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## **EXTENSION ATTACHED**

Form **990-PF** 

## **Return of Private Foundation**

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

OMB No 1545-0052

			i <b>reated as a Privat</b> be able to use a copy of this			orting requirements.	2009
For ca	alen	dar year 2009, or tax year beginning	· · · · · · · · · · · · · · · · · · ·	, and e			
G CI	neck	all that apply: Initial return Amended return	Initial return of a fo		charity	Final return Name change	
	bel.		LE TRUST			A Employer identification	number
p	rint type	Number and street (or PO box number if mail is not do 249 MAIN ST			Room/suite	B Telephone number 914-273-530	00
Instru	uctio	ine   City of town, State, and ZIP code	-5608 cempt private foundation			D 1. Foreign organizations, 2. Foreign organizations mee check here and attach con	check here
	r ma	rket value of all assets at end of year   J   Account	Other taxable private founds ng method: X Cash ther (specify)	ation Acci	ual	E If private foundation statu under section 507(b)(1)(	us was terminated A), check here
		946, 290. (Part I, colu		basis.)		F If the foundation is in a 6 under section 507(b)(1)(	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	1	Contributions, gifts, grants, etc., received				N/A	·
	2 3 4	Check X of the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities	44,953.	4	4,953		
	•	Gross rents		· · · · · · · · · · · · · · · · · · ·			
		Net rental income or (loss)			· · ·		
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					
eve	7	Capital gain net income (from Part IV, line 2)			0	•	
-	8	Net short-term capital gain			· · · · · · · · · · · · · · · · · · ·		<del></del>
	9 10a						<u> </u>
		Gross profit or (loss)					
1	11	Other income					
	12	Total. Add lines 1 through 11	44,953.	4	4,953		
	13	Compensation of officers, directors, imstees, etc	0.		0		0.
1	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
_ Se	16a	Accounting fees NOV 2 2 2010				<del>                                     </del>	· <del></del>
ğ	D	Other professional fees					·
e H	17	Interest OGDEN, UT					
a <u>ţ</u> i	18	Taxes UGDLIV, UT	1,000.		0		0.
list	19	Depreciation and depletion					
喜	20	Occupancy					
Α̈́	21	Travel, conferences, and meetings					
ä	22	Printing and publications					<u> </u>
ij	23	Other expenses			<del></del>	<del>-</del>	· · · · · · · · · · · · · · · · · · ·
Operating and Administrative Expenses	24	Total operating and administrative	1,000.		0		0.
ŏ	25	expenses Add lines 13 through 23 Contributions, gifts, grants paid	48,250.			•	48,250.
		Total expenses and disbursements.					
ľ		Add lines 24 and 25	49,250.		0	<b>.</b>	48,250.
	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	-4,297.				
	b	Net investment income (if negative, enter -0-)		4	4,953		
l	C	Adjusted net income (if negative, enter -0-)	1			N/A	

923501 02-02-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2009)

TRUST

06-1602789

Page 2

Form **990-PF** (2009)

HOBBS FAMILY CHARITABLE

48,250.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	990-PF (2009) HOBBS FAMILY CHARITABLE TRUST	\ <u>\</u>	4040/b\ 4			1602			'age 4
	rt VI Excise Tax Based on Investment Income (Section 4940	_		940(e), or 4	940	- See II	istru	Cuoi	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and en			Ì					
	Date of ruling or determination letter: (attach copy of letter if nece							_	• •
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	ـــا	and enter 1%	P	_1_			8	<u>99.</u>
	of Part I, line 27b			l	·	1			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% $$			. (b) ノ					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers er	nter -0-)		2	ļ			0.
_	Add lines 1 and 2				3_			8	99.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	hers e	nter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	ļ		<u>8</u>	<u>99.</u>
6	Credits/Payments:	1	ı						
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a		1,002.		1			
b	Exempt foreign organizations - tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d	<u> </u>	- <del></del>					
	Total credits and payments. Add lines 6a through 6d				7				02.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attack	ched			8				<u>12.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			•	9	ļ			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			, •	10	_			<u>91.</u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax		91.	Refunded >	11	<u> </u>			0.
	rt VII-A Statements Regarding Activities								<del></del>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation o	or did it partici	pate or intervene	IN			Yes	
	any political campaign?						_1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos						1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	І соріє	es of any ma	tenals publishe	d or				
	distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?						1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:		_					
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers.			0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture ta:	x imposed on	foundation				!	
	managers. ► \$ 0 .								
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?					2		<u> X</u>
	If "Yes," attach a detailed description of the activities.						1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in		ient, articles o	f incorporation, o	or		١.		77
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	_					3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?			ν.	T / 7	4a		<u>X</u>
_	If "Yes," has it filed a tax return on Form 990-T for this year?				1/	1/A	4b	<del></del>	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.	th are					1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied er	mer.							
	By language in the governing instrument, or  But the language in the governing instrument or that no mondators	, diroo	tions that oan	flict with the ctati	a law				
	By state legislation that effectively amends the governing instrument so that no mandatory	y un ec	lions mai con	IIICI WILII LIIE SLAL	s law		6		x
_	remain in the governing instrument?						7	Х	
1	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  Enter the states to which the foundation reports or with which it is registered (see instruction).	ne) 🕨							
6a	CT	113)							
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General (or o	lesignate)			1		
•	of each state as required by General Instruction G? If "No," attach explanation	•	•	•			8b	X	<u></u>
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 4	942(j)(3) or 4	942(j)(5) for cale	endar				
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," c						9	<u> </u>	<u>x</u>
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu			d addresses			10	<u> </u>	<u> </u>
						For	m <b>990</b>	-PF	(2009)

	990-PF (2009) HOBBS FAMILY CHARITABLE TRUST 0  Int VII-A   Statements Regarding Activities (continued)	<u>6-16027</u>	89	F	Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			$\overline{}$	
• •	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	-	-	-	
-	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			X	
	Website address ► N/A	_			
14	The books are in care of ▶ MICHAEL D. HOBBS Telephone no. ▶	203-966	<u>-50</u>	91	
		IP+4 <b>▶</b> 068			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
		15	N/	<u>A</u>	
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	_		es_	No
1a	During the year did the foundation (either directly or indirectly):			[	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No	1	ł	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	_		İ	
	· · · · · · · · · · · · · · · · · · ·	X No			
	(-,,,,,,	X No		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	· · · ·	X No	ļ		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No'			}	
	ıf the foundation agreed to make a grant to or to employ the official for a period after	_			
	termination of government service, if terminating within 90 days.)	X No	ļ		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		İ		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			ľ	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			- 1	
	before the first day of the tax year beginning in 2009?	-	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		Ì		
	defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
	before 2009?	X No		ı	
	If "Yes," list the years 🛌 ,, ,,				
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		ĺ	- {	
	statement - see instructions.)	N/A	<u>2b</u>		
C	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
	<u> </u>		1	ļ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	. I	1	1	
		X No			
b	of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose		1	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	NT / 3	.		
	Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b	-	<u>v</u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>,,</u>	4a	-	<u>X</u> _
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the	Idl	45		v
	UDG DOOD FORMOVED FORM REPORTED TO THE TIFET ASM OF THE TOWN OF TH				

orm 990-PF (2009) HOBBS FAMILY CHARITABLE			<u>06-16027</u>	89	Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				7	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		i
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			-	- }
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		ŀ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
the prevention of cruelty to children or animals?	,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				İ
section 53.4945 or in a current notice regarding disaster assistance (see instru		<b></b>	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•				+-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		İ	
expenditure responsibility for the grant?		I/A □ Y€	s 🗀 No		
If "Yes," attach the statement required by Regulations section 53 494		.,			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	e-A Erennenne en		s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	٠٠ ـــــ		6b	X
If "Yes" to 6b, file Form 8870.					<del> </del>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attribute			· · · · -	7b	_
Port VIII Information About Officers, Directors, Trust		nagers, Highly			
List all officers, directors, trustees, foundation managers and their		14 > 00=======	(d) Cook but and		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E   accou	xpense int, other
<u> </u>	to position	(If not paid, enter -0-)	compensation	allov	vances
	TRUSTEE				
249 MAIN STREET		_ '			_
NEW CANAAN, CT 06840	0.00	0.	0.		<u> </u>
	TRUSTEE		1:	}	
249 MAIN STREET				İ	_
NEW CANAAN, CT 06840	0.00_	0.	0.		<u> </u>
				ļ	
<u> </u>					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
Compensation of tive highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) F	xnense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	xpense int, other wances
MONTE	devoted to position		compensation	anov	varices
NONE					
				<del> </del>	
		<del>                                     </del>		<del>                                     </del>	
<del></del>					
		<del> </del>			
Cotal number of other employees hald over \$50 000		<u> </u>		L	

Form 990-PF (2009) HOBBS FAMILY CHARITABLE TRUST	06-1602	789 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highl Paid Employees, and Contractors (continued)		_
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of seri	vice	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>_</b>	0
Part IX-A Summary of Direct Charitable Activities	<del>- 1</del>	
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 beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 PLEASE NOTE THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT		
CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT,		_
BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNA	L _	0.
2 REVENUE CODE SECTION 501(C)(3)		
		0.
2	<del>-  </del>	<u> </u>
3		
4		<del></del>
Part IX-B Summary of Program-Related Investments		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1N/A		
2		
All other program-related investments. See instructions.		<del> </del>
3		
Total, Add lines 1 through 3	<b>&gt;</b>	0.

P	art X Minimum Investment Return (All domestic foundations	must complete this pa	rt. Foreign foui	ndations, see	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charita	hle. etc ournoses'			
а	Average monthly fair market value of securities	,, ,, ,		1a	952.740.
b	Average of monthly cash balances			1b	952,740. 30,994.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	983,734.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	983,734.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt, see instructions)		4	14,756.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and			5	968,978.
6_	Minimum investment return. Enter 5% of line 5	·		6	48,449.
P	part XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here  and do not complete this part	**** * * * * * * * * * * * * * * * * * *	g foundations ar	nd certain	
1	Minimum investment return from Part X, line 6		-	1	48,449.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	899.		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b		}	
C	Add lines 2a and 2b			2c	899.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	47,550.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	47,550.
6	Deduction from distributable amount (see instructions)			6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	<u>47,550.</u>
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	urposes:			
ā	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	48,250.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charit	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,	and Part XIII, line 4		4	48,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment			
	income. Enter 1% of Part I, line 27b			5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	48,250.
	Note: The amount on line Cavill be used in Port V, column (b), in subarguent years	when coloulating whatha	the foundation	auglifica for th	a continu

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		·	<del></del>	
line 7				47,550.
2 Undistributed income, if any, as of the end of 2009	······ · · · · · · · · · · · · · · · ·			
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years:				-
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005 443.				
c From 2006 18,215.				
4 From 2007 6,098.				
e From 2008 2,565.				
f Total of lines 3a through e	27,321.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 48,250.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				47,550.
e Remaining amount distributed out of corpus	700.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.		<u> </u>	0.
6 Enter the net total of each column as indicated below:		3		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	28,021.		1	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	·		<del></del>	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract	- 1			
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)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	28,021.			
10 Analysis of line 9:				
a Excess from 2005 443.				
<b>b</b> Excess from 2006 18, 215.				
c Excess from 2007 6,098.				
d Excess from 2008 2,565.				
e Excess from 2009 700.				5 . 000 DE (0000)

Form 990-PF (2009) HOBBS F	'AMILY CHARI	TABLE TRUS	r	06-16	02789 Page 10
Part XIV   Private Operating F			II-A, question 9)	<del></del>	
1 a If the foundation has received a ruling of			0.1	106101	
foundation, and the ruling is effective fo		-		/26/01	
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	(4) 0000	(a) T-4-1
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		i	}		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c		]			
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			<del> </del>		
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:			1		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)		<u> </u>			
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 or me	ore in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:	-			
a List any managers of the foundation wh		than 2% of the total cor	itributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed i			-		-
MICHAEL D. HOBBS_					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large por	tion of the ownership of a p	artnership or
NONE	io a 1070 or grouter intere	<b>.</b>			
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship, etc., F	rograms:		
Check here ► X if the foundation				not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<del>`</del>	·	<del> –</del> —	_ <del></del>	
N/A	iber of the person to who	m apphoanono onouna o			
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they	should include:		
N/A					
c Any submission deadlines: N/A					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors:	
N/A					

3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
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				
		'		
	,			
		ļ		
			}	
		ı		
				•
SEE STATEMENT 3			<b>▶</b> 3a	48,250.
b Approved for future payment		· · · · · · · · · · · · · · · · · · ·		20,230.
., ,				
NONE				
NONE				
	}			
		1		
		L	<b>&gt;</b> 3b	0.
Total			<b>▶</b> 3b	ı U.

## Part XVI-A **Analysis of Income-Producing Activities**

nter gross a	mounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
	service revenue:	(a) Business code	( <b>b)</b> Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Scivice revenue.	Code		-		
			·			
_						
f						
g Fees a	nd contracts from government agencies					
2 Members	hip dues and assessments					
3 Interest o	n savings and temporary cash					
investmer		\	<del></del>	-		44,953.
	and interest from securities					·
	income or (loss) from real estate:			<del>-</del>		
	inanced property			<del>  -</del> -		
	ebt-financed property		<del></del>	-		
	income or (loss) from personal	1				
property	estment income			<del> </del>		
	oss) from sales of assets other	-		<del>                                     </del>		
than invei	•					
	ne or (loss) from special events	<del></del>		<del>                                     </del>		
	of the or (loss) from sales of inventory		<del></del>			
11 Other reve	•					
e				ļ		
	Add columns (b), (d), and (e)		0.	<u> </u>	<del></del>	44,953. 44,953.
	d line 12, columns (b), (d), and (e)				13	44,953.
	eet in line 13 instructions to verify calculations.)					<del></del>
Part XV	· · · · · · · · · · · · · · · · · · ·					
Line No.	Explain below how each activity for which incor			contrit	buted importantly to the accon	plishment of
<b>V</b>	the foundation's exempt purposes (other than b	by providing in	ilus ioi sucii purposes).			
P	I/A					
			<del></del>		<del></del>	
	<del></del>		<u> </u>			
	<del></del>					
<del></del>						<del></del>
		<u> </u>				
						<del></del>
		<u> </u>				

		F (2009) HOBBS	FAMILY CHARITA	ABLE TRUST	06-160	2789	Pa	ge 13
Pa	art X\		egarding Transfers To		nd Relationships With Nonch			<u> </u>
1	Did th	<del></del>	rectly engage in any of the followi	ing with any other organization	n described in section 501(c) of	_	Yes	No
			)(3) organizations) or in section 5	• •	• •			
a	Trans	fers from the reporting founda	ation to a noncharitable exempt o	rganization of:		l		
	(1) C	ash				1a(1)		Х
	(2) 0	ther assets				1a(2)		X
b	Other	transactions:						
	(1) S	ales of assets to a noncharita	ble exempt organization			1b(1)		X
	(2) P	urchases of assets from a no	ncharitable exempt organization			16(2)		X
	(3) R	ental of facilities, equipment,	or other assets			1b(3)		X
		eimbursement arrangements				1b(4)		X
		oans or loan guarantees				1b(5)		X
			mbership or fundraising solicitati			1b(6)		X
		•	iling lists, other assets, or paid er	•		1c	لـــا	<u> </u>
đ					rays show the fair market value of the goods		ets,	
			other assets, or services received		e in any transaction or sharing arrangement,	Snow in		
(a)	ine no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transactions, an	d charing an	zan dem e	
(-).		(b) / modification of	N/A	10 Oxompt organization	(a) bososphon or marsicus, dansactions, an		angenie	
	-		N/A					
_				<del></del>				
					<u> </u>			
					l			
	ın sec	tion 501(c) of the Code (othe	tly affiliated with, or related to, on r than section 501(c)(3)) or in second		ations described	Yes	X	] No
	ii Yes	s," complete the following sch (a) Name of org		(b) Type of organization	(c) Description of relation	nship		
—		N/A	Janie Call Off	(a) Typo of organization	(e) Description of feliation	пр		
		IN/A		<del> </del> -				
								-

s return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, refuturiary) is based on all information of which preparer has any knowledge and com 11/13/10 Sign Here Signature of officer or trustee Date Date Check if self11/09/10 employed ► Preparer's identifying number Preparer's P00234623 signature BURRUANO DOLAN/GLASER, LLP 200 BUSINESS PARK DRIVE - STE. ARMONK, NY 10504 06-1138540 EIN 🕨 Firm's name (or yours 307 if self-employed). address, and ZIP code <u>914-273-5300</u> Phone no.

Form **990-PF** (2009)

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
MORGAN STANLEY SMITH BARNEY			-	44,953.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	-	44,953.
FORM 990-PF	TAX	ES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
EXCISE TAXES	1,000.	0.		0.
<del>-</del>		0.		0.

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 3
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALZHEIMERS ASSOCIATION	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	5,000.
AMERICAN INSTITUTE OF PHILANTHROPY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	50.
AMERICAN MUSEUM OF NATURAL HISTORY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	195.
AMERICAN RED CROSS	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
AMERICARES	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	250.
CONNECTICUT PUBLIC BROADCASTING	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
DAVIDSON COLLEGE	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	1,000.
FAIRFIELD CTY COMMUNITY FOUNDATION	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.

HOBBS FAMILY CHARITABLE TRUST			06-1602789
FAMILY CENTERS	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	3,000.
FAMILY REENTRY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
FINCA	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	50.
GETABOUT INC.	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
GREENWICH HOSPITAL	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
FIRST PRESBYTERIAN CHURCH	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	1,200.
JOHN HOPKINS UNIVERSITY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	6,000.
KENT SCHOOL	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	3,395.
MEALS ON WHEELS	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
METROPOLITAN MUSEUM OF ART	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	190.

HOBBS FAMILY CHARITABLE TRUST			06-1602789
MULTIPLE MYELOMA RESEARCH FD	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	800.
NATIONAL JEWISH HEALTH	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	2,000.
NEW CANAAN ATHLETIC BOARD	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	75.
NEW CANAAN COMMUNITY FOUNDATION	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	5,500.
NEW CANAAN FIRE CO, NO. 1	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
NEW CANAAN HISTORICAL SOCIETY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	450.
NEW CANAAN ICE HOCKEY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	200.
NEW CANAAN LIBRARY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	1,525.
NEW CANAAN NATURE CENTER	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	305.
NEW CANAAN PBA	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.

HOBBS FAMILY CHARITABLE TRUST			06-1602789
NEW CANAAN SPORTS COUNCIL	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	50.
NEW CANAAN VOLUNTEER AMBULANCE	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	5,000.
NEW CANAAN YMCA	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.
NEW YORK BOTANICAL GARDEN	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	120.
NEW YORK PRESBYTERIAN	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	1,000.
NORWALK HOMELESS SHELTER	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	250.
NORWALK HOSPITAL FOUNDATION	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.
NTMIR	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	50.
OPERATION FUEL	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
PACE ACADEMY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	250.

HOBBS FAMILY CHARITABLE TRUST			06-1602789
PICTURE THE HOMELESS	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	140.
RAINFOREST ALLIANCE	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.
ROTARY CLUB OF NEW CANAAN	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.
SHELTER FOR THE HOMELESS	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	350.
STAMFORD HOSPITAL FOUNDATION	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.
STAYING PUT IN NEW CANAAN	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
STEPPING STONES MUSEUM FOR CHILDREN	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	180.
VNHC	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
WAVENY CARE CENTER	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	2,000.
WILDLIFE CONSERVATION SOCIETY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	120.

HOBBS FAMILY CHARITABLE TRUST			06-1602789
YANKEE INSTITUTE FOR PUBLIC HEALTH	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	200.
VARIOUS ORGANIZATIONS	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	175.
ROTARY INTERNATIONAL FOUNDATION	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	250.
WHITNEY MUSEUM OF AMERICAN ART	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	80.
WILMER EYE INSTITUTE	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	1,000.
HAMILTON AVENUE SCHOOL PTA	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.
THE NEW CANAAN CHRISTMAS TREE FUND	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
NORTHEAST NEW HANOVER CONSERVANCY	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
US LACROSSE FOUNDATION	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
SILVER HILL HOSPITAL	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.

HOBBS FAMILY CHARITABLE TRUST			06-1602789
TOWN OF NEW CANAAN CANINE FUND	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	100.
OPEN DOOR SHELTER	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	250.
MARYVILLE COLLEGE	NOT APPLICABLE UNRESTRICTED CONTRIBUTION	501C3	500.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	_	48,250.

Form 8868 (Rev. 4	2009)			Page 2
If you are filing	for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	<u> </u>		<b>▶</b> X
	lete Part II if you have already been granted an automatic 3-month extension on a previously filed l		3868	
	for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II A	dditional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded).	
Type or Nam	e of Exempt Organization	Empl	oyer identi	fication number
print HOB	SS FAMILY CHARITABLE TRUST	0	6-1 <u>60</u> 2	789
extended Num	per, street, and room or suite no. If a P O box, see instructions  MAIN ST	For IF	RS use only	
return See City,	town or post office, state, and ZIP code. For a foreign address, see instructions.			
Check type of re Form 990 Form 990-	turn to be filed (File a separate application for each return):  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-PF  Form 990-T (trust other than above)  Form 4720	=	rm 5227 rm 6069	Form 8870
STOP! Do not co	mplete Part II if you were not already granted an automatic 3-month extension on a previous	ly file	d Form 88	68.
Telephone No  If the organiza  If this is for a limit to the limit this is for a limit to the l	MICHAEL D. HOBBS In the care of ▶ 249 MAIN STREET, NEW CANAAN, CT - 0684  ▶ 203-966-5091  FAX No. ▶  Ition does not have an office or place of business in the United States, check this box  Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all representations are year 2009, or other tax year beginning, and ending, and ending, and ending, and why you need the extension Initial return Final return CONAL_INFORMATION_NEEDED_TO_PREPARE_A_COMPLETE_AN	s is for	ers the exte	ension is for.  - accounting period
	cation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any lible credits. See instructions	8a	\$	0.
tax payme	cation is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated include any prior year overpayment allowed as a credit and any amount paid			1 000
	with Form 8868.	_8b	\$	1,002.
	ue. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		<b>.</b>	0.
with FID c	pupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions   Signature and Verification	8c_	_\$	
Under penalties of it is true, correct, a Signature ▶	oerjury, I declare that I have examined this form, including accompanying schedules and statements, and to the domplete, and that I am authorized to prepare this form.  Title	best o		ige and belief,
Signature -	Title -	Date		

Form **8868** (Rev. 4-2009)