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Department of the Treasury Internal Revenue Service

SCANNED MAY 21 2010

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

Fo	r ca	lendar	year 2009, d	or ta	x year begi	nning			, 2009	, and end	ing				, 20
G	Che	ck all t	hat apply.		Initial retur	'n		Initial return	of a former p	oublic cha	rıty			Final retu	rn
_				<u> </u>	Amended	return		Addre	ss change		Na Na	ame change			
_			Name of four	ndatio	on						Į,	A Employer ide	ntifica	ition number	•
Ų	lse th	ie IRS													
	lab		THE SEEI	LERI	r FOUNDA	MOIT	INC.				06-1601116				
(wise,	Number and	stree	et (or PO box	number if	mail is not	delivered to street	t address)	Room/su	ute	B Telephone number	r (see p	age 10 of the inst	ructions)
	or type.									1					
s	See Specific 51 WEST ROAD								<u> </u>		(<u> </u>		
	Instructions. City or town, state, and ZIP code				de					l'	C If exemption ap pending, check	plication here	on is	. ▶	
	NEW CANAAN, CT 06840-30										D 1 Foreign orga	nızatıo	ns, check here	. ▶ 🔲	
												2 Foreign orga 85% test, chi			
ዞ	_		-					empt private t			i			• • • • •	▶∟
T			1947(a)(1) nor					ner taxable pr				E If private found	lation s	status was term	nated
I			et value of all				-	ethod X C	ash Acc	rual		under section 5	07(b)(1)(A), check her	e. ▶∐
			m Part II, col				her (spe			- -		F If the foundation			_
		▶ \$			778.	· · · · · ·	column (d) must be or	i casn basis.)		<u> </u>	under section 5	07(b)(1		
E	art		sis of Reve					evenue and	(b) Net inve	estment	(c) Adjusted net		(d) Disbu	
		may r	not necessarily	едиа	al the amount	s in É		enses per books	incon			ıncome		purpo	oses
_			n (a) (see pag						ļ	·			-+	(cash ba	sis only)
	1		tions, gifts, grants,		eceived (attach sch ation is not requ					_			\dashv		
- [2	Check	attach	Sch E	В			7,489		7,489.			\dashv	ATCH	1
	3		on savings and		•	ı		15,074	1	$\frac{7,105}{5,074}$			\dashv	ATCH	
Ì	4		nds and intere					10,0,1	 		<u> </u>		- 	AICH	
			rents						 		<u>-</u>		-+		
			tal income or (los				-	-22,650	 		_		+		
Ę		Gross s	n or (loss) from : sales price for all		assets not on 355						 				
Revenue	7		on line 6a I gain net inco						 			 -	\dashv		
&	8	-	ort-term capita	-		· 1							_		
	9		e modifications	_									-		
		Gross sa	ales less returns	- 1						-		·			
ı	b		owances · · · · · · · · · · · · · · · · · · ·	- 1											
			profit or (loss)		ch schedule)					· -					
	11		income (attach					698		698.				ATCH	3
	12		Add lines 1 thi					611	2	23,261.			Ī		
٦	13	Compe	nsation of officer	rs, dire	ectors, trustees.	etc		0							
	14		employee sala												
ses	15	Pensio	on plans, empl	oyee	benefits	l									
	16a	Legal 1	fees (attach sc	hedul	le)										
찗	b	Accou	nting fees (att	ach s	chedule) ATC	H 4		5,200	<u> </u>	5,200.			2#		0
ě	С	Other	professional fe	es (a	attach schedu	le).*		9,548	·	9,548.		RECEIV	=	اب	
ם	17	Interes	st									NE S		10 3	
ist	18	Taxes (attach schedule)	(see p	page 14 of the ins	tructions)							-2 ♦	16 01	
盲	19	Depre	ciation (attach	sche	edule) and de	pletion.					181	MAI		18	
Ā	20		ancy			r					181		\Box	UT.	
_	21		, conferences,								ΙΙ,	OGDE	<u> </u>		
ā	22		g and publicat			í						- The same of the			· <u> </u>
Ę	23		expenses (atta								<u> </u>				
Pra	24		operating and					1 4 7 4 0			1		_ \		_
ă			nes 13 through					14,748	1	14,748.			0.		0
	25		butions, gifts,	-	· ·			62,050		A 340	<u> </u>		_		62,050
_	26_		penses and disbur	_		4 and 25		76,798		4,748.	 - -		0.		62,050
	27		ict line 26 fron					76 107			[
			of revenue over ex					-76,187	 	0 613	 				
			vestment inco			· · ·				8,513.	 	 ,	\dashv		
	C	Adjus	ted net incom	<u>e (ıf r</u>	negative, ente	r -0-)			l		l	-(<i>)</i> –		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 5 JSA 9E1410 1 0000 77YQKS L229 5/6/2010 11:52:29 AM V 09-6

Dart I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year		
r al U	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing		609.	609.	
2	Savings and temporary cash investments	176,901.	42,677.	42,677.	
3	Accounts receivable				
	Less: allowance for doubtful accounts ▶				
4	Pledges receivable				
-	Less: allowance for doubtful accounts ▶				
5	Grants receivable				
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 ▶				
_m 8	Inventories for sale or use				
Assets 0 9 0	Prepaid expenses and deferred charges				
8 10 a	Investments - U.S. and state government obligations (attach schedule)				
` t	nvestments - corporate stock (attach schedule) ATCH 6	461,082.	579,043.	694,355.	
١	Investments - corporate bonds (attach schedule) ATCH 7	144,544.	137,880.	140,137.	
11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)				
12	(attach schedule) Investments - mortgage loans			· · · · · · · · · · · · · · · · · · ·	
13	Investments - other (attach schedule)				
14	Land, buildings, and equipment basis Less accumulated depreciation				
15	(attach schedule) Other assets (describe				
16	Total assets (to be completed by all filers - see the	-			
1.0	instructions. Also, see page 1, item l)	782,527.	760,209.	877,778.	
17	Accounts payable and accrued expenses			····	
18	Grants payable				
	Deferred revenue				
<u>≅</u> 20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Mortgages and other notes payable (attach schedule)				
∄ 22	Other liabilities (describe				
23	Total liabilities (add lines 17 through 22)				
1	Foundations that follow SFAS 117, check here				
	and complete lines 24 through 26 and lines 30 and 31.				
හි 24	Unrestricted				
<u>E</u> 25	Temporarily restricted				
8 26	Permanently restricted				
힏	Foundations that do not follow SFAS 117,				
교	check here and complete lines 27 through 31. ▶ X				
ි 27	Capital stock, trust principal, or current funds				
<u>چ</u> 28	Paid-in or capital surplus, or land, bldg , and equipment fund	782,527.	760,209.		
Net Assets or Fund Balance	Retained earnings, accumulated income, endowment, or other funds	0.	0.		
≸ 30	Total net assets or fund balances (see page 17 of the				
2	instructions)	782,527.	760,209.		
31	Total liabilities and net assets/fund balances (see page 17				
	of the instructions)	782,527.	760,209.		
Part	Analysis of Changes in Net Assets or Fund E	Balances			
1 Tota	al net assets or fund balances at beginning of year - Part II,	column (a), line 30 (must	agree with	·	
	of-year figure reported on prior year's return)			782,527.	
2 Ent	er amount from Part I, line 27a		2	-76,187.	
3 Oth	er amount from Part I, line 27a er increases not included in line 2 (itemize) ▶ ATTACHI	MĖNT 8	3	53,869.	
4 Add	lines 1, 2, and 3			760,209.	
5 Dec	creases not included in line 2 (itemize) ▶	• • • • • • • • • • • • • • •			
	al net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II. column (h)		760,209.	
		(b),		Form 990-PF (2009)	

Part IV Capital Gains (a) List and	d describe the kind(s) of property sold (e	e.g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	rick warehouse; or common stock, 200 s	shs MLC Co.)	P-Purchase D-Donation	(mo., day, yr)	(mo , day, yr.)
SEE PART IV SCHE	DULE				<u> </u>
			 		<u> </u>
		<u> </u>			
	(A Depresenting allowed	(g) Cost or other basis		(h) Gain or (lo	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(e) plus (f) mini	
omplete only for assets s	howing gain in column (h) and own	ed by the foundation on 12/31/69	(1)	Gains (Col. (h) g	aın minus
(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	còl.	(k), but not less to Losses (from co	
			<u></u>		
Capital gain net income or	' (not conital loca)	gain, also enter in Part I, line 7	_		00 650
	("	(loss), enter -0- in Part I, line 7	2		-22,650.
	or (loss) as defined in sections 12		1 1		
	, line 8, column (c) (see pages 13 a				
	line 8		3	· · · · · · · · · · · · · · · · · · ·	
	the section 4942 tax on the distrib not qualify under section 4940(e).		ase репо	d? [Yes X N
	ount in each column for each year	·	efore mak	ung any entries	<u> </u>
(a)	(b)	(c)	T Trans	(d)	
Base period years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution r (col (b) divided by	
2008	77,233.	782,527.		((-)	0.098697
2007	72,990.	1,066,835.			0.090097
2006	70,591.	968,878.			
2005	67,813.	945,518.			0.068417
2004	60 630				0.068417 0.072859
	60,638.	960,326.		······································	0.068417
Total of line 1, column (d)		960,326.	2		0.068417 0.072859 0.071720 0.063143
		960,326.	2		0.068417 0.072859 0.071720 0.063143
Average distribution ratio)	960, 326.	2 3		0.068417 0.072859 0.071720
Average distribution ratio number of years the foun)	960, 326. the total on line 2 by 5, or by the than 5 years	3		0.068417 0.072859 0.071720 0.063143 0.374836 0.074967
Average distribution ratio number of years the foun Enter the net value of nor	for the 5-year base period - divide dation has been in existence if less ncharitable-use assets for 2009 fro	960, 326. the total on line 2 by 5, or by the than 5 years m Part X, line 5	3 4		0.068417 0.072859 0.071720 0.063143 0.374836 0.074967 0.
Average distribution ratio number of years the foun)	960, 326. the total on line 2 by 5, or by the than 5 years m Part X, line 5	3		0.068417 0.072859 0.071720 0.063143 0.374836
Average distribution ratio number of years the foun Enter the net value of nor Multiply line 4 by line 3	for the 5-year base period - divide dation has been in existence if less ncharitable-use assets for 2009 fro	960, 326. the total on line 2 by 5, or by the than 5 years m Part X, line 5	3 4 5		0.068417 0.072859 0.071720 0.063143 0.374836 0.074967 0.
Average distribution ratio number of years the foun Enter the net value of nor Multiply line 4 by line 3 Enter 1% of net investme	for the 5-year base period - divide dation has been in existence if less ncharitable-use assets for 2009 fro	960, 326. the total on line 2 by 5, or by the than 5 years m Part X, line 5	3 4 5		0.068417 0.072859 0.071720 0.063143 0.374836 0.074967 0.
Average distribution ratio number of years the foun Enter the net value of nor Multiply line 4 by line 3 Enter 1% of net investme Add lines 5 and 6	for the 5-year base period - divide dation has been in existence if less ncharitable-use assets for 2009 fro	960, 326. The total on line 2 by 5, or by the sthan 5 years The Part X, line 5	3 4 5 6 7		0.068417 0.072859 0.071720 0.063143 0.374836 0.074967 0. 0. 85.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e insi	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			85.	
	here X 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			<u>85.</u>	
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			85.	
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	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			<u>0.</u>	
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			<u>85.</u>	
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	
	participate or intervene in any political campaign?	1a		<u> </u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	Ì			
	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	l			
	published or distributed by the foundation in connection with the activities.	İ		.,	
C	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	i			
	(1) On the foundation ►\$(2) On foundation managers ►\$	ļ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers. ▶ \$	ĺ		v	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		_X	
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			· .	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5_			
_	If "Yes," attach the statement required by General Instruction T.	İ		l	
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		х		
-	conflict with the state law remain in the governing instrument?	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	7			
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ CT,	İ			
_		}			
b	and the same of the same section of the same s	_	х		
α	(or designate) of each state as required by General Instruction G? If "No," attach explanation	<u>8b</u>	^_		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ļ			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			х	
	27)? If "Yes," complete Part XIV	9			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			Х	
	names and addresses	10		Λ.	

Par	t VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requi	red (continued)		
5a	During the year did the foundation pay or incur any amou	nt to:				
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No	,	
	(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 No	,	
	(3) Provide a grant to an individual for travel, study, or oth				,	Ì
	(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 No	,	
	(5) Provide for any purpose other than religious, charitat	•				
	purposes, or for the prevention of cruelty to children o	•		Yes X No	,	
_	If any answer is "Yes" to 5a(1)-(5), did any of the trans-					
D	Regulations section 53 4945 or in a current notice regard				56	X
	Organizations relying on a current notice regarding disast			. [32]		
_	If the answer is "Yes" to question 5a(4), does the foundation			. ,		
С	• • •	•		Yes X No		
	because it maintained expenditure responsibility for the gr		• • • • • • • • • •		'	
	If "Yes," attach the statement required by Regulations sections					
6 a	Did the foundation, during the year, receive any funds, d	•	· • •	Yes X No		ļ
	on a personal benefit contract?			. — —		l v
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a p	personal benefit contrac	:t?	6b	X
	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a pa		•	•		
	If yes, did the foundation receive any proceeds or have a					X
Pai	t VIII Information About Officers, Directors and Contractors	, irustees, Foun	dation managers,	Highly Paid Empi	oyees,	
1	List all officers, directors, trustees, foundation m	anagers and their		page 22 of the instr	uctions).	
		(L) T ()				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expens	
	(a) Name and address	hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	
		hours per week		employee benefit plans and deferred compensation	other all	owances
ĀŤ	(a) Name and address TACHMENT 9	hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans	other all	
ĀŤ		hours per week		employee benefit plans and deferred compensation	other all	owances
ĀŤ	TACHMENT 9	hours per week		employee benefit plans and deferred compensation	other all	owances
ĀŤ	TACHMENT 9	hours per week		employee benefit plans and deferred compensation	other all	owances
ĀŤ	TACHMENT 9	hours per week		employee benefit plans and deferred compensation	other all	owances
ĀŤ	TACHMENT 9	hours per week		employee benefit plans and deferred compensation	other all	owances
	TACHMENT 9	hours per week devoted to position	0.	employee benefit plans and deferred compensation - 0 -	other all	owances
	TACHMENT 9 Compensation of five highest-paid employees (ot)	hours per week devoted to position	0.	employee benefit plans and deferred compensation — 0 —	other all	owances
	TACHMENT 9	hours per week devoted to position	0.	employee benefit plans and deferred compensation - 0 -	other all	owances
2	TACHMENT 9 Compensation of five highest-paid employees (ot)	hours per week devoted to position her than those inc (b) Title, and average	0.	e page 23 of the inst (d) Contributions to employee benefit	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position	0 .	employee benefit plans and deferred compensation - 0 -	other all	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (other mone, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -
2	TACHMENT 9 Compensation of five highest-paid employees (ot find none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position her than those inc (b) Title, and average hours per week	0 .	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	owances 0 -

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,	
Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, e	nter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compe	
NONE		
Total number of others receiving over \$50,000 for professional services	<u>▶</u>	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Exper	nses
1 N/A		
2	_	
3		
4		
		_
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amo	unt
1 NONE		
2		
All other program-related investments. See page 24 of the instructions		
3 NONE		
Total. Add lines 1 through 3		

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	I . I	
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	<u> </u>
C		1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Cubtraat line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum Investment return. Enter 5% of line 5	6	0.
Pa	The stributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ ☐ and do not complete this privation foreign organizations.	ate operating	
1	Minimum investment return from Part X, line 6	1	0.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 85.		
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	85.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	-85.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	-85.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		· · · · · · · · · · · · · · · · · · ·
	line 1	7	
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	62,050.
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.,		
_	nurnagag	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:	-	
а	Suitability test (prior IRS approval required)	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	62,050.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	85.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	61,965.
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		
	qualifies for the section 4940(e) reduction of tax in those years.		randallon

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	(d) 2009
•					0.
_	Undistributed income, if any, as of the end of 2009				
2	Enter amount for 2008 only			0.	
a	Total for pnor years 20 07 .20 06 .20 05		0.		
ь 3	Excess distributions carryover, if any, to 2009			-	
-	15,346.				
_	5-cm 2005 69,000.				
_	From 2006 71,000.				
d	From 2006 71,000. From 2007 31,726.				
_	From 2008 77, 350.				
	Total of lines 3a through e	264,422.			
•	line 4. ▶ \$ 62,050.				
а	Applied to 2008, but not more than line 2a			0.	
	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)				
đ	Applied to 2009 distributable amount				0.
	Remaining amount distributed out of corpus	62 , 050.			
5	Excess distributions carryover applied to 2009	0.			0.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	Indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	326,472.			
b	Prior 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				
ď	Subtract line 6c from line 6b Taxable		0.		
_	amount - see page 27 of the instructions Undistributed income for 2008. Subtract line		· · · · · · · · · · · · · · · · · · ·		
٠	4a from line 2a. Taxable amount - see page			0.	
	27 of the instructions			<u> </u>	
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2010.				0.
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 instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the	15,346.			
9	instructions)				
•	Subtract lines 7 and 8 from line 6a	311,126.			
10	Analysis of line 9:				
	Excess from 2005 69,000.				
b	Excess from 2006 71,000.]		•	
С	Excess from 2007 31,726.				
d	Excess from 2008				
е	Excess from 2009 62,050.				

_	If the foundation has					119) 1101	APPLICABL
	foundation, and the ruling						
b	Check box to indicate wh					4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006		
b	85% of line 2a						
c	Qualifying distributions from Part XII, line 4 for each year listed .						
d	Amounts included in line 2c not used directly for active conduct of exempt activities						
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c						
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter						
	(1) Value of all assets (2) Value of assets qualifying under section						
b	4942(j)(3)(B)(i). "Endowment' alternative test- enter 2/3 of minimum invest- ment return shown in Part X,						
c	"Support" alternative test - enter			 			
Ť	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)).						
	or royalties)						
	(3) Largest amount of sup- port from an exempt organization						
	(4) Gross investment income				d-4' b-d 65	000	
Pa		ary Information (C during the year - se			dation had \$5,	ov or mor	e in assets
1	Information Regardin		<u> </u>				
а	List any managers of before the close of any ATTACHMI	y tax year (but only if th	nave contributed mon ney have contributed	re than 2% of the to more than \$5,000). (tal contributions See section 507(d	received by th 1)(2))	e foundation
	List any managers of	the foundation who				qually large p	ortion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or great	er interest.		
	NONE	0 11 11 11	0.00				
2	Information Regardin Check here ► X if t unsolicited requests to organizations under of	the foundation only it for funds. If the foun	makes contributions dation makes gifts,	to preselected cha grants, etc (see pag	ritable organizati ge 28 of the ins	ons and does tructions) to i	not accept ndividuals or
а	The name, address, a	and telephone number	of the person to who	m applications should	be addressed:		
b	The form in which app	plications should be su	bmitted and informat	ion and materials the	ey should include.		
c	Any submission dead	ines					
d	Any restrictions or I factors:	ımıtations on awards	, such as by geog	raphical areas, chari	table fields, kınd	s of institutio	ns, or other

Form	990-PF (2009)			06-1601116	Page 11
Par	t XV Supplementary Information (co	ontinued)			
3	Grants and Contributions Paid Duri	ng the Year or Appr	oved for I	uture Payment	
	, Recipient	If recipient is an individual, show any relationship to	Foundation status of	T	0
	Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a	Paid during the year				
	,		ĺ		
Αſ	TTACHMENT 11			1	
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	Total				62,050.
h	Approved for future payment	1			32,053
	reproved to ratare payment	•			1
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		ļ		1	
		L			
	Total	<u> </u>	<u></u>	<u>▶ 3b</u>	
					Form 990-DE (2000)

Part XVI-	A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated.	Unrela (a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
1 Program	service revenue.	Business code	Amount	Exclusion code	Amount	the instructions)
a						
b						
c						
d						
е						
f						<u> </u>
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments				7 400	
	n savings and temporary cash investments			14	7,489.	
4 Dividend	Is and interest from securities			14	15,074.	
	al income or (loss) from real estate:					
	t-financed property					
b Not	debt-financed property					
6 Net renta	I income or (loss) from personal property .					
7 Other in	vestment income				00.550	
8 Gain or (oss) from sales of assets other than inventory	<u> </u>		18	-22,650.	
9 Net inco	me or (loss) from special events					
10 Gross p	rofit or (loss) from sales of inventory					
	venue: a					
b	ATTACHMENT 12					698.
c						
d						
е						
12 Subtotal	. Add columns (b), (d), and (e)			<u> </u>	-87.	698. 611.
Part XVI- Line No. ▼	Explain below how each active the accomplishment of the form	ty for wh	ich income is report	ed in colum	n (e) of Part XVI-A cor	
1	page 29 of the instructions.) NOT APPLICABLE					
1	NOT APPLICABLE					.
						
				*** . * *		
						
						
		.				
					· · · · · ·	
						
						
			 			
						
				-		
						
					<u>.</u>	
					-	
	<u> </u>			<u>.</u>		
			<u> </u>	<u> </u>		

Pa	rt XVII	Information F Exempt Orga		sfers To and Trans	action	s and Relationshi	ps With N	lonc	harit	table
1	ın sed	ction 501(c) of the Co	ode (other than see	age in any of the followiction 501(c)(3) organization	ns) or ir				Yes	No
а	organi; Transf	zations? ers from the reporting for	oundation to a nonch	arıtable exempt organization o	f·					
								1a(1)	<u> </u>	X
								1a(2)	 	X
b		transactions.						45.44		x
				nization				1b(1) 1b(2)		$\frac{x}{x}$
				prorganization				1b(3)	1	X
				· · · · · · · · · · · · · · · · · · ·				1b(4)		Х
								1b(5)		Х
	(6) Pe	erformance of services o	or membership or fund	Iraising solicitations					4	X
C				assets, or paid employees					<u></u>	X
d		=		" complete the following		- ·	=			
		-		given by the reporting						
	value	in any transaction of	snamy arrangeme	ent, show in column (d)	rue van	de of the goods, other	assets, or	Service	es re	ceivea.
(a) l	Line no	(b) Amount involved	(c) Name of noncl	haritable exempt organization	(d) [Description of transfers, trans-	actions, and shar	ng am	angeme	ents
		N/A			N/1	4				
										
					-					
		_			-					
	_				+					
	_						·			
					<u> </u>	·				
				·	ļ					
					 					
				· · · · · · · · · · · · · · · · · · ·	+					-
					-					
2a	ls the	foundation directly or	indirectly affiliated	with, or related to, one or	more ta	ix-exempt organizations	described in			
				c)(3)) or in section 527?			[Y	′es 🗌	X No
b	If "Yes	s," complete the following	g schedule							
		(a) Name of organization	n	(b) Type of organization		(c) Descri	ption of relations	ship		
						-				
									-	
		111	1 1 1 ,							
	Under	penalties of perjury, I decl	and that have examin	this return, including accomparer (other than taxpayer or fi	panying s	chedules and statements, an	d to the best o	f my I	knowle	dge and
	oellei,	n is true, confect, and conf	Plee Deplaration of the	eparer (other than taxpayer or ii	ductary) is	s based on all information of		r nas a	iny kno	wiedge
_		<u> </u>	W M W I		70/	17	Esidens			
ere	Si	gnature of officer or trustee			Date	Title	10			
Sign Here			1/hn 0	Date	. ~ -	Check if	Preparer's number (Se	ee Sian	ature c	nc
ig	arer's Only	Preparer's signature	// Y.L.X	<u> </u>	06	20 self-employed	_ page 30 of 1 P00059	the inst	ruction	s)
S	Paid Preparer's Use Only	Firm's name (or yours	ØASSMAN	& GOLODNY		EIN >	12 2202			
	Prep Use	self-employed), address		OTH STREET 15TH	FLOOR	CIN				
		and ZIP code	NEW YORK			10016 Phone	nn 212-2	21-	7067	

THE SEELERT FOUNDATION INC.

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Date Date sold Kind of Property Description acquired Gross sale Depreciation FMV Cost or Adj. basis Excess of Gain price less allowed/ other as of as of FMV over or expenses of sale allowable basis 12/31/69 12/31/69 adı basıs (loss) TOTAL CAPITAL GAIN DISTRIBUTIONS 986. RIDGE CLEARING 110,856. 843. 110,013. RIDGE CLEARING 243,569. 268,048. -24,479. TOTAL GAIN(LOSS) -22,650.

INVESTMENTS
CASH
INTEREST ON TEMPORARY CASH INVEST
NO
INTEREST
1
PART I
990PF,
FORM

NET INVESTMENT INCOME	716. 6,716. 762. 762. 11. 11.	7, 489.
REVENUE AND EXPENSES PER BOOKS	6,716. 762. 11.	7,489.
		TOTAL
DESCRIPTION	RIDGE CLEARING #541-25609 RIDGE CLEARING #541-25609 - OID INTERNAL REVENUE SERVICE	

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	ITIE	
	FROM	
	INTEREST	
	AND	
	DIVIDENDS	
	١.	
	PART	
	990PF,	
-	FORM	

	NET	INVESTMENT	INCOME	, C
REVENUE	AND	EXPENSES	PER BOOKS	150 31
			DESCRIPTION	#5/11-25600

15,074.

RIDGE CLEARING #541-25609

15,074.

TOTAL

15,074.

INCOME	
OTHER	
ı	l
Η	
PART	
990PF,	
FORM	

				#541-25609
_	-	_	DESCRIPTION	RIDGE CLEARING

AND EXPENSES PER BOOKS

_	9	
INVESTMENT	INCOME	
	.8 698.	

-		.869
ESTMENT	COME	
INVE	INC	

698.

698.

TOTALS

4,	
TACHMENT	
=	

CCOUNTING FEES	
Ä	
- Н	
PART	
990PF,	
ORM	-

CHARITABLE PURPOSES		0
ADJUSTED NET INCOME		0.
NET INVESTMENT INCOME	5,200.	5,200.
REVENUE AND EXPENSES PER BOOKS	5,200.	5,200.
		TOTALS
DESCRIPTION	GASSMAN & GOLODNY	

ATTACHMENT 5

	OTHER PROFESSIONAL FEES	
	ī	
	Н	
	PART	
	990PF,	
-	FORM	

NET INVESTMENT INCOME	9,288.
REVENUE AND EXPENSES PER BOOKS	9,288.
DESCRIPTION	INVESTMENT FEES LEGAL FEES

9,548.

9,548.

TOTALS

- CORPORATE STOCK

ΙΙ

PART

FORM 990PF,

DESCRIPTION

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ATTACHMENT ENDING

ENDING FMV

BOOK VALUE

692,427. 1,928.

577, 115. 1,928.

694,355.

579,043.

CORPORATE STOCKS ACÇRUED DIVIDENDS

TOTALS

PAGE 21

CORPORATE BONDS

ı

PART

990PF,

FORM

DESCRIPTION

ATTACHMENT 7

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138,352. 140,137. ENDING FMV ATTACHMENT 7 136,095. 1,785. 137,880. BOOK VALUE ENDING TOTALS FEDERAL AGENCY AND CORP. BONDS ACCRUED INTEREST

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

DESCRIPTION

AMOUNT

UNREALIZED GAIN

53,869.

TOTAL

53,869.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

COMPENSATION	0.	• 0	• 0	·o	• 0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT, TREASURER	SECRETARY	DIRECTOR	DIRECTOR	DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	ROBERT L. SEELERT 51 WEST ROAD NEW CANAAN, CT 06840-3011	SARAH P. SEELERT 51 WEST ROAD NEW CANAAN, CT 06840-3011	JOHN E. SEELERT 444 OENOKE RIDGE ROAD NEW CANAAN, CT 06840	PERRY D. SEELERT 45 MOLLBROOK DRIVE WILTON, CT 06897	STEPHEN M. SEELERT 8 HIDDEN MEADOW LANE NEW CANAAN, CT 06840	_

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ROBERT L. SEELERT SARAH P. SEELERT

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
_			
AMBLER FARM	NONE	CHARITABLE CONTRIBUTION	500.
257 HURLBUTT STREET	EXEMPT		
WILTON, CT 06897			
WEEKAPAUG FOUNDATION FOR CONSERVATION	NONE	CHARITABLE CONTRIBUTION	1,000
4 WAWALOAN DRIVE	EXEMPT		
WESTERLY, RI 02891			
WILTON LIBRARY ASSOCIATION	NONE	CHARITABLE CONTRIBUTION	1,000.
137 OLD RIDGEFIELD ROAD	EXEMPT		
WILTON, CT 06897			
_			
NEW CANAAN VOLUNTEER AMBULANCE CORPS	NONE	CHARITABLE CONTRIBUTION	25,000.
182 SOUTH AVENUE	EXEMPT		
NEW CANAAN, CT 06840			
STAYING PUT IN NEW CANAAN	NONE	CHARITABLE CONTRIBUTION	1,000.
58 PINE STREET	EXEMPT		
NEW CANAAN, CT 06840			
-			
UNION ARENA	NONE	CHARITABLE CONTRIBUTION	200
496 WOODSTOCK ROAD	EXEMPT		
WOODSTOCK, VT 05091			

17YQKS L229

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR		ATTACHMENT 11 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
			1
FIRST PRESBYTERIAN NURSERY SCHOOL	NONE	CHARITABLE CONTRIBUTION	3,000
238 DANBURY ROAD	EXEMPT		
WILTON, CT 06897			
OCEAN COMMUNITY YMCA	GNON	CHARITABLE CONTRIBUTION	. 200.
95 HIGH STREET	EXEMPT		
WESTERLY, RI 02891			
MEALS ON WHEELS	NONE	CHARITABLE CONTRIBUTION	200
PO BOX 231	EXEMPT		
NEW CANAAN, CT 06840			
-			
STAMFORD HOSPITAL	NONE	CHARITABLE CONTRIBUTION	700
30 SHELBURNE ROAD	EXEMPT		
STAMFORD, CT 06902			
SUMMER THEATRE OF NEW CANAAN	NONE	CHARITABLE CONTRIBUTION	1,000
237 ELM STREET	EXEMPT		
NEW CANAAN, CT 06840			
A BETTER CHANCE NEW CANAAN	NONE	CHARITABLE CONTRIBUTION	10,000.
P.O BOX 355	EXEMPT		
NEW CANAAN, CT 06840			

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77YQKS L229 5/6/2010

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

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR		ATTACHMENT 11 (CONT'D)
	DETAMINATION OF CHIDERANMINI CANTEDITION		•
			•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VESTIONS TRATEGUES IN NO.	MOME	CHARITABLE CONTRIBITION	250
ALLION RISIONICAL SOCIETI			
224 DANBURY ROAD WILTON, CT 06897	EXEMPT		
CAMP DUDLEY	NONE	CHARITABLE CONTRIBUTION	1,500.
126 DUDLEY ROAD	EXEMPT		
WESTPORT, NY 12993			
WAVENY CARE CENTER	NONE	CHARITABLE CONTRIBUTION	2,500.
3 FARM ROAD	EXEMPT		
NEW CANÀAN, CT 06840			
_			
GETABOUT, INC	NONE	CHARITABLE CONTRIBUTION	750
PO BOX 224	EXEMPT		
NEW CANAAN, CT 06840			
NEW CANADA COMMINITY FOINDATION	EX.CC	CHARITABLE CONTRIBUTION	2,000.
	ta Number		
NEW CANAAN, CT 06840			
NEW CANAAN LIBRARY	NONE	CHARITABLE CONTRIBUTION	1,000.
151 MAIN STREET	EXEMPT		
NEW CANAAN, CT 06840			

06-1601116

			ATTACHMENT 11 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF CONNECTICUT FOUNDATION	NONE	CHARITABLE CONTRIBUTION	1,500
2390 ALUMNI DRIVE	EXEMPT		
UNIT 3206			
STORRS, CT 06269			
STEPPING STONES MUSEUM	NONE	CHARITABLE CONTRIBUTION	250.
303 WEST AVENUE	EXEMPT		
NORWALK, CT 06850			
UNITED WAY OF RI	NONE	CHARITABLE CONTRIBUTION	1,500
229 WATERMAN STREET	EXEMPT		
PROVIDENCE, RI 02906			
_			
NEW CANAAN NATURE CENTER	NONE	CHARITABLE CONTRIBUTION	200
144 OENOKE RIDGE	EXEMPT		
NEW CANÀAN, CT 06840			
WESTERLY HOSPITAL FOUNDATION	NONE	CHARITABLE CONTRIBUTION	1,000
25 WELLS STREET	EXEMPT		
WESTERLY, RI 02891			
NEW CANAAN BASKETBALL ASSOCIATION	NONE	CHARITABLE CONTRIBUTIONS	1,600.
11 FARM ROAD	EXEMPT		
NEW CANAAN, CT 06840			

TOTAL CONTRIBUTIONS PAID

62,050

ATTACHMENT 11 PAGE 29

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FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

BUSINESS

AMOUNT

EXCLUSION

AMOUNT

ATTACHMENT 12

FUNCTION INCOME

.869

698.

TOTALS

MISCELLANEOUS PORTFOLIO INCOME

DESCRIPTION

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'SCHEDULE D (Form 1041)

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

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

Employer identification number

2009

12	column (3) on the back	<u> </u>	· · · · · · · · · · · ·		•	12	1,829.
4 ^							
• •	Carryover Worksheet			· · · · · · · · · · · ·		11	(
10 11	Gain from Form 4797, Part I	amount if any	from line 14 c	the 2008 Capital a		10	
9	Capital gain distributions		• • • • • • • •			9	986.
8	Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts		8	
7	Long-term capital gain or (loss) from Form	ns 2439, 4684, 6	6252, 6781, an	d 8824		7	
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b			6b	843.
			<u> </u>				
				· · · · · · · · · · · · · · · · · · ·			
6a					, mondouding		ozorizot (o) nom (c)
	(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 (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
Pai	column (3) on the back				<u> ▶</u>	5	-24,479.
5	Carryover Worksheet	es 1a through 4	ın column (f).	Enter here and on li		4	(
3 4	Net short-term gain or (loss) from partners Short-term capital loss carryover. Enter the					3	
2						2	
2	Short-term capital gain or (loss) from Form					•	
ь	Enter the short-term gain or (loss), if any, f	rom Schedule D	-1, line 1b			1b	-24,479.
						,	
							
1a				 -			<u> </u>
	(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 (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
Note Par	e: Form 5227 filers need to complete only Pa		Held One Ye	ar or Less	··		
	THE SEELERT FOUNDATION INC.				06-16011		

. • Schedi	ule D (Form 1041) 2009					Page 2
Part			(1) Beneficiarie	es' (2) Esta	ite's	-
	Caution: Read the instructions before completing this p	part.	(see page 5)			(3) Total
3	Net short-term gain or (loss)	13				-24,479.
	Net long-term gain or (loss):					
а	Total for year	14a				1,829.
b		14b				
С		14c			_	
	Total net gain or (loss). Combine lines 13 and 14a ▶					-22,650.
Note:	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For t V, and do not complete Part IV If line 15, column (3), is a net loss, complete Pa	m 990-	T, Part I, line 4a) i	If lines 14a and 15 Carryover Works	, colu	mn (2), are net gains, go
Part		271.74.0	THE THE CONTRACT COST	- Carryo vor vvorna		to necessary
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I lu	ne 4c if a trust) th	e smaller of		-
			· ·		16	(3,000)
lote:	If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	i, im	22 (or Form 990	-T, line 34), is a k	oss, c	omplete the Capital Loss
	wer Worksheet on page 7 of the instructions to figure your capital loss carryover					
Part						
	1041 filers. Complete this part only if both lines 14a and 15 in colu			n amount is ent	ered	in Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor on: Skip this part and complete the worksheet on page 8 of the instruc					
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or					
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	990-T trusts. Complete this part only if both lines 14a and 15 are					
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pair line 14b, col. (2) or line 14c, col. (2) is more than zero.	rt and	complete the w	orksheet on pa	age 8	of the instructions if
7	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	17			
	Enter the smaller of line 14a or 15 in column (2)	٠, .	· · · · 			
	but not less than zero					
	Enter the estate's or trust's qualified dividends		 			
	from Form 1041, line 2b(2) (or enter the qualified				l	
	dividends included in income in Part I of Form 990-T) 19		1 1	l l		
	Add lines 18 and 19					
	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			
≥4	Enter the smaller of the amount on line 17 or \$2,300		24			
	Is the amount on line 23 equal to or more than the amount on line 24					
	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 1			
	Yes. Skip lines 27 thru 30, go to line 31	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		1	
30	Subtract line 28 from line 27				30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate			e and Truete	30	
• •	(see the Schedule Ginstructions in the instructions for Form 1041).				31	
2 2	Add lines 20 and 21				20	
32 33	Add lines 30 and 31			ond Trusts	32	
J	Figure the tax on the amount on line 17. Use the 2009 Tax Rate (see the Schedule Ginstructions in the instructions for Form 1041).				22	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 is		nd on Form 104		33	
J 7	G line 1a (or Form 990-T line 36)	1016 9	na on Foill 104	+ i, Scriedule	34	

SCHEDULE D-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

Name of estate or trust

THE SEELERT FOUNDATION INC.

Employer identification number 06-1601116

(a) Decorption of amounts (Evample	(b) Date	(c) Date sold	r or Less (d) Sales price	(e) Cost or other basis	(A Cain or flore)
(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 (
RIDGE CLEARING			243,569.	268,048.	-24,47
· · · · · · · · · · · · · · · · · · ·					
	-				
					

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

Schedule D-1 (Form 1041) 2009

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . .

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

Employer identification number

Part II Long-Term Capital Gains a (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 pnce (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)
a RIDGE CLEARING	(mo, day, yr)		110,856.	110,013.	843
VIDGE CREWIING			110,030.	110,013.	040
				•	
· · · · · · · · · · · · · · · · · · ·					
	-				
6b Total. Combine the amounts in colu	umn (f) Enter here a	and on Schedule D	, line 6b		8 4 3 D-1 (Form 1041) 20