{\\$2,626,837}{\}\$, we expect the minimum distributable amount for December 31, 2010 to be about \$\frac{\\$129,400}{\}\$.

Very truly yours,

Jana B. Bacon, CPA Member of the Firm

Enclosures

www wolfandco com

PUBLIC INSPECTION REQUIREMENTS

Information reported on Forms 990-PF, 990-EZ, 990, including all attachments, must be available for public inspection under section 6104(b). This applies both to information required by the form and to voluntary information.

Managers must make the annual return available for inspection during regular business hours at the principal office of the foundation, or may give a free copy to any person requesting inspection. In accordance with IRC section 6104(d) and related regulations, an individual may request a copy of the annual return of the Foundation with all attachments, and schedules. The copy must be provided without cost except for a reasonable fee to cover reproduction and mailing costs. If the request is made in person, the copy must be provided immediately. If the request is made by letter, the copy must be mailed within 30 days. A request for a particular tax return must be made within three years from the date the return is due.

1	1										
		4-2009)								Page 2	
		e filing for an Additional									
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Name of Exempt Organization Type or UNITON CANADAGE PANK FOUNDARIES THE											
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extende due da	>d ∫	226 MAIN STREE	ET								
filing th	e į	City, town or post office, state, and ZIP code. For a foreign address, see instructions									
return :											
Check	k type	of return to be filed (F	ile a separate a	oplication for e	ach return)·			_			
		n 990	X Form 990-	•			Form 104	11-A	F	orm 6069	
	Form	990-BL	Form 990-	T (sec. 401(a) or 408(a) trust)		Form 472	20	Form 8870		
	Form	990-EZ		T (trust other			Form 522	27			
STOP		not complete Part II if				-month ex	tension on a	previously	filed	Form 8868.	
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Tel	ephor	ne No. ▶ 203 830-	-4200		FAX No ▶						
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	B	OSTON, MA 02110									

BOSTON, MA UZIIU

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	epartment of the Treasury ternal Revenue Service File a separate application for each return.								
If you are fi	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868									
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)									
		to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and cor	nplete					
Part I only									
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns									
one of the ret electronically i returns, or a co	turns not f (1) you omposite	. Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www irs gov/efile and click on e-file for Co.	er, you ca 990-BL, 6 d signed pa	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form					
Type or	Name o	Exempt Organization	Employer	identification number					
print	UN	ION SAVINGS BANK FOUNDATION, INC.	06-1	.508286					
File by the		street, and room or suite no. If a P.O. box, see instructions							
due date for filing your		6 MAIN STREET							
return See Instructions		n or post office, state, and ZIP code. For a foreign address, see instructions. NBURY, CT 06810							
Check type o	f return t	o be filed (file a separate application for each return)							
Form 990			m 4720						
Form 990			m 5227						
X Form 990-			m 6069						
X Form 990-	-PF	Form 1041-A For	m 8870						
Telephone If the organ	No ▶ _	care of DAVID BIRKINS 203 830-4200 FAX No David States, check this box Description of the Court Franches Number (CFN)		<u>—</u>					
		Return, enter the organization's four digit Group Exemption Number (GEN)		If this is					
		eck this box · ► If it is for part of the group, check this box · · ► ar nembers the extension will cover	id attach a	a list with the					
1 I reques	st an a	utomatic 3-month (6 months for a corporation required to file Form $\frac{08/15}{0.000}$, to file the exempt organization return for the organization return for the organization return for the organization return for ryear 2009 or	m 990-T) named al	extension of time bove The extension is					
		beginning , , and ending							
2 If this tax	-	or less than 12 months, check reason. Initial return Final return		in accounting period					
3a If this ap	plication	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any						
nonrefundable credits See instructions 3a \$ 316.									
	b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments								
	made Include any prior year overpayment allowed as a credit 3b \$ 2,551.								
	c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit								
instructio		n or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	m) See						
		g to make an electronic fund withdrawal with this Form 8868, see Form 8453-E0	O and Far-	3c \$					
for payment in:	_		Janu FOM	11 00/9-EU					
		perwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)					