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Fprm **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For calen	dar year 2009, or tax yea	r beginning		, and ending		
G Check	all that apply:	Initial return		rmer public charity	Fınal returi	1
-		Amended return	Address chang	ge L_	Name change	
Use the	IRS Name of foundation				A Employer identification	n number
label.		מסנואוו) א מסנ	ON		06-6444816	•
Otherwi: print		ER FOUNDATI O box number if mail is not de	·	Room/suite	B Telephone number)
or type	· ·			1.1.4	203-453-00	17.2
See Spe	City or town, state, a			I	C If exemption application is	
Instructio	GUILFORD,				D 1 Foreign organization	
H Check	type of organization:		empt private foundation		2 Foreign organizations mocheck here and attach of	eeting the 85% test, omputation
X Se	ction 4947(a)(1) nonexem	npt charitable trust	Other taxable private founda	tion	E If private foundation sta	
I Fair ma	arket value of all assets at e	end of year J Accounti	ng method: X Cash	Accrual	under section 507(b)(1	
•	Part II, col. (c), line 16)		her (specify)		F If the foundation is in a	
▶\$ Part I			mn (d) must be on cash b		under section 507(b)(1	4.11
Part	The total of amounts in colu- necessarily equal the amoun	mns (b) (c) and (d) may not its in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grant				N/A	
2	Check X If the foundation					
3	Interest on savings and tempor		20.	20.		STATEMENT 1
4	Dividends and interest fro Gross rents	om securities	9,594.	9,594.		STATEMENT 2
l l	Net rental income or (loss)					
6a	Net gain or (loss) from sale of	assets not on line 10	-33,761.			
E P	Gross sales price for all	465,004.		·		
Revenue 2	Capital gain net income (from		-	0.		
	Net short-term capital gai	ın				
2010	Income modifications Gross sales less returns	1				
10a	and allowances					
ea/ "	Less Cost of goods sold					
= 11	Gross profit or (loss) Other income					
∃"	Total. Add lines 1 throug	ıh 11	-24,147.	9,614.		
C) 13	Compensation of officers, dire		26,660.	0.		0.
₩ 14	Other employee salaries a	and wages	2,400.	0.		0.
14 15 91 16a	Pension plans, employee	benefits				
(C)	Legal fees					ļ
© © □	Accounting fees	STMT 3	3,800.	0.		0.
<u>ы</u> с	Other professional fees Interest	STMT 4	245.	0.		0.
1 ati	Taxes	STMT 5	2,683.	0.	-	0.
-₽I	Depreciation and depletion		2,003.			<u> </u>
튙 20	Occupancy	• •			•	
₹ 21	Travel, conferences, and	meetings				
E 22	Printing and publications					
	Other expenses	STMT 6	2,381.	0.		0.
Operating 52	Total operating and adm					
Ö "	expenses. Add lines 13 1		38,169.	0.		22,550.
	Contributions, diffs, gran		22,550.			22,550.
20	Add lines 24 and 25 1		60,719.	0.		22,550.
27	Subtract line 26 from line	12: O	20,120	<u>~</u>		
1	11 1	107 8	-84,866.		<u> </u>	
b	Net investment income	(i hegative, enter -0-)		9,614.		
923501	Adjusted net income (if n				N/A	
02-02-10	LHA For Privacy Act a	and Paperwork Reduction	Act Notice, see the instruct	tions		Form 990-PF (2009)

Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 554, 131.

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Р	Part IV Capital Gains	and Losse	s for Tax on in	<u>ivestment</u>	Income						
) of property sold (e.g ommon stock, 200 sh				low acq Purcha Donati		c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a											
b	SEE ATTACHEI	STATE	MENTS								
C						ļ					
đ						<u> </u>					
е	· · · · · · · · · · · · · · · · · · ·		_	, .		<u> </u>					
	(e) Gross sales price		eciation allowed allowable)		t or other basis opense of sale					ın or (loss) (f) mınus (
a				ļ <u> </u>		_					
b						_					
C		<u> </u>				_					
d											
е					498,76	5.					-33,761.
	Complete only for assets show	ing gain in colu	mn (h) and owned by	the foundation	on 12/31/69					ol. (h) gain	
	(i) F.M.V. as of 12/31/69		djusted basis of 12/31/69		cess of col. (i) col. (j), if any		-			ot less thar from col. (
a										•	
b	· · · · · · · · · · · · · · · · · · ·										
c	-										
d											
е											-33,761.
		•	(If name also ente	r in Part I line I		$\overline{}$					
2	Capital gain net income or (net o	capital loss)	If gain, also ente	- in Part I, line	7	1	2				-33,761.
•	Net short-term capital gain or (le	oce) se defined	•			΄ Γ					<u>-</u>
3	If gain, also enter in Part I, line 8		III SECIIONS 1222(3) ai	iu (o).		1					
	If (loss), enter -0- in Part I, line					P	3			N/A	
P	Part V Qualification	Under Sec	tion 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	me		
Wa	section 4940(d)(2) applies, leave as the foundation liable for the se "Yes," the foundation does not qu	ection 4942 tax			•	rıod?					Yes X No
1	Enter the appropriate amount in	n each column f	or each year; see insti	uctions before	making any entri	es.					
	(a) Base period years Calendar year (or tax year begini	nina in)	(b) Adjusted qualifying dis	stributions	Net value of no	(c) onchar	ıtable-u	se assets		Distrib	(d) pution ratio rided by col. (c))
_	2008	,		9,899.			958	3,930			.052036
_	2007			5,074.		1		7,998			.062692
_	2006			5,222.				,642			.072915
_	2005			2,884.				3,659			.081366
_	2004			8,502.				7,814			.076378
_				010020			,	,,011	1		
2	Total of line 1, column (d)								2		.345387
	Average distribution ratio for the	e 5-vear hace n	ariod - divide the total	on line 2 by 5	or by the number	r of ves	are		-		.343307
J	the foundation has been in exist			on me z by o,	or by the number	i oi yea	ais		3		.069077
	the foundation has been in exis	terice ii less tria	i o years						-		.003077
4	Enter the net value of noncharit	able-use assets	for 2009 from Part X,	line 5					4		615,485.
5	Multiply line 4 by line 3								5		42,516.
6	Enter 1% of net investment inco	ome (1% of Par	t I, line 27b)						6		96.
7	Add lines 5 and 6								7		42,612.
8	Enter qualifying distributions fro	om Part XII, line	4						8		22,550.
	If line 8 is equal to or greater th See the Part VI instructions.	an line 7, check	the box in Part VI, line	e 1b, and comp	lete that part usi	ng a 19	% tax ra	ite.			

	990-PF (2009) JANE MARCHER FOUNDATION 06-6444 t VI Excise Tax Based on investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	816 nstru		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			92.
	of Part I, line 27b			<u> </u>
	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-)			<u>0.</u>
3	Add lines 1 and 2		1	92.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	<u>92.</u>
6	Credits/Payments:			
	2009 estimated tax payments and 2008 overpayment credited to 2009			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			•
	Total credits and payments. Add lines 6a through 6d		_	0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 9			<u>92.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	rt VII-A Statements Regarding Activities		Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		162	
	any political campaign?	1a		X
	Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see 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			٠,,
	Did the foundation file Form 1120-POL for this year?	10		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$0.			3,7
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.			ļ
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	ļ - -	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T.		Ì	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or Restate languages that effectively amonds the governing instrument on that no mandatory directions that conflict with the state law.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	6	x	
-	remain in the governing instrument?	7	X	
′	Did the foundation have at least \$5,000 in assets at any time during the year?		^	_
0.	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 instructions)			
oa	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	8Ъ	X	
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)? 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	<u> </u>	X
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orm 990-PF (2009) JANE MARCHER FOUNDATION			<u>06-64448:</u>	16 Page 6			
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	Required (continu	ued)				
5a During the year did the foundation pay or incur any amount to:							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s 🗶 No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?			s X No	!			
(3) Provide a grant to an individual for travel, study, or other similar purposes?)	☐ Ye	s X No	1 1			
(4) Provide a grant to an organization other than a charitable, etc., organization				1 1			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo						
the prevention of cruelty to children or animals?	or oddounomar par poodo, or m		s X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the excentions described u						
section 53.4945 or in a current notice regarding disaster assistance (see instru-		Triogulations	N/A	5 b			
Organizations relying on a current notice regarding disaster assistance check h				""			
· · · · · · · · · · · · · · · · · · ·		nad					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		/A	s No				
expenditure responsibility for the grant?		/A L TE	טא 🗀 אס				
If "Yes," attach the statement required by Regulations section 53 4945	• •		İ				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	oay premiums on	<u>,</u>	[V].,				
a personal benefit contract?		Ye	s X No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	Sb X			
ıf "Yes" το 6b, file Form 8870.			[TZ]				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No				
b If yes, did the foundation receive any proceeds or have any net income attribute				7b			
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/				
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evpanso			
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other			
	to position	enter -0-)	compensation	allowances			
	TRUSTEE						
194 SAM HILL ROAD			_	_			
GUILFORD, CT 06437	20.00	26,600.	0.	0.			
SHARON STEUER	TRUSTEE						
15 BENNINGTON STREET		i					
SAN FRANCISCO, CA 94110	0.00	0.	0.	0.			
DR. SAMANTHA BRODY	TRUSTEE						
2307 S.E. TIBBETTS STREET							
PORTLAND, OR 97202	0.00	0.	0.	0.			
			<u>[</u>				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4)				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other			
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances			
NONE		ļ					
			<u> </u>				
	1						
				-			
	1		[
Total number of other employees paid over \$50,000				0			
			Form	990-PF (2009)			

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	572,700.
	Average of monthly cash balances	1b	572,700. 52,158.
	Fair market value of all other assets	1c	
_	Total (add lines 1a, b, and c)	1d	624,858.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ŭ	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	624,858.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,373.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	615,485.
6	Minimum investment return. Enter 5% of line 5	6	30,774.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here and do not complete this part.)	г. г	20 774
1	Minimum investment return from Part X, line 6	1	30,774.
2a	Tax on investment income for 2009 from Part VI, line 5		
D	income tax for 2009. (This does not include the tax from Part VI)		200
C	Add lines 2a and 2b	2c	192.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,582.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	30,582.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	30,582.
P	art XII Qualifying Distributions (see instructions)	1 [
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1.1	22 550
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	22,550.
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 charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	22,550.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	22,550.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies t	for the section

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,				
line 7				30,582.
2 Undistributed income, if any, as of the end of 2009			0	
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:			.==	•
a From 2004 27, 988.				
b From 2005 32,521.				•
c From 2006 27,953.				
d From 2007 13,381.				
e From 2008 1,952.				
f Total of lines 3a through e	103,795.			·
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 22,550.			0	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				22,550.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	8,032.			8,032.
must be shown in column (a)) 6 Enter the net total of each column as	-			-
indicated below:	05 763			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	95,763.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		`
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously	•			
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line		,	_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				_0.
be distributed in 2010 7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	* *			
not applied on line 5 or line 7	19,956.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	75,807.			
10 Analysis of line 9:				
a Excess from 2005 32,521.				
b Excess from 2006 27, 953.				
c Excess from 2007 13,381.				
d Excess from 2008 1,952.				
e Excess from 2009			l	Form 990-PF (2009)

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Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the found	dation is a private operati	ng foundation described	in section	4942(j)(3) or49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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 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 Complete 3a, b, or c for the				•	
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					İ
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during				·	
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w	_	than 2% of the total co	ntributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(d)(2).)			
NONE					
b List any managers of the foundation w			n (or an equally large port	tion of the ownership of a p	partnership or
other entity) of which the foundation ha	as a 10% or greater inter	est.			
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loai	n, Scholarship, etc., I	Programs:		
Check here ► X if the foundation					
the foundation makes gifts, grants, etc	. (see instructions) to ind	ividuals or organizations	under other conditions,	complete items 2a, b, c, ar	d d.
a The name, address, and telephone nur	nber of the person to wh	om applications should t	e addressed:		
					· · · · · · · · · · · · · · · · · · ·
b The form in which applications should	be submitted and inform	ation and materials they	snould include:		
c Any submission deadlines:					
- Tary Submission deadilles.					
d Any restrictions or limitations on awar	ds, such as by geographi	cal areas, charitable field	s, kınds of institutions, o	r other factors:	
					Form 990-PF (2009)
000004 00 00 40					-orm >= 441.1= P* (2000)

Supplementary information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year SCHEDULE ATTACHED NONE SCHEDULE 22,550. 22,550. **▶** 3a Total b Approved for future payment NONE 0. Total

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Part XVI-A	Analysis of	Income-Producing	Activities
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ter gross amounts unless otherwise indicated.	Unrelated	business income		section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
•				"	
a					
b					
d	1				
e	_				
g Fees and contracts from government agencies	-	·			
•					
Membership dues and assessments					
Interest on savings and temporary cash			14	20.	
investments Dividends and interest from securities			14	9,594.	
			+ + -	9,394.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			-1		
Net rental income or (loss) from personal					
property	·				
Other investment income	-		- -		
Gain or (loss) from sales of assets other			18	-33,761.	
than inventory		······································	13	-33,701.	
Net income or (loss) from special events	<u> </u>				
Gross profit or (loss) from sales of inventory					
Other revenue:					
<u> </u>			 - 		
b	1 1		-		
<u> </u>	1 1				
d					
	— 		0.	-24,147.	
Subtotal. Add columns (b), (d), and (e)			<u>U.I.</u>		-24,14
Total. Add line 12, columns (b), (d), and (e)				13	-24,14
ee worksheet in line 13 instructions to verify calculation	-				
Part XVI-B Relationship of Activition	es to the Acco	mplishment of	Exempt P	urposes	
ine No. Explain below how each activity for which	income is reported in	column (e) of Part X\	/I-A contributed	importantly to the accom	plishment of
▼ the foundation's exempt purposes (other)					

	the foundation's exempt purposes (other than by providing funds for such purposes).	
-		
_		
_		
		
_ }		

Form 990-l	PF (2009) JANE	MARCHER FOUNDAT	ION			06-	6444816	Pa	ige 13
Part X	VII Information Re	egarding Transfers To a	and Transactions	and Relation	nships Wi	th No	ncharitable		
	Exempt Organ							12.0	·
	· ·	rectly engage in any of the following			ection 501(c)	of	<u> </u>	Yes	No
	•)(3) organizations) or in section 52		nizations?			İ		
a Trans	sfers from the reporting founda	ation to a noncharitable exempt or	ganization of:				ļ		
(1)	Cash						1a(1)	ļ	X
(2)	Other assets						1a(2)	<u> </u>	X
b Other	transactions:						+		
(1) 3	Sales of assets to a noncharita	ble exempt organization					1b(1)		X
(2)	Purchases of assets from a no	ncharitable exempt organization					1b(2)		X
(3)	Rental of facilities, equipment,	or other assets					1b(3)		X
(4)	Reimbursement arrangements						1b(4)		X
(5) l	oans or loan guarantees						1b(5)		X
(6) F	Performance of services or me	embership or fundraising solicitation	ons				1b(6)		X
c Shar	ing of facilities, equipment, ma	uling lists, other assets, or paid em	ployees				1c		X
		"Yes," complete the following sche						sets,	
or se	rvices given by the reporting f	oundation. If the foundation receiv	ed less than fair market val	ue in any transac	tion or sharing	arrange	ment, show in		
colur	nn (d) the value of the goods,	other assets, or services received.		···					
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Descrip	otion of transfers,	transaction	ons, and sharing ar	rangem	ents
		N/A							
					-				
		1							
					·		_		
									-
								<u>.</u>	•
ın se	•	ctly affiliated with, or related to, one or than section 501(c)(3)) or in sec nedule.		nizations describe	d		Yes	X	No No
	(a) Name of or	ganization	(b) Type of organization		(c) Descrip	otion of r	elationship		
	N/A								
		have examined this return, including accurate than taxpayer or fiduciary) is based or				dge and b	elief, it is true, corr	ect,	
	Frence \$	rock	JUN 10,20	10 Tru	stee				_
el 🔼 g	signature of officer or trustee	7	Date	Title					
핃	Preparer's	8 /		Date 6/7/10	Check if		Preparer's identi	fying nu	mber
Sign Here	signature P	4		6/7/10	self- employed		Pouls.	124	9

923622

T. M. BYXBEE COMPANY, P.C. P.O. BOX 187169

CT 06518

HAMDEN,

(203)281-4933

Form **990-PF** (2009)

EIN ▶

Phone no.

Jane Marcher Foundation Grants - 2009

Recipient

Name	Address	Purpose of Grant	Amount
A B C. Guilford	P O. Box 35, Guilford, CT	Event Support	250
D Whitfield Historical Society	P O. Box 229, Guilford, CT	Event Support	250
Foundation for National Progress	San Francisco, CA 94108	General Support	250
Greater New Haven Arts Council	70 Audubon Street, New Haven, CT	Event Support	250
Greater New Haven Arts Council	70 Audubon Street, New Haven, CT	Event Support	1,300
Hollycroft Foundation	Main Street, Ivoryton, CT	Event Support	1,000
WNYC	160 Varick Street, New York, NY	On the Media Programming Support	2,500
Orchestra New England	PO Box 200123, New Haven, CT	General Support	750
UJA	130 East 59th Street, New York, NY	General Support	2,500
WNYC	160 Varick Street, New York, NY	On the Media Programming Support	2,500
Westville Village Rennaissance Alliance	873 Whalley Avenue, New Haven, CT	Artist Outreach & Public Programming	5,000
Yale Center for British Art	1080 Chapel Street, New Haven, CT	General Support	500
Yale School of Drama	PO Box 2038, New Haven, CT	Dwight-Edwards Project	500
WYNC	160 Varick Street, New York, NY	On the Media Programming Support	2,500
Yale University Art Gallery	1111 Chapel Street, New Haven, CT	General Support	2,500
		TOTAL	22,550

Part IV Capital Gains and Los		00 044	4010 1	AGE 1 OI Z
	ses for Tax on Investment Income	d	(h) How acquired	(c) Date acquired (d) Date sold
(a) List and 2-story bri	describe the kind(s) of property solo ck warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a PHILADELPHIA PA	SCH DIST RFDG	BOND	P	01/08/0901/28/09
b DWS CLIMATE CHA			P	12/19/0803/30/09
c DWS CLIMATE CHA			P	12/12/0703/30/09
d IBM			P	10/24/0703/30/09
e SPDR GOLD TRUST	n		P	03/30/0904/07/09
f PIMCO REAL RETU			P	03/23/0906/02/09
g BUCYRUS	214, 1 0112		P	04/24/0906/15/09
h BUCYRUS			P	06/02/0906/15/09
SPDR GOLD TRUST	<u> </u>		P	06/24/0907/29/09
GOOGLE			P	06/02/0908/24/09
k AGNICO EAGLE MI	INEC		P	09/18/0910/27/09
HESS	INES		P	08/11/0910/28/09
			P	09/18/0910/28/09
m HESS	- -		P	08/11/0910/28/09
n VALASSIS	rama .		P	08/11/0910/28/09
o AGNICO EAGLE M		(10-4		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)
a 97,996.		101,002.		-3,006.
b 123.		141.		-18.
c 20,941.		50,032.		-29,091.
d 18,282.		22,849.		4,567.
e 43,075.		45,856.		
f 90,000.		88,165.		1,835.
g 14,079.		10,021.		4,058.
h 28,157.		30,859.		-2,702.
45,375.		45,824.		-449.
23,272.		21,370.		1,902.
k 7,646.		8,608.		-962.
11,123.		11,125.		-2.
m 11,123.		11,462.		-339.
n 8,846.		7,059.		1,787.
0 11,046.		11,437.		-391.
	g gain in column (h) and owned by	the foundation on 12/31/69	(I) La	osses (from col. (h))
(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	Gains (excess but	of col. (h) gain over col. (k), not less than "-0-")
a				-3,006.
b				-18.
C _			***************************************	-29,091.
d				-4,567.
e				-2,781.
f		† · · · · · · · · · · · · · · · · · · ·		1,835.
n			·	4,058.
h		†·		-2,702.
1		1		-449.
1				1,902.
<u>, , , , , , , , , , , , , , , , , , , </u>	·			-962 .
i .	· · · · · · · · · · · · · · · · · · ·	 		-2.
m		 		-339.
m o		1		1,787.
0				-391.
0	. If goin also ente	ur un Part I. lung 7		-391.
2 Capital gain net income or (net ca		r in Part I, line 7 0-" in Part I, line 7	2	
If gain, also enter in Part I, line 8,		nd (6):		
If (loss), enter "-0-" in Part I, line 8	3		3	
			_	

CONTINUATION FOR 990-PF, PART IV 06-6444816 PAGE 2 OF 2

JANE MARCHER FOU		06-6	<u>4448</u>	16 P	AGE	2 OF 2
	sses for Tax on Investment Income			Ith a liberty of a second of		
(a) List and 2-story br	describe the kind(s) of property solution describes the kind(s) of property solution stock, 20	d, e.g., real estate, 00 shs. MLC Co.	_	(b) How acquired P - Purchase D - Donation	(ino., day, yr.	(1110., day, yr.)
1a APPLE				P	11/10/0	911/27/09
b DOW				P	10/07/0	911/27/09
c SIEMENS					11/18/0	911/27/09
d OTHER DISTRIBU	TIONS			P	_	VARIOUS
e CAPITAL GAINS	DIVIDENDS					
f						
g						
h						
k		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
1						
m						
<u>n</u>						
0			<u> </u>	<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) (e) p	Gain or (loss) lus (f) minus (g	
a 9,854.		10,208	•			<u>-354.</u>
b 13,605.		12,650	•			955.
c 9,518.		10,097	•			<u>-579.</u>
d 331.						331.
e 612.						612.
<u>f</u>						
g						
<u>h</u>			_			
1						
-						
<u>k</u>			-			
			-			
<u>m</u>			-			
n						
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	-	(I) Los	ses (from col.	(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69			Gains (excess	of col. (h) gain of less than "-0	over col. (k),
<u> </u>			- 			-354.
<u>a</u>						955.
C			<u> </u>			-579 .
d						331.
е						612.
f						
g						
ħ						
1						
1						
k						
1		-				
<u>m</u>				 	.	
<u>n</u>		 			•	
0	1	<u> </u>		 		
2 Capital gain net income or (net c	apıtal loss) { If gain, also ente If (loss), enter "-	r in Part I, line 7 0-* in Part I, line 7	2			-33,761.
If gain, also enter in Part I, line 8	ess) as defined in sections 1222(5) a , column (c).		:			
If (loss), enter "-0-" in Part I, line	8		3	1	N/A	

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASI	H INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
GUILFORD SAVINGS BANK - SAVIN	GS			20.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		20.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM S	CURITIES	STATEMENT 2
SOURCE	GROSS	AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DEUTSCHE BANK ALEX. BROWN INVESTMENT ACCOUNTS		10,206.	612.	9,594.
TOTAL TO FM 990-PF, PART I, L	N 4	10,206.	612.	9,594.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	-	(C) I- ADJUSTE ME NET INCO	
PROFESSIONAL FEES	3,800.	-	0.	0.
TO FORM 990-PF, PG 1, LN 16B	3,800.		0.	0.
FORM 990-PF C	THER PROFES	SIONAL FEE	S	STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
INVESTMENT FEES	245.		0.	0.
TO FORM 990-PF, PG 1, LN 16C	245.		0.	0.

FORM 990-PF	KAT	ŒS			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI	
PAYROLL TAXES	2,683.		0.			0.
TO FORM 990-PF, PG 1, LN 18 =	2,683.		0.			0.
FORM 990-PF	OTHER E	EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
OFFICE EXPENSE INSURANCE	204. 2,177.		0.			0.
TO FORM 990-PF, PG 1, LN 23	2,381		0.			0.
FORM 990-PF U.S. AND S	STATE/CITY (GOVERNMENT	OBLI	GATIONS	STATEMENT	7
DESCRIPTION	U.S GOV		воог	K VALUE	FAIR MARKE	r
\$100000 MA ST HLTH EDL FACS ABOND \$100000 NJ ST EDL FACS AUTH B \$100000 CT ST HLTH EDL FACS A	BOND	x x x		106,288. 100,000.	110,93 102,19	
BOND 50 SHARES APPLE 10 SHARES GOOGLE 200 SHARES MICROSOFT 500 SHARES NEWS CORP	.oru	X X X X		101,022. 10,265. 6,036. 6,055. 6,005.	104,2' 10,5 6,2 6,0 6,8	43. 00. 98.
TOTAL U.S. GOVERNMENT OBLIGATION	rions	-				
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OB	LIGATIONS		335,671.	347,0	83.
TOTAL TO FORM 990-PF, PART I	I, LINE 10A			335,671.	347,0	83.

FORM 990-PF	OT	HER INVESTM	ENTS 		STAT	EMENT	8
DESCRIPTION		VALUAT METHO		VALUE		MARKE'	r
PIMCO REAL RETURN M	UTUAL FUND	COST	1	04,878.		112,8	21.
TOTAL TO FORM 990-P	F, PART II, LI	NE 13	1	04,878.		112,8	21.
FORM 990-PF	INTERES	T AND PENAL	TIES		STAT	'EMENT	9
TAX DUE FROM FORM LATE PAYMENT INT LATE PAYMENT PEN	EREST	ī				1	92. 1.
TOTAL AMOUNT DUE						1	94.
FORM 990-PF	LAT	E PAYMENT P	ENALTY		STAT	EMENT	10
	LAT			CE M	STAT	'EMENT PENAL	
DESCRIPTION TAX DUE		AMOUN		CE M 192. 192.			тY
DESCRIPTION TAX DUE DATE FILED	DATE 05/15/ 06/15/	AMOUN	T BALAN	192.	ONTHS		TY 1.
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMENT	DATE 05/15/ 06/15/ PENALTY	AMOUN	T BALAN	192.	ONTHS 1		1.
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMENT FORM 990-PF	DATE 05/15/ 06/15/ PENALTY	AMOUN 10 10	T BALAN	192.	ONTHS 1	PENAL	1. 1.
FORM 990-PF DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMENT FORM 990-PF DESCRIPTION TAX DUE DATE FILED	DATE 05/15/ 06/15/ PENALTY LAT	AMOUN 10 10 10	T BALAN	192. 192. RATE	ONTHS 1 STAT	PENAL	1.

Form **8868**

(Řev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545 1709

	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		. 1	$\rightarrow \mathbf{x}$
• If y	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously f	iled Fo	m 8868	
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A co	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete		
	l only	•	.)	▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a e income tax returns	n exten	sion of time	
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic forms, gov/efile and click on e-file for Chanties & Nonprofits.	ically if	(1) you want the a ated Form 990-T. I	additional
Туре	or Name of Exempt Organization	Emp	loyer identification	on number
print	JANE MARCHER FOUNDATION	0	6-6444816	
File by	the Number street and some south as If a D.O. hours are tracked	1 0	0-0444010	
due da filing y	our 194 SAM HTLL ROAD			
return Instruc	566			
	GUILFORD, CT 06437			
Che	ck type of return to be filed (file a separate application for each return)			
-	Form 990	-		
<u> </u>	Form 990-BL	_		
X				
X	Form 990-PF			
X				
	Form 990-PF Form 1041-A Form 8	870	CT 06518	
• TI	Form 990-PF Form 1041-A Form 8 T.M. BYXBEE COMPANY, CPA'S	870	CT 06518	
● TI Te	Form 990-PF T.M. BYXBEE COMPANY, CPA'S ne books are in the care of 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDI elephone No 203-281-4933 FAX No. the organization does not have an office or place of business in the United States, check this box	870 EN,		→ □
• TI Te	T.M. BYXBEE COMPANY, CPA'S ne books are in the care of ▶ 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDI elephone No ▶ 203-281-4933 the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	870 EN,	r the whole group,	
● Ti	Form 990-PF T.M. BYXBEE COMPANY, CPA'S ne books are in the care of 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDI elephone No 203-281-4933 FAX No. the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I form 8	870 EN,	r the whole group,	
• Ti Te • If • If box	Form 990-PF T.M. BYXBEE COMPANY, CPA'S T.M. BYXBEE COMPA	EN,	r the whole group,	
• TI Te	Form 990-PF T.M. BYXBEE COMPANY, CPA'S T.M. BYXBEE COMPA	EN,	r the whole group, ers the extension	
• Ti Te • If • If box	Form 990-PF T.M. BYXBEE COMPANY, CPA'S T.M. BYXBEE COMPA	EN,	r the whole group, ers the extension	
• Ti Te • If • If box	T.M. BYXBEE COMPANY, CPA'S ne books are in the care of ▶ 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDI elephone No ▶ 203-281-4933 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the lift is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for:	EN,	r the whole group, ers the extension	
• Ti Te • If • If box	T.M. BYXBEE COMPANY, CPA'S ne books are in the care of ▶ 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDE elephone No ▶ 203-281-4933 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the lift is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named	EN,	r the whole group, ers the extension	
• Ti Te • If • If box	Form 990-PF T.M. BYXBEE COMPANY, CPA'S T.M. BYXBEE COMPANY, CPA'S The books are in the care of 2319 WHITNEY AVENUE, 5TH FLOOR, — HAMDE The elephone No 203-281-4933 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 I to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 or	EN,	r the whole group, ers the extension The extension	will cover.
• Ti Te • If • If box	Form 990-PF T.M. BYXBEE COMPANY, CPA'S T.M. BYXBEE COMPANY, CPA'S The books are in the care of 2319 WHITNEY AVENUE, 5TH FLOOR, — HAMDE The elephone No 203-281-4933 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 I to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 or	EN,	r the whole group, ers the extension	will cover.
The state of the s	T.M. BYXBEE COMPANY, CPA'S ne books are in the care of ▶ 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDI elephone No ▶ 203-281-4933 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If it I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 or X calendar year 2009 or Time the second initial return Final return in the second initial return initial return Final return in the second initial return initial	EN,	r the whole group, ers the extension The extension	will cover.
Te If box	T.M. BYXBEE COMPANY, CPA'S ne books are in the care of ▶ 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDI elephone No ▶ 203-281-4933 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If it □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for: □ X calendar year 2009 or □ tax year beginning , and ending If this tax year is for less than 12 months, check reason □ Initial return □ Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	EN,	r the whole group, ers the extension The extension Change in accour	will cover.
The state of the s	T.M. BYXBEE COMPANY, CPA'S ne books are in the care of ▶ 2319 WHITNEY AVENUE, 5TH FLOOR, - HAMDE elephone No ▶ 203-281-4933 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010, to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 or X calendar year 2009 or The part of the group, check this box I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010, to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 or The part of the group, check reason Initial return Final return If this tax year is for less than 12 months, check reason Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	EN,	r the whole group, ers the extension The extension	will cover.
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