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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

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning , and ending G Check all that apply l Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS lahet HERMAN ABBOTT FAMILY FOUNDATION INC. 13-3920551 Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type C/O DAVID Y. BAILEY, 1224 MAIN STREET 203-481-1120 See Specific City or town, state, and ZIP code C If exemption application is pending, check he Instructions. BRANFORD, CT 06405 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization If private foundation status was terminated Fair market value of all assets at end of year | J | Accounting method Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) F If the foundation is in a 60-month termination O▶\$ (Part I, column (d) must be on cash basis) 773,574. under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purpose (cash basis only) expenses per books income Income HOLD TO NON STANKING NON 5 4 5010 N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 9,731 9,731 STATEMENT 4 Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, tine 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) -4180 STATEMENT 11 Other income 9,313 9,731 12 Total Add lines 1 through 11 0 13, Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 2,000. 0 0. b Accounting fees RECEIVED c Other professional fees 17 Interest Ō 719. 0. STMT 4 3091 18 Taxes 0. NOV 19 2010 Q 19 Depreciation and depletion 20 Occupancy OGDEN 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 10. 0 23 Other expenses 0. 24 Total operating and administrative 2,729 0 expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,729 0 0. Add lines 24 and 25 27 Subtract line 26 from line 12 6,584 8 Excess of revenue over expenses and disbursements 9,731 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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

#### Part III Analysis of Changes in Net Assets or Fund Balances

| 1 | 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)                                  | 1 | 769,004. |
| 2 | Enter amount from Part I, line 27a  | 2 | 6,584.   |
| 3 | Other increases not included in line 2 (itemize)  | 3 | 0.       |
| 4 | Add lines 1, 2, and 3   | 4 | 775,588. |
| 5 | Decreases not included in line 2 (itemize)  | 5 | 0.       |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 775,588. |

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2008   | 42,000.                                  | 803,368.                                     | .052280   |
| 2007   | 45,831.                                  | 822,450.                                     | .055725   |
| 2006   | 62,000.                                  | 1,118,994.                                   | .055407   |
| 2005   | 69,867.                                  | 1,295,894.                                   | .053914   |
| 2004   | 78,046.                                  | 1,252,070.                                   | .062334   |

|   | 2004   | /8,046.  | 1,252,070.     | .062334  |
|---|--|--|----------------|----------|
| 2 | Total of line 1, column (d)  |  | 2              | .279660  |
| 3 | Average distribution ratio for the 5-year base the foundation has been in existence if less th | period - divide the total on line 2 by 5, or by the nu<br>an 5 years | umber of years | .055932  |
| 4 | Enter the net value of noncharitable-use asset   | s for 2009 from Part X, line 5                                       | 4              | 741,953. |
| 5 | Multiply line 4 by line 3  |  | 5              | 41,499.  |
| 6 | Enter 1% of net investment income (1% of Pa  | art I, line 27b)   | 6              | 97.      |
| 7 | Add lines 5 and 6  |  | 7              | 41,596   |
| В | Enter qualifying distributions from Part XII, lin  | e 4  | 8              | 0 .      |

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

923521 02-02-10

Form 990-PF (2009)

See the Part VI instructions

| _  | 990-PF (2009) HERMAN ABBOTT FAMILY FOUNDATION INC. 13-392  |   |       | Page 4        |
|----|--|---|-------|---------------|
| _  | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see  | instru                                  | ıctio | ns)           |
| 18 | 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)   |   |       |               |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%   | - ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1     | 95.           |
|    | 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-)                                       |   |       | <u>0.</u>     |
| 3  | Add lines 1 and 2  |   | 1     | 95.           |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                    |   |       | 0.            |
| 5  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |   | 1     | 95.           |
| 6  |  |   |       |               |
|    | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 320.  |   |       |               |
|    | Exempt foreign organizations - tax withheld at source  |   |       |               |
|    | Tax paid with application for extension of time to file (Form 8868)  |   |       |               |
|    | Backup withholding erroneously withheld 6d   |   | _     |               |
|    | Total credits and payments Add lines 6a through 6d   |   | 3     | 20.           |
|    | 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  |   |       | <del>~-</del> |
|    | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |   | 1     | 25.           |
|    | Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 125 - Refunded ▶ 11   |   |       | 0.            |
|    | rt VII-A Statements Regarding Activities   | <del></del>                             | V     | NI -          |
| 18 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in   | <u> </u>                                | res   | No            |
| L  | any political campaign?  | 1a                                      |       | X             |
| IJ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?         | 1b                                      |       |               |
|    | 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  Did the foundation file Form 1120-POL for this year?                          | ١                                       |       | v             |
|    |  | 10                                      |       | X             |
| u  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   \$\( \begin{align*} |   |       |               |
| ۵  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation                    |   |       |               |
|    | managers > \$ 0.   |   |       |               |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2                                       | 1     | Х             |
| -  | If "Yes," attach a detailed description of the activities.   | -                                       | 1.7   |               |
| 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                                       |       | х             |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a                                      |       | X             |
|    | If "Yes," has it filed a tax return on Form 990-T for this year?   | 4b                                      |       |               |
|    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5                                       |       | Х             |
|    | If "Yes," attach the statement required by General Instruction T.  |   |       |               |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |   |       |               |
|    | By language in the governing instrument, or  |   |       |               |
|    | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law         | -                                       |       | }             |
|    | remain in the governing instrument?  | 6                                       |       | Х             |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year?  | 7                                       | X     |               |
|    | If "Yes," complete Part II, col. (c), and Part XV.   |   |       |               |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions)   |   |       |               |
|    | NY   |   |       |               |
| 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  | 8b                                      | X     | <u></u>       |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar        |   |       |               |
|    | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV                                   | 9                                       |       | <u>X</u>      |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses             | 10                                      |       | X             |

|     | 990-PF (2009) HERMAN ABBOTT FAMILY FOUNDATION INC. 13-392  | 0551            |               | Page 5   |
|-----|--|-----------------|---------------|----------|
| Pa  | rt VII-A Statements Regarding Activities (continued)   | · - · · ·       |               |          |
| 11. | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                 |                 |               |          |
|     | section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11              |               | X        |
| 12  | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before                                   |                 |               |          |
|     | August 17, 2008? .   | 12              |               | <u> </u> |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                    | 13              | X             | L        |
|     | Website address ► N/A  | <del></del> -   |               |          |
| 14  | The books are in care of ► DAVID Y. BAILEY  Telephone no ► 203-4   |                 | <u>120</u>    |          |
|     | Located at ► 1224 MAIN STREET, BRANFORD, CT ZIP+4 ►0   | <u>6405</u>     |               |          |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                    |                 | , <b>&gt;</b> | $\cdot$  |
| -   | and enter the amount of tax-exempt interest received or accrued during the year  | N.              | <u>/A</u>     |          |
| Pa  | rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   | <del>[</del>    |               |          |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                 | Yes           | No       |
| 1a  | During the year did the foundation (either directly or indirectly)   |                 |               |          |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   |                 |               |          |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |                 |               |          |
|     | a disqualified person? Yes X No  |                 |               |          |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   |                 |               |          |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |                 |               |          |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available  |                 |               |          |
|     | for the benefit or use of a disqualified person)?  |                 |               |          |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"  |                 |               |          |
|     | If the foundation agreed to make a grant to or to employ the official for a period after   |                 |               |          |
|     | termination of government service, if terminating within 90 days.)   |                 |               |          |
| h   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                 |                 |               |          |
| _   | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A                      | 16              | 1             |          |
|     | Organizations relying on a current notice regarding disaster assistance check here   | -"              |               | -        |
|     | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected        |                 |               |          |
|     | before the first day of the tax year beginning in 2009?  | 1.              |               | Х        |
| 2   |  | 1c              |               |          |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation       |                 |               |          |
| _   | defined in section 4942(j)(3) or 4942(j)(5))   |                 |               |          |
| а   | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning   | [               |               |          |
|     | before 2009?  X Yes No   |                 |               |          |
|     | If "Yes," list the years ► 2008  |                 |               |          |
| b   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect  |                 |               |          |
|     | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach   |                 |               |          |
|     | statement - see instructions )   | 26              | X             |          |
| C   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                        |                 |               |          |
|     | P  |                 |               |          |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                              |                 |               |          |
|     | during the year?   |                 |               |          |
| b   | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after |                 |               |          |
|     | May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose   |                 | 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,     |                 |               |          |
|     | Form 4720, to determine if the foundation had excess business holdings in 2009)  | 3ь              |               |          |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                        | 4a              | ]             | X        |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that |                 | 1             |          |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2009?   | 4b              |               | X        |
|     | Fo   | rm <b>990</b> - | -PF(          | 2009)    |

| orm 990-PF (2009) HERMAN ABBOTT FAMILY FO  | UNDATION INC.                          |                             | 13-39205   | 5.1    | Dage 6              |
|--|--|-----------------------------|--|--------|---------------------|
| Part VII-B Statements Regarding Activities for Which   |  | Required (contil            |  | 771    | Page 6              |
| 5a During the year did the foundation pay or incur any amount to   |  |                             |  |        |                     |
| • (1) Carry on propaganda, or otherwise attempt to influence legislation (sect   | ion 4945(e))?                          | Y                           | es X No  |        |                     |
| (2) Influence the outcome of any specific public election (see section 4955)   | , or to carry on, directly or indi     | rectly,                     |  |        |                     |
| any voter registration drive?  |  | . 🔲 Y                       | es X No  |        |                     |
| (3) Provide a grant to an individual for travel, study, or other similar purpos  | es?                                    | Y                           | es X No  |        |                     |
| (4) Provide a grant to an organization other than a charitable, etc., organization   | tion described in section              |                             |  |        |                     |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?   |  | Υ                           | es X No  |        |                     |
| (5) Provide for any purpose other than religious, charitable, scientific, literal  | ry, or educational purposes, or        |                             |  |        |                     |
| the prevention of cruelty to children or animals?  |  |                             | es X No  |        |                     |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify to  |  | ın Regulations              |  |        |                     |
| section 53 4945 or in a current notice regarding disaster assistance (see inst   | •                                      |                             | N/A  | 5b     |                     |
| Organizations relying on a current notice regarding disaster assistance check  |  |                             | ▶□   |        |                     |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption  |  |                             | _  |        |                     |
| expenditure responsibility for the grant?  | -                                      | N/A Y                       | es No  |        |                     |
| If "Yes," attach the statement required by Regulations section 53.49   | ` '                                    |                             |  |        |                     |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, t   | o pay premiums on                      | <del></del>                 |  |        |                     |
| a personal benefit contract?   |  | Y                           | es X No  |        |                     |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a  | a personal benefit contract?           |                             | <u> </u>   | 6b     | <u> </u>            |
| If "Yes" to 6b, file Form 8870   | , abaltar transaction 2                |                             | es X No  |        |                     |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax b If yes, did the foundation receive any proceeds or have any net income attrib |  | L Yi                        |  | 7b     | <del> </del>        |
| Information About Officers Disasters Tour  |  | nagere Highly               |  | 70 ]   | <u> </u>            |
| Part VIII Paid Employees, and Contractors  | stees, i outluation wit                | iliageis, might             | y  |        |                     |
| List all officers, directors, trustees, foundation managers and the  | ir compensation.                       |                             | ····   |        |                     |
|  | (b) Title, and average                 | (c) Compensation            | (d) Contributions to                                   | (e) E  | kpense<br>nt, other |
| (a) Name and address   | hours per week devoted to position     | (If not paid,<br>enter -0-) | employee benefit plans<br>and deferred<br>compensation | accour | nt, other<br>vances |
| NANCY ABBOTT   | PRESIDENT                              |                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                |        |                     |
| 5500 COLLINS AVENUE, #1404   | 7                                      |                             |  |        |                     |
| MIAMI BEACH, FL 33140  | 0.00                                   | 0.                          | 0.   |        | 0.                  |
| ELLEN TAUB   | SECRETARY                              |                             |  |        |                     |
| 1501 BEACON STREET, #1501  |  |                             |  | İ      |                     |
| BROOKLINE, MA 02446  | 0.00                                   | 0.                          | 0.   |        | 0.                  |
| DAVID BAILEY   | TREASURER                              |                             |  |        |                     |
| 1224 MAIN STREET   |  |                             |  |        |                     |
| BRANFORD, CT 06405   | 0.00                                   | 0.                          | 0.   |        | 0.                  |
|  |  |                             | :  |        |                     |
|  | _                                      |                             |  |        |                     |
| Companyation of five highest and angles of the state of  | aluatad as the district                |                             | <u> </u>   |        |                     |
| Compensation of five highest-paid employees (other than those in   |  | enter "NONE."               | (d) Contributions to                                   | (1) 5: |                     |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average hours per week  | (c) Compensation            | employee benefit plans<br>and deferred                 | (e) EX | pense<br>it, other  |
| NONE   | devoted to position                    |                             | compensation   | allow  | ances               |
| NONE   | _                                      |                             |  |        |                     |
|  |  | <del> </del>                |  |        |                     |
|  | $\dashv$                               |                             |  |        |                     |
|  | <u> </u>                               |                             |  |        |                     |
|  | -                                      |                             |  |        |                     |
|  |  | <del></del> -               | <u>-</u>   |        |                     |
|  |  |                             |  |        |                     |
|  |  | -                           |  |        |                     |
|  | 7                                      |                             |  |        |                     |
| otal number of other employees paid over \$50,000  | ·• · · · · · · · · · · · · · · · · · · |                             | <b>•</b>   |        | 0                   |
|  | <del></del>                            |                             |  |        | <u> </u>            |

Form **990-PF** (2009)

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Amount

Part IX-B Summary of Program-Related Investments

N/A

Total. Add lines 1 through 3

All other program-related investments. See instructions

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

| P  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four  | ndations, s    | ee instructions.) |
|----|--|----------------|-------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |                |                   |
| а  | Average monthly fair market value of securities  | 1a             | 684,544.          |
| b  | Average of monthly cash balances   | 1b             | 68,708.           |
| C  | Fair market value of all other assets  | 10             |                   |
| d  | Total (add lines 1a, b, and c)   | 1d             | 753,252           |
| 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              | 753,252.          |
| 4  | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4              | 11,299.           |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.  | 5              | 741,953.          |
| 6  | Minimum investment return. Enter 5% of line 5  | 6              | 37,098.           |
| P  | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part ) | d certain      |                   |
| 1  | Minimum investment return from Part X, line 6  | 1              | 37,098.           |
| 2a | Tax on investment income for 2009 from Part VI, line 5   |                |                   |
| b  | Income tax for 2009 (This does not include the tax from Part VI )  |                |                   |
| C  | Add lines 2a and 2b  | 2c             | 195.              |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1   | 3              | 36,903.           |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4              | 0.                |
| 5  | Add lines 3 and 4  | 5              | 36,903.           |
| 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              | 36,903.           |
| P  | art XII Qualifying Distributions (see instructions)  | -              | -                 |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes  |                |                   |
| а  | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26   | 1a             | 0.                |
| 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  | Suitability test (prior IRS approval required)   | 3a             |                   |
| þ  | 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              | 0.                |
| 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  | 5              | 0.                |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6              | 0.                |
|    | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of  | malifies for t | he section        |

Form **990-PF** (2009)

4940(e) reduction of tax in those years

## Part XIII Undistributed Income (see instructions)

| <i>i</i>  | (a)<br>Corpus                                     | (b)<br>Years prior to 2008                       | (c)<br>2008 | (d)<br>2009                            |
|---|---|--|-------------|--|
| 1 Distributable amount for 2009 from Part XI,   |   |  |             | 36 003                                 |
| line 7  | , <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | ······ · · · · · · · · · · · · · · · ·           |             | 36,903.                                |
| 2 Undistributed income, if any, as of the end of 2009   |   |  | 20 702      |  |
| a Enter amount for 2008 only  | ·· ·· · · нини-                                   | <del> , ,, ,,, ,,,,</del>                        | 38,703.     | ······································ |
| b Total for prior years   |   |  |             |  |
| 5 5 1 | · · · · · · · · · · · · · · · · · · ·             | 0.   |             | <del></del>                            |
| 3 Excess distributions carryover, if any, to 2009   |   |  |             |  |
| a From 2004   |   |  |             |  |
| b From 2005   |   |  |             |  |
| ¢ From 2006   |   |  |             |  |
| d From 2007   |   |  |             |  |
| e From 2008   |   |  |             |  |
| f Total of lines 3a through e   | 0.  |  |             |  |
| 4 Qualifying distributions for 2009 from  |   |  |             |  |
| Part XII, line 4 ► \$ 0.  |   |  |             |  |
| 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.  | ,, , <del>, ,, ,, ,, ,,, ,,,,,,,,,,,,,,,,,</del> |             | <u> </u>                               |
| d Applied to 2009 distributable amount  |   |  |             | 0.                                     |
| e Remaining amount distributed out of corpus  | 0.  | <del> </del>                                     |             |  |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))  | 0.  |  |             | 0.                                     |
| 6 Enter the net total of each column as indicated below:  |   |  |             |  |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 0.  |  |             |  |
| 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  |   |  | 38,703.     |  |
| f Undistributed income for 2009 Subtract  |   |  |             |  |
| lines 4d and 5 from line 1. This amount must  |   |  | Ĭ           |  |
| be distributed in 2010  |   | .,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |             | 36,903.                                |
| 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   | 0.  |  |             |  |
| 10 Analysis of line 9   |   |  |             |  |
| a Excess from 2005  |   |  |             |  |
| b Excess from 2006  |   |  |             |  |
| c Excess from 2007  |   |  |             |  |
| d Excess from 2008  |   |  |             |  |
| e Excess from 2009  |   | _  |             |  |
|   |   |  |             | Form <b>990-PF</b> (2009)              |

|   | ABBOTT FAMI  |                               |                              | 13-39                       | 20551 Page 10             |
|---|--|-------------------------------|------------------------------|-----------------------------|---------------------------|
| Part XIV Private Operating I  | Foundations (see ins                                     | structions and Part V         | I-A, question 9)             | N/A                         |                           |
| 1 a If the foundation has received a ruling   |  |                               |                              |                             |                           |
| foundation, and the ruling is effective f   | or 2009, enter the date of t                             | he ruling .                   | <b>&gt;</b>                  |                             | ·                         |
| <b>b</b> Check box to indicate whether the four   |  | ig foundation described       |                              | 4942(J)(3) or 49            | 42(j)(5)                  |
| 2 a Enter the lesser of the adjusted net  | Tax year   |                               | Prior 3 years                | T                           |                           |
| 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 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(1)(3)(B)(i)   |  |                               |                              |                             |                           |
| b "Endowment" alternative test - enter<br>2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>listed   |  |                               |                              |                             |                           |
| c "Support" alternative test - enter  |  |                               |                              |                             |                           |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties)  |  |                               |                              |                             |                           |
| (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  |  |                               | ļ                            |                             |                           |
| (4) Gross investment income   |  |                               |                              |                             |                           |
| Part XV Supplementary Info  |  |                               | if the foundation            | had \$5,000 or mo           | re in assets              |
| 1 Information Regarding Foundation  | on Managers:   |                               |                              |                             |                           |
| a List any managers of the foundation wi<br>year (but only if they have contributed in  |  |                               | inbutions received by the    | foundation before the clos  | e of any tax              |
| NONE  | - <u>-</u> -   |                               |                              |                             |                           |
| b List any managers of the foundation when the condition of the foundation has a second at the foundation of the foun | no own 10% or more of the<br>is a 10% or greater interes | e stock of a corporation<br>t | (or an equally large portion | on of the ownership of a pa | rtnership or              |
| NONE  |  |                               |                              |                             |                           |
| 2 Information Regarding Contribut Check here  ☐ if the foundation the foundation makes gifts, grants, etc   | only makes contributions t                               | o preselected chantable       | organizations and does n     | ot accept unsolicited requi | ests for funds If         |
| a The name, address, and telephone num<br>DAVID Y. BAILEY, 203<br>1224 MAIN STREET, BR  | 3-481-1120   |                               | addressed                    |                             | ***                       |
| b The form in which applications should GENERAL WRITTEN REQU  |  | ion and materials they s      | hould include                |                             |                           |
| c Any submission deadlines NONE   |  |                               |                              |                             |                           |
| d Any restrictions or limitations on award NONE   | s, such as by geographica                                | l areas, charitable fields    | kinds of institutions, or o  | other factors               |                           |
| 923601 02-02-10   |  | <del></del>                   | <del></del>                  |                             | Form <b>990-PF</b> (2009) |

| • Grants and Contributions Paid During th      | If recipient is an industrial  | ayment                               |                                  | -      |
|--|--|--------------------------------------|----------------------------------|--------|
| Resipient  Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount |
|  | or substantial contributor   | recipient                            |                                  |        |
| a Paid during the year                         |  |                                      |                                  |        |
|  |  |                                      |                                  |        |
| NONE   |  |                                      |                                  |        |
|  |  |                                      |                                  |        |
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|  |  |                                      |                                  |        |
| Tatal  |  |                                      | N 0-                             |        |
| Total Approved for future payment              |  |                                      | ► 3a                             |        |
| Approved for lattice payment                   |  |                                      | -                                |        |
|  |  |                                      |                                  |        |
|  |  |                                      |                                  |        |
| NONE   |  |                                      |                                  |        |
|  |  |                                      |                                  |        |
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|  |  |                                      |                                  |        |
| Total .  |  |                                      | <b>▶</b> 3b                      |        |

# Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated   | Unrelated bu                | siness income |                       | ded by section 512, 513, or 514 | (e)                                   |
|--|-----------------------------|---------------|-----------------------|---------------------------------|---------------------------------------|
| •  | (a) (b) (c) Exclusions sion |               | (C)<br>Exclu-<br>Sion |                                 | Related or exempt                     |
| 1 Program service revenue  | code                        | Aniobit       | code                  | Amount                          | function income                       |
| ā  | -                           |               |                       |                                 |                                       |
| D  |                             |               |                       | _                               |                                       |
| C  | t I                         |               |                       |                                 | <del></del>                           |
| d  | i i                         | - <del></del> |                       |                                 | <del></del>                           |
| f  | -                           |               |                       |                                 |                                       |
| g Fees and contracts from government agencies  |                             |               |                       |                                 |                                       |
| 2 Membership dues and assessments  |                             |               |                       | -                               |                                       |
| 3 Interest on savings and temporary cash investments   |                             |               |                       |                                 |                                       |
| 4 Dividends and interest from securities   |                             |               | 14                    | 9,731.                          |                                       |
| 5 Net rental income or (loss) from real estate   |                             |               |                       | , ,                             |                                       |
| a Debt-financed property   |                             |               |                       |                                 |                                       |
| b Not debt-financed property   |                             |               |                       |                                 |                                       |
| 6 Net rental income or (loss) from personal property   |                             |               |                       |                                 |                                       |
| 7 Other investment income  |                             |               |                       |                                 |                                       |
| 8 Gain or (loss) from sales of assets other than inventory   |                             |               |                       |                                 |                                       |
| 9 Net income or (loss) from special events   |                             |               |                       |                                 |                                       |
| O Gross profit or (loss) from sales of inventory   |                             |               |                       |                                 |                                       |
| 1 Other revenue  |                             |               |                       |                                 |                                       |
| a ELAN SELECT  | 900099                      | _418.         |                       |                                 |                                       |
| b  | _                           |               |                       |                                 |                                       |
| C  | _                           |               |                       |                                 | · · · · · · · · · · · · · · · · · · · |
| d  | _                           |               |                       |                                 |                                       |
| е  | _                           |               |                       |                                 |                                       |
| 2 Subtotal Add columns (b), (d), and (e)   |                             | -418.         |                       | 9,731.                          |                                       |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations |                             |               |                       | 13                              | 9,31                                  |

| Line No.<br>▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) |
|---------------|--|
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|----------|--------------------------------|---------------------------------------|--|---------------------------------------|--|------------------------|------------|------------|
| P        | art X\                         | /II Information Re<br>Exempt Organ    |  | o and Transactions a                  | nd Relationships With Nor  | ıcharitable            | ;<br>      |            |
| 1        | Did th                         | e organization directly or indi       | irectly engage in any of the follo   | wing with any other organization      | n described in section 501(c) of                                   |                        | Yes        | No         |
|          | the Co                         | ode (other than section 501(c         | c)(3) organizations) or in section   | n 527, relating to political organi   | zations?   |                        |            |            |
| a        | Trans                          | fers from the reporting found         | dation to a noncharitable exempt   | t organization of                     |  |                        |            | ļ          |
|          | (1) (                          | ash                                   |  |                                       |  | 1a(1)                  |            | Х          |
|          | (2) (                          | ther assets                           |  |                                       |  | 1a(2)                  |            | X          |
| t        | Other                          | transactions                          |  |                                       |  |                        | .          | i          |
|          | (1) S                          | ales of assets to a noncharita        | able exempt organization   |                                       | <u>-</u>   | 1b(1)                  |            | X          |
|          | (2) P                          | urchases of assets from a no          | oncharitable exempt organization   | n                                     |  | 1b(2)                  |            | X          |
|          | (3) F                          | ental of facilities, equipment,       | , or other assets  |                                       | •  | 1b(3)                  |            | Х          |
|          | (4) F                          | leimbursement arrangements            | 5  |                                       |  | 1b(4)                  |            | X          |
|          | (5) L                          | oans or loan guarantees               |  |                                       |  | 1b(5)                  |            | X          |
|          | (6) P                          | erformance of services or me          | embership or fundraising solicit   | ations                                |  | 1b(6)                  |            | X          |
| C        | Shari                          | ng of facilities, equipment, ma       | ailing lists, other assets, or paid  | employees                             |  | 10                     |            | X          |
| d        | l If the                       | answer to any of the above is         | s "Yes," complete the following s  | chedule Column (b) should alw         | ays show the fair market value of the g                            | oods, other asse       | ets,       |            |
|          |                                |                                       |  |                                       | e in any transaction or sharing arranger                           | nent, show in          |            |            |
|          | colun                          | nn (d) the value of the goods,        | , other assets, or services receiv   | ed                                    |  |                        |            |            |
| a)       | Line no                        | (b) Amount involved                   | <u> </u>   | able exempt organization              | (d) Description of transfers, transaction                          | ns, and shanng arm     | angeme     | nts        |
|          |                                |                                       | N/A  | A                                     |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  | · · · · · · · · · · · · · · · · · · · |  |                        |            |            |
|          |                                |                                       |  | · · · · · · · · · · · · · · · · · · · |  |                        |            |            |
|          |                                | <del></del>                           |  |                                       |  |                        |            |            |
|          |                                | <u>-</u>                              |  |                                       |  |                        |            |            |
|          |                                | <u></u>                               |  |                                       |  |                        |            |            |
|          |                                | · · · · · · · · · · · · · · · · · · · |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
| _        |                                |                                       |  |                                       |  |                        |            |            |
| _        |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
| 2a       | i is the                       | foundation directly or indirec        | ctly affiliated with, or related to, o   | one or more tax-exempt organiz        | ations described   |                        |            | _          |
|          |                                |                                       | er than section 501(c)(3)) or in s   | section 527?                          |  | Yes                    | LX.        | No         |
| _b       | If "Yes                        | s," complete the following sch        | •  |                                       |  |                        |            |            |
| _        |                                | (a) Name of org                       | ganization   | (b) Type of organization              | (c) Description of rel   | ationship              |            |            |
| _        |                                | N/A                                   |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       |  |                                       |  |                        |            |            |
| _        |                                |                                       |  |                                       |  |                        |            |            |
|          |                                |                                       | have examined this return, including a<br>ner than taxpayer or fiduciary) is based |                                       | ents, and to the best of my knowledge and bel<br>has any knowledge | ef, it is true, correc | ;t,        |            |
|          |                                | 1/1/                                  | 177  | 11/2/                                 |  |                        |            |            |
| <b>.</b> | <u> </u>                       | 12.14                                 | P 12 1148  | 11/2//2                               | PRESIDENT  |                        |            |            |
|          | SI                             | gnature of officer or trustee         |  | Date                                  | Title Check if   | Denner de (de-111      |            | -ba-       |
| 5        | .σ <b>&gt;</b>                 | Preparer's                            | 7///17   |                                       | Check if self-employed >   | Preparer's identify    | ing num    | net        |
| ก็       | Paid<br>Preparer's<br>Use Only | signature                             | -+   |                                       |  |                        |            |            |
|          | Paid<br>epare<br>se On         | Firm's name (or yours BAIL            |  | CARANO, LLC                           | EIN -  |                        |            |            |
|          | కైప                            |                                       | MAIN STREET  | <u>-</u>                              |  | 2021401                |            | ~ ~        |
|          |                                | address, and ZIP code BRAN            | NFORD, CT 06405  |                                       | Phone no (2  | <u> 203)481-</u>       | <u>-11</u> | <u> 20</u> |

923622 02-02-10

| S AND        | INTER                  | EST I  | FROM  | SECU  | JRITIES  | STATEMENT   | 1  |  |
|--------------|------------------------|--|---|---|--|---|--|--|
|              | GROSS                  | AMO  | JNT   |   |  | COLUMN (A   | A)   |  |
| <del>-</del> |                        |  |   |   | 0.<br>0.<br>0.   |   | 381.<br>316.<br>34.  |  |
| _N 4 =       |                        | 9,7  | 731.  |   | 0.   | 9,  | 731.   |  |
| ΓO           | HER I                  | NCOME  | <br>3   |   |  | STATEMENT   | 2  |  |
|              | I                      | REVI   | ENUE  |   | (B)<br>NET INVEST-<br>MENT INCOME  | (C)<br>ADJUSTI<br>NET INCO  |  |  |
|              | -                      |  | -4  | 18.   | 0 .  | •   |  |  |
| LINE         | 11                     |  | -4  | 18.   | 0.   | •   |  |  |
| ACC          | OUNTI                  | NG FE  | EES   |   |  | STATEMENT   | 3  |  |
| EXPEN        | ISES                   |  |   |   | (C)<br>ADJUSTED<br>NET INCOME  | (D)<br>CHARITA<br>E PURPOS  |  |  |
| 2            | ,000.                  |  |   | 0.  |  |   | 0.   |  |
| 2            | ,000.                  |  |   | 0.  |  |   | 0.   |  |
|              | TAXES                  |  |   |   | STATEMENT 4  |   |  |  |
| EXPEN        | SES                    |  | (B)<br>INVE   |   | (C)<br>ADJUSTED<br>NET INCOME  | (D)<br>CHARITA<br>E PURPOS  |  |  |
| PER E        | OOKS                   | MEM  | LINC  |   |  |   |  |  |
| PER E        | 100.<br>.619.          | ——   | - INC   | 0.  |  |   | 0.   |  |
|              | LINE  ACC  EXPEN PER E | GROSS  OTHER II  ACCOUNTINA  EXPENSES PER BOOKS  2,000.  2,000.  TAXI  (A) | GROSS AMOU  3,3,6,3 6,3  OTHER INCOME  REVI PER II  ACCOUNTING FI  (A) EXPENSES NET PER BOOKS MENT 2,000.  2,000.  TAXES  (A) | GROSS AMOUNT  3,381. 6,316. 34.  LN 4 9,731.  OTHER INCOME  (A) REVENUE PER BOOKS  -4 LINE 11 -4  ACCOUNTING FEES  (A) (B) EXPENSES NET INVE PER BOOKS MENT INC. 2,000.  2,000.  TAXES  (A) (B) | GROSS AMOUNT  3,381. 6,316. 34.  2N 4 9,731.  OTHER INCOME  (A) REVENUE PER BOOKS  -418.  LINE 11 -418.  ACCOUNTING FEES  (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME  2,000. 0.  2,000. 0.  TAXES  (A) (B) | GROSS AMOUNT DIVIDENDS  3,381. 0. 6,316. 0. 34. 0.  IN 4 9,731. 0.  OTHER INCOME  (A) REVENUE PER BOOKS MENT INCOME  -418. 0.  LINE 11 -418. 0.  ACCOUNTING FEES  (A) (B) (C)  EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME  2,000. 0.  2,000. 0.  TAXES  (A) (B) (C) | GROSS AMOUNT  GROSS AMOUNT  3,381.  6,316.  34.  0.  34.  0.  OTHER INCOME  CAPITAL GAINS AMOUNT  3,381.  0.  6,316.  0.  9,  OTHER INCOME  CAPITAL GAINS AMOUNT  CAPITAL GAINS COLUMN (A Column)  ACCOUNTING  FER BOOKS  MENT INVEST- PER BOOKS  ACCOUNTING FEES  CAPITAL GAINS AMOUNT  ACCOUNTING  (B)  (C)  ADJUSTING  ACCOUNTING FEES  CAPITAL GAINS AMOUNT  (B)  (C)  ADJUSTING  ADJUSTING  ACCOUNTING FEES  CHARITA PER BOOKS MENT INVEST- PER BOOKS MENT INCOME  ACCOUNTING  ACCOUN |  |

| FORM 990-PF                            | OTHER EXPENSES               |                             |      | STATEMENT                    |                     |     |  |
|--|------------------------------|-----------------------------|------|------------------------------|---------------------|-----|--|
| DESCRIPTION                            | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVE<br>MENT INC |      | (C)<br>ADJUSTEI<br>NET INCON |                     |     |  |
| ELAN SELECT PORTFOLIO DEDUCTION        | 10.                          |                             | 0.   |                              |                     | 0.  |  |
| TO FORM 990-PF, PG 1, LN 23            | 10.                          |                             | 0.   |                              |                     | 0.  |  |
| FORM 990-PF                            | OTHER INV                    | ESTMENTS                    |      |                              | STATEMENT           | 6   |  |
| DESCRIPTION                            |                              | LUATION<br>ETHOD            | вос  | K VALUE                      | FAIR MARKE<br>VALUE | T   |  |
| ELAN SELECT<br>GOLDMAN SACHS           |                              | COST<br>COST                |      | 531,736.<br>226,763.         | 531,7<br>174,7      |     |  |
| TOTAL TO FORM 990-PF, PART II          | , LINE 13                    |                             |      | 758,499.                     | 706,4               | 85. |  |
| FORM 990-PF                            | OTHER LIA                    | BILITIES                    |      | -                            | STATEMENT           | 7   |  |
| DESCRIPTION                            |                              |                             | воу  | AMOUNT                       | EOY AMOUNT          |     |  |
| ABBOTT INSURANCE TRUST                 |                              | 50,000.                     | 50,0 | 50,000.                      |                     |     |  |
| TOTAL TO FORM 990-PF, PART II, LINE 22 |                              |                             |      | 50,000. 50,00                |                     |     |  |

| Form 8868 (Rev 4-2009                                   |  |           |                      | Page 2      |  |  |  |
|---|--|-----------|----------------------|-------------|--|--|--|
| Note. Only complete F                                   | Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box art II if you have already been granted an automatic 3-month extension on a previously filed For Automatic 3-Month Extension, complete only Part I (on page 1).   |           | 8868.                | ► X         |  |  |  |
|   | onal (Not Automatic) 3-Month Extension of Time. Only file the original (no cop   | oles r    | reeded)              |             |  |  |  |
| Name of E   | Name of Exempt Organization  |           |                      |             |  |  |  |
| Type or print   | .  |           |                      |             |  |  |  |
| File but the  | HERMAN ABBOTT FAMILY FOUNDATION INC.   |           |                      |             |  |  |  |
| extended due date for filing the                        | Number, street, and room or suite no. If a P.O. box, see instructions.   |           |                      |             |  |  |  |
| return See   City, town                                 | m See   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   |           |                      |             |  |  |  |
| Form 990  | o be filed (File a separate application for each return):  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 1041-A  Form 990-PF  Form 990-T (trust other than above)  Form 4720   | _         | orm 5227<br>orm 6069 | Form 8870   |  |  |  |
| STOP! Do not comple                                     | e Part II if you were not already granted an automatic 3-month extension on a previously   | y file    | d Form 8868          | B.          |  |  |  |
| Telephone No.   | DAVID Y. BAILEY    care of ► 1224 MAIN STREET - BRANFORD, CT 06405   203-481-1120 FAX No. ►  |           |                      |             |  |  |  |
|   | pes not have an office or place of business in the United States, check this box   |           |                      | <b></b>     |  |  |  |
|   | Return, enter the organization's four digit Group Exemption Number (GEN) if this if the group, check this box  and attach a list with the names and EINs of all mixed the control of the group, check this box.  |           |                      |             |  |  |  |
|   | tional 3-month extension of time until NOVEMBER 15, 2010.  | EIIID     | ers tile exteri      | SIOTIS TOT. |  |  |  |
|   | For calendar year 2009, or other tax year beginning , and ending   |           |                      |             |  |  |  |
|   | If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period   |           |                      |             |  |  |  |
| 7 State in detail why you need the extension            |  |           |                      |             |  |  |  |
|   | RECEIVED ALL THE INFORMATION NECESSARY TO FILE   | <u> A</u> | COMPLE               | ETE AND     |  |  |  |
| ACCURATE  | The state of the s |           |                      |             |  |  |  |
| • •   | is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |           |                      | 105         |  |  |  |
|   |  | 8a        | \$                   | 195.        |  |  |  |
|   | is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated   |           |                      |             |  |  |  |
|   | de. Include any prior year overpayment allowed as a credit and any amount paid   | 8ь        | \$                   | 320.        |  |  |  |
|   | previously with Form 8868.   |           |                      |             |  |  |  |
|   | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  |           |                      |             |  |  |  |
| with FTD coupor   | or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions [   Signature and Verification   | 8c        | \$                   | 0.          |  |  |  |
| Under penalties of perjury it is true, correct, and com | I declare that I have examined this form, including accompanying schedules and statements, and to the biplete, and that I am authorized to prepare this form   | est of    | my knowledge         | and belief, |  |  |  |
| Signature ►   | - DDDGTDDM   | Date      | •                    |             |  |  |  |

Form 8868 (Rev 4-2009)