

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form **990-PF**

#### **Return of Private Foundation**

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

Department of the Treasury

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

2009

OMB No 1545-0052

_		<del> </del>	be able to use a copy of this	<del></del>	rting requirements.				
Fo	For calendar year 2009, or tax year beginning, and ending  G. Check all that apply: Initial return Initial return of a former public charity Final return								
G	Chec	··· —			Final return				
Amended return Address change Name change									
Us	e the	IRS Name of foundation	A Employer identification	number					
	labe								
0	therw	·		<del></del>	<u> 13-7355037</u>				
	prin		elivered to street address)	Room/suite	B Telephone number				
	or typ e Spe	47 IIIDDIOINI RD			203-221-12	88			
	tructi	ione   Gity Of LOWII, State, allu ZIP COUE			C If exemption application is p				
		WESTPORT, CT 06880	<del></del>		D 1. Foreign organizations	s, check here			
H	_	k type of organization: X Section 501(c)(3) ex	• •		Foreign organizations me check here and attach co	mputation			
ᆜ			Other taxable private founda		E If private foundation sta				
		arket value of all assets at end of year   J   Account	-	Accrual	under section 507(b)(1)	(A), check here			
			ther (specify)		F If the foundation is in a (				
_	<u>&gt;\$</u>	118,712. (Part I, colu		-	under section 507(b)(1)				
_	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes			
	T		<u> </u>	moonto	modific	(cash basis only)			
<u></u>	1	Contributions, gifts, grants, etc., received	1,220.						
<b>&gt;</b>	2	Check ► X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments	40	40		COLO DE LA COLO DEL LA COLO DE LA COLO DEL LA COLO DEL LA COLO DEL LA COLO DE LA COLO DEL LA COLO DEL LA COLO DEL LA COLO DEL LA COLO DE LA COLO DE LA COLO DE LA COL			
=	3		42.	42.	<del></del>	STATEMENT 1			
AUG B	4	Dividends and interest from securities	1,417.	1,417.		STATEMENT 2			
₹		a Gross rents							
		Net rental income or (loss)	<9,917.						
SOANNIE Bevenie	3   6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 166,307.	<9,917.	}	DECENTE				
	,			0.	- KECEINE	)			
<b>&amp;</b> &	! (	Capital gain net income (from Part IV, line 2)				78			
	9	Net short-term capital gain Income modifications			AUG 0 3 20:				
	1 -	Cross sales less satures			1	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12			
		and allowances  Less Cost of goods sold			OCDCN				
	1	Gross profit or (loss)			<del>LOGDEN, U</del>	<del>  </del>			
	1	Other income							
	12	Total. Add lines 1 through 11	<7,238.	> 1,459.	0.				
_	13	Compensation of officers, directors, trustees, etc	0.	1, <del>435.</del>	0.	0.			
	14	Other employee salaries and wages				<u> </u>			
	15	Pension plans, employee benefits				<del> ,</del>			
ď	162	Legal fees							
900		Accounting fees STMT 3	1,575.	0.	0.	0.			
Z Li		Other professional fees							
9	17	Interest							
Operating and Administrative Expens	18	Taxes							
ist	19	Depreciation and depletion							
Ē	20	Occupancy							
4	21	Travel, conferences, and meetings	319.	0.	0.	0.			
בַּ	22	Printing and publications							
2	23	Other expenses STMT 4	273.	0.	0.	0.			
i <u>t</u> e	24	Total operating and administrative							
ۇ ي		expenses. Add lines 13 through 23	2,167.	0.	0.	0.			
C	25	Contributions, gifts, grants paid	9,941.	· · · · · · · · · · · · · · · · · · ·		9,941.			
	26	Total expenses and disbursements.			ļ				
_	↓_	Add lines 24 and 25	12,108.	0.	0.	9,941.			
	27	Subtract line 26 from line 12:							
		Excess of revenue over expenses and disbursements	<19,346.						
		Net investment income (if negative, enter -0-)		1,459.					
923	0 501	Adjusted net income (if negative, enter -0-)	<u> </u>		0.	Form 990-PF (2000)			
~~~		LHA For Privacy Act and Panerwork Reduction	ACT NATICA CAS The instruct	IORE		LARM WULL DE (2000)			

1, ->.

Fo	rm 99	00-PF (2009) MY CHILD'S HAND FOUNDATI			7355037 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u>:</u>	-	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	24,727.	14,025.	
	2	Savings and temporary cash investments	36,559.	31,877.	31,877.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	1	Less: allowance for doubtful accounts			
"	۵	Inventories for sale or use			
Assets	1 .	_ · · · · · · · · · · · · · · · · · · ·			
Ass	9	Investments - U.S. and state government obligations			
_			73,534.	69,572.	72,810.
			/3,334.	09,374.	12,010.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<del> </del>
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers)	134,820.	115,474.	118,712.
	18	Grants payable	-		
w	19	Deferred revenue			
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			
ij	Į.				
Lia	21	Other habilities (describe )			
	22	Other natimities (describe			
		T. A. I. P. A. Walton (add lane 47 Abrana h 00)		0	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ည	24	Unrestricted	_	· · · · · · · · · · · · · · · · · · ·	
ā	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	134,820.	115,474.	
ē	30	Total net assets or fund balances	134,820.	115,474.	
~	"				
	31	Total liabilities and net assets/fund balances	134,820.	115,474.	
$\equiv$				110/11/11	
LP	art	III Analysis of Changes in Net Assets or Fund Ba	iances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30	<u> </u>		
•		st agree with end-of-year figure reported on prior year's return)	•	1	134,820.
•		r amount from Part I, line 27a		<del></del>	
		·	•	2	<19,346.>
		r increases not included in line 2 (itemize)	<del></del>	3	115 474
		lines 1, 2, and 3		. 4	115,474.
		eases not included in line 2 (itemize)	(b) tax 00	5	115 474
<u>6</u>	ıotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), tine 30		115,474.
022	E 1 1				Form <b>990-PF</b> (2009)

8 Enter qualifying distributions from Part XII, line 4

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

Form **990-PF** (2009)

547,582.

9,941.

See the Part VI instructions.

Add lines 5 and 6

923521 02-02-10

7

8

	n 990-PF (2009) MY CHILD'S HAND FOUNDATION TRUST  art'VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>13-</u> 948 -	73550 see ins	37 tru		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					13,
	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				29.
_	of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			-	29.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				29.
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009					
b	Exempt foreign organizations - tax withheld at source 6b					
C	: Tax paid with application for extension of time to file (Form 8868) 6c 29.					
d	I Backup withholding erroneously withheld 6d	. 1				
7	Total credits and payments. Add lines 6a through 6d	7				29.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	i			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?			a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities.					
C	: Did the foundation file Form 1120-POL for this year?		L.	c		X
d	I 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 .				- 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		İ			
	managers. > \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		L	2		X
	If "Yes," attach a detailed description of the activities.			ŀ	l	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<u> </u>	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?	N	/A 4	b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		_X_
	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:		ŀ		l	
	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		<u>X</u>
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.				- 1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	CT					
b	of 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		<u> </u>	ь	X	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	-			
	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			0		<u> </u>
			Form <b>S</b>	90-	PF (	2009)

923531 02-02-10

. - 3.

923541

₩ **>**6

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:		
·a	Average monthly fair market value of securities	1a	94 961.
b	Average of monthly cash balances	1b	94,961. 19,838.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	114,799.
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	114,799.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,722.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	113,077.
6	Minimum investment return. Enter 5% of line 5	6	5,654.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	5,654.
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	29.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,625.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,625.
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	5,625.
P	art XII Qualifying Distributions (see instructions)	I	
١.	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	0 041
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,941.
ь 2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1b	0.
3	Amounts set aside for specific charitable projects that satisfy the:	2	
-	Suitability test (prior IRS approval required)	20	
à	Cash distribution test (attach the required schedule)	3a	
ь 4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	3b 4	9,941.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	4	7,741.
J	income. Enter 1% of Part I, line 27b	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,941.
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.	juainies 10	i ilie seciion

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				5,625.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005 21,884.				
c From 2006 21,543.				
d From 2007 33,150.			,	
e From 2008 13,864.				
f Total of lines 3a through e	90,441.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$9,941.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				5,625.
e Remaining amount distributed out of corpus	4,316.			<u> </u>
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				<del></del>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	94,757.			
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				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	94,757.			
O Analysis of line 9:				_
a Excess from 2005 21,884.				
b Excess from 2006 21,543.				
c Excess from 2007 33,150.				
d Excess from 2008 13,864.	j			
e Excess from 2009 4, 316.				
				Form <b>990-PF</b> (2000)

Page 11

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,		Durnoss of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
• •				
SEE STATEMENT 6				
Total		<del></del>	<b>▶</b> 3a	9,941
b Approved for future payment				
NONE				
Total		1	<b>▶</b> 3b	0
923611 02-02-10			F0	rm <b>990-PF</b> (2009

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt
1 Program service revenue:	code		code	Amount	function income
a	· <del> </del>				
D	· <del>  · · ·   -</del>		_		
c	·	· · · · · · · · · · · · · · · · · · ·		<del></del>	
O	·				
e	· -	<del> </del>			
g Fees and contracts from government agencies	· <del>    -</del>				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					· · · · · · · · · · · · · · · · · · ·
investments			14	42.	
4 Dividends and interest from securities			14	1,417.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</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					<9,917.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	.				
C	.	<del></del>			
d	·				
e	·			1 1 2 2	
12 Subtotal. Add columns (h), (d), and (e)		(	).	1,459.	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	•			13	<u>&lt;8,458.</u> :

Line No. ▼	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).									
8	NET CAPITAL LOSS FROM THE SALE OF PUBLICLY TRADED SECURITIES									SECURITIES
			<del></del>			·	_			
	<u> </u>									<del></del>
									<del>-</del>	
	<u> </u>									
	<u> </u>									
	<u> </u>	<u>-</u> .								
<del></del>				-						
	<del> </del>							<del> </del>		
	-							<del></del> _		_ <del>-</del>
	-									<del></del>

923621

			<u> IILD'S HAND FOUI</u>	NDATION TRUST		<u> 13-7355037</u>	Pa	ge 13	
Pa	art X\	/II Information Re Exempt Organ	egarding Transfers To	and Transactions a	nd Relationships W	ith Noncharitable			
1	Did th		rectly engage in any of the follow	ing with any other organization	n described in section 501(c)	of	Yes	No	
•						°'	.03	110	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  Transfers from the reporting foundation to a noncharitable exempt organization of:									
a	10/11		-						
	(1) (					1a(1)		X	
		Other assets				1a(2)		X	
D		transactions:	ship ayamat arganization			1.40		٦,	
		Sales of assets to a noncharita				1b(1)		X	
			oncharitable exempt organization			1b(2)		X	
		Rental of facilities, equipment,				1b(3)		X	
		Reimbursement arrangements	i			1b(4)		X	
		oans or loan guarantees				1b(5)		X	
			embership or fundraising solicitati			<u>1b(6)</u>		X	
C			ailing lists, other assets, or paid er	• •			L .	X	
đ			"Yes," complete the following sch	• •	=	• •	ets,		
			foundation. If the foundation recei		e in any transaction or sharing	g arrangement, show in			
7-1			other assets, or services received		1 70				
(a)	Line no	(b) Amount involved	(c) Name of noncharitab	ile exempt organization	(0) Description of transfers	, transactions, and sharing arr	rangeme	ints	
			N/A		· · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·					
						<u> </u>			
				······································					
			<u> </u>						
							-		
2a	Is the	foundation directly or indirec	tly affiliated with, or related to, on	e or more tax-exempt organiz	ations described				
			er than section 501(c)(3)) or in sec	· -		Yes	X	No	
Ь		s," complete the following sch							
		(a) Name of org		(b) Type of organization	(c) Descrip	otion of relationship			
		N/A							
_							-		
				<del></del>	<del></del>				
$\neg$	Under p	enalties of perjury, I declare that I i	have examined this return, including acc	companying schedules and stateme	ents, and to the best of my knowle	dge and belief, it is true, corre	ct,		
ı	and con	nplete Declaration of preparer (other	er than taxpayer or fiduciary) is based o	n all information of Which preparer i	has any knowledge				
17/28/10 Founder Bies									
9	Si	gnature of officer or trustee		Date	Title	<del>- ,                                   </del>			
Sign Here		Preparer's	<del>,                                      </del>		ate Check if	Preparer's identify	ying nun	nber	
ğ	ج ح ي	signature	2_		setf-		-		
S	og g		& COMPANY CPA			<u></u>			
[1	Paid Preparer's Use Only	if self-employed), 122	. & COMPANY CPA EAST 42ND STREI		EIN ►				
	₹⊃	1	VORK NV 10168	ET JIST LIOOK	Phone n	0 21294967	0.0		

923622 02-02-10

## Schedule B (Form 990, 990-EZ,

. " >

or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization	Employer identification number	
<b>M</b> \	CHILD'S HAND FOUNDATION TRUST	13-7355037
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Specia	I Rule. See instructions
General Rule		
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (i lete Parts I and II	n money or property) from any one
Special Rules		
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is check purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cose exclusively for religious, charitable, etc., purposes, but these contributions did noted, enter here the total contributions that were received during the year for an exclusive any of the parts unless the <b>General Rule</b> applies to this organization because, etc., contributions of \$5,000 or more during the year.	t aggregate to more than \$1,000.  sively religious, charitable, etc,
	hat is not covered by the General Rule and/or the Special Rules does not file Schedul Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on li	
	ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	no 2 or as rount source, to certify
LHA For Privacy Act and	Paperwork Reduction Act Notice, see the Instructions Schedu	ile B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization

Employer identification number

MY	CHILD'	S	HAND	FOUNDATION	N TRUST
----	--------	---	------	------------	---------

13-7355037

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM & LORAYNE PASQUA  47 HILLSPOINT RD  WESTPORT, CT 06880	<b>\$</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

• • • • MY CHILD'S HAND FOUNDATION TRUST
Part IV | Capital Gains and Losses for Tax on Investment Income

- tal a ro   Capital dallis and Lo	saca for tax off thecathlett filedille				
(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.			(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	US DOLLAR INDEX		D - Donation (mo., day, yr.) (mo		
	US DOLLAR INDEX			<del> </del>	<del></del>
		<u>V-1</u>			
c US OIL FD LP K			_ P		<del> </del>
d US OIL FD LP K			P		
e POWERSHARE DB AGRICULTURE FD K-1			P		
	AGRICULTURE FD K	-1	P		
g POWERSHARE DB	AGRICULTURE FD K	-1			
h SEE FIDELITY S	TMT ATTACHED		P	VARIOUS	VARIOUS
SEE FIDELITY S	TMT ATTACHED	-	P		VARIOUS
FIDELITY			P		
k					
1					
m					
n	<del></del>		<del> </del>	<del> </del> -	
	· · · · · · · · · · · · · · · · · · ·				
0	(0.5)			<u> </u>	<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) r	) Gain or (loss) plus (f) minus (g)	
<u>a</u>		7.			<7.
b		4.			<4.
c 272.					272.
d 181.			<del></del> ·		181.
e 236.					236.
f 156.		-			156.
9		1.	<del></del>		<1.:
h 146,764.	<del></del>	143,817.			
18,673.		32,395.		,	2,947.
<u>10,073.</u> <u>25.</u>		34,395.	<del></del> -		<13,722.
	<del>                                     </del>				<u>25.</u>
<u>k</u>				<del></del>	
<u> </u>					
m					
ij					
0					
Complete only for assets shown	ng gain in column (h) and owned by t	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	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. but not less than "-0-")		
	45 0. 12000	0101 001 (1), 11 0119	<del></del>	<u> </u>	
<u>a</u>	<del></del>		-··		<u> &lt;7.</u> >
b					<4.
C					272.
<u>d</u>					181.
e					236.
f					156.
g					<1.
h					2,947.
1					$\frac{2,347.}{<13,722.}$
1					25.
k		-			4.5 •
<u></u>					-
m					<del></del>
<u>m</u>	<del>                                     </del>				
<u>n</u>					
0					
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter *-0	in Part I, line 7			<9,917.>
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and	_ [			
If gain, also enter in Part I, line 8,	column (c).	· · · · · · · · · · · · · · · · · · ·			
If (loss), enter "-0-" in Part I, line	<u>3</u>			N/A	
	<del></del>				

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	VESTMENTS	STATEMEN	IT 1	
SOURCE						AMOUN	T	
FIDELITY TRANSCHASE							34.	
JPMORGAN CHASE POWER SHARE DB AGRICULTURE POWER SHARE DB US DOLLAR INDEX US OIL FUND LP TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A							9. 3.	
						42.		
SOURCE	URCE		AMOUNT	CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT		
FIDELITY	·	-	1,417. 0.		0.	1,417.		
TOTAL TO FM 990-PF, PART I, 1		1,417.		0.	1,417.			
FORM 990-PF	AC	COUNTI	NG FEES			STATEMEN	7T 3	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM	CHARI	(D) CHARITABLE PURPOSES	
•		1,575.		0.		0.	0.	
TO FORM 990-PF, PG 1, LN 16B		1,575.		0.		0.	0.	
FORM 990-PF	0	THER E	XPENSES			STATEMEN	T 4	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM	CHAR1	(D) CHARITABLE PURPOSES	
BANK CHARGES FILING FEES		198. 75.		0.		0.	0.	
TO FORM 990-PF, PG 1, LN 23		273.		0.		0.	0.	
						_== =====		

FORM 990-PF	CORPORATE STOCK		STATE	EMENT	5
DESCRIPTION	воон	C VALUE		R MARKET VALUE	
INVESTMENT PORTFOLIO		69,572.	72,810.		
TOTAL TO FORM 990-PF, PART II, L	INE 10B	69,572.		72,83	10.
	AND CONTRIBUTIONS DURING THE YEAR		STATE	EMENT	6
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSE AND PURPOSE OF GRAN		PIENT ATUS	AMOUI	ΝT
ALVARO HERNANDEZ 13 ELDRIDGE ST APT 1 PORTCHESTER , NY 11057	NONE ONE MONTH RENT FOR PATIENT			1,80	00.
WILLIAM LABRIOLA 30 DONNA LANE WEST WAKILL, NY 12589	NONE FERTILITY FEES FOR PATIENT			1,81	10.
ERIC HAUSER 15 CHURCH ST HARRISON, NY 10926	NONE MORTGAGE PAYMENT & HOTEL STAY			85	53.
SPADICIA HARRIS 329 N HIGH ST MT VERNON, NY 10550	NONE GROCERIES FOR PATIENT	,		57	70.
ARIANNA FIDER 90 ROOSEVELT DR W. HAVERSTRAW, NY 10993	NONE FUNERAL EXPENSES			56	50.
KELLY GALARZA 17 HOMESTEAD AVE DANBURY, CT 06810	NONE PROPERTY TAX/CAR INSURANCE/GAS			1,08	30.

MY CHILD'S HAND FOUNDATION TRUS	ST	13-7355037
GAVIN HUBBS 347 RT 17 UNIT 7 PINE BUSH, NY 12565	NONE HOTEL STAY FOR PATIENT	628.
ROSHAN STEWART 300 S BROADWAY APT 3A TARRYTOWN , NY 10591	NONE ONE MONTH RENT FOR PATIENT	1,615.
JELISSA LOPEZ 175 STANLEY AVE APT B5 YONKERS, NY 10705	NONE WIG	203.
WESTCHESTER CHILDREN'S HOSPITAL 95 BRADHURST AVE VALHALLA, NY 10595	NONE HOLIDAY PARTY FOR PATIENTS	822.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	9,941.

#### Form **8868**

(Rev 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

			<del></del>	
-	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	-	×
-	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously file			
Par			<del></del> -	
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nlete		
Part I	·	.p.o.c	•	• 🗀
All of	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exter	ision of time	<u> </u>
	income tax returns	CALCI	ision of time	
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensical 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 construct the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits.	cally r	f (1) you want the a ated Form 990-T. Ir	dditional
Туре	or Name of Exempt Organization	Emp	loyer identification	n number
print				
File by	MY CHILD'S HAND FOUNDATION TRUST	1	<u>3-7355037</u>	
due da filing yo return	te for Number, street, and room or suite no. If a P.O box, see instructions  47 HTLLSPOTNT RD			
instruct				
	WESTPORT, CT 06880		<del></del>	
Chec	k type of return to be filed (file a separate application for each return):			
	Form 990 Form 990-T (corporation) Form 47	220		
一	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52			
一	Form 990-EZ Form 990-T (trust other than above)			
X	Form 990-PF			
● Th	ORGANIZATION e books are in the care of  47 HILLSPOINT RD - WESTPORT, CT 06880			
	lephone No. ► 203-221-1288 FAX No. ►			
	the organization does not have an office or place of business in the United States, check this box			
		s is fo	r the whole group,	check this
box ]				
			***************************************	
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until	ıł		
	AUGUST 15, 2010 , to file the exempt organization return for the organization named a	bove	The extension	
	is for the organization's return for:			
	► X calendar year 2009 or			
	tax year beginning, and ending		<u> </u>	
2	If this tax year is for less than 12 months, check reason:		Change in account	ting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			<del></del>
	nonrefundable credits. See instructions.	3a	\$	29.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit	_3b	\$	0.
С	Balance Due. Subtract line 3b from line 3a 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.	3с	\$	29.
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment ins	structions.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (	Rev. 4-2009)

923831 05-26-09