

### 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-RF

**Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2009

Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements 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 Amended return Address change Name change A Employer identification number Name of foundation Use the IRS 20-1645236 label. WADSWORTH FAMILY FOUNDATION Otherwise, Telephone number (see page 10 of the instructions) 203-269-9730 print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. 879 CHURCH STREET RT 68 If exemption application is pending, check here See Specific City or town, state, and ZIP code 1 Foreign organizations, check here Instructions. WALLINGFORD CT 06492 2 Foreign organizations meeting the X Section 501(c)(3) exempt private foundation H Check type of organization 85% test, check here and attach computation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method X Cash Fair market value of all assets at end Accrual of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination 573,585 under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements expenses per (b) Net investment (c) Adjusted net for chantable total of amounts in columns (b), (c), and (d) may not necessarily equal books ıncome income purposes the amounts in column (a) (see page 11 of the instructions) ) (cash basis only) 28,241 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 22,442 22,442 22.442 4 Dividends and interest from securities Gross rents 5a Net rental income or (loss) b Revenue 21,012 6a Net gain or (loss) from sale of assets not on line 10 193,981 Gross sales price for all assets on line 6a 21,012 7 Capital gain net income (from Part IV, line 2) 21,012 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns & allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 71,695 43,454 43,454 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc SC/মুন্মার্ল্ড 0CT ি বিস্কৃতিলses Operating and Administrative হিস্কৃতিলses 14 Other employee salaries and wages Pension plans, employee benefits 15 Legal fees (attach-soffedule) 16a Accounting fees (attach schedule) Other professional fees (attach schedule) Interest OCIONALYA Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Stmt 1 1 Other expenses (att. sch.) Total operating and administrative expenses. Add lines 13 through 23 28,993 25 Contributions, gifts, grants paid 28,993 Total expenses and disbursements. Add lines 24 and 25 28,994 0 0 26 Subtract line 26 from line 12 42,701 Excess of revenue over expenses and disbursements 43,454 Net investment income (if negative, enter -0-) 43,454 Adjusted net income (if negative, enter -0-)

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2009)

20-1645236

Page 2

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	253,806		
	2	Savings and temporary cash investments	86,945	86,945	
	3	Accounts receivable ▶			:
	1	Less allowance for doubtful accounts ▶		_	<u></u>
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) See Stmt 2	179,009	486,640	486,640
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis	<u> </u>		
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis	}		
		Less accumulated depreciation (attach sch.)	-		
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers—see the			
_	<u> </u>	instructions. Also, see page 1, item I)	432,815	573,585	573,585
	17	Accounts payable and accrued expenses			
S,	18	Grants payable			
≌	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe > )	0	0	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here ▶	<u> </u>		
s		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
a	25	Temporarily restricted	-		
39	26	Permanently restricted		_	
ᅙ	-0	Foundations that do not follow SFAS 117, check here ▶   X			
Ξ		and complete lines 27 through 31.			
_	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
šet	29	Retained earnings, accumulated income, endowment, or other funds	432,815	573,585	
\S	30	Total net assets or fund balances (see page 17 of the	302,020		
Net Assets or Fund Balan		instructions)	432,815	573,585	
ž	31	Total liabilities and net assets/fund balances (see page 17		7.2	
		of the instructions)	432,815	573,585	
	Part II		<del></del>		
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	agree with		
		f-year figure reported on prior year's return)		_ 1	432,815
2	! Enter	amount from Part I, line 27a		2	42,701
3	Other	ıncreases not included in line 2 (itemize) ▶ See Statement 3		3	98,284
4	Add I	nes 1, 2, and 3		. 4	573,800
5	Decre	ases not included in line 2 (itemize) ▶ See Statement 4		5	215
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	573,585
					990-PE (2000)

Part IV Capital Gains	and Losses for Tax on Investme	nt Income					
	scribe the kind(s) of property sold (e.g., real estate, warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation		ite acquired , day, yr )	(d) Date sold (mo , day, yr )
1a MFS HIGH INCO	ME - A			P	Vai	ious	05/28/09
b MFS CORE EQUI	TY - A			P	Vai	ious	Various
C							
d				:			
<u>e</u>		<del>,</del>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			or (loss) minus (g)
a 37,05				35,188			1,866
ь 156,92	.7			137,781			19,146
С		<u> </u>					
d						<del>,</del>	
<u>e</u>							
Complete only for assets show	ing gain in column (h) and owned by the fou	ndation on 12/3	31/69	<del></del>			(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any	C		less than -0-) <b>or</b> om col (h))
a							1,866
b							19,146
С							
d							
е							
2 Capital gain net income or (ne	capital loss) If gain, also enter in If (loss), enter -0- in	•	}		2		21,012
3 Net short-term capital gain or (	loss) as defined in sections 1222(5) and (6)						
If gain, also enter in Part I, line	8, column (c) (see pages 13 and 17 of the ir	structions)	٦.				
If (loss), enter -0- in Part I, line	8		<u></u>		3		21,012
Part V Qualification	Under Section 4940(e) for Reduc	<u>ed Tax on l</u>	<u>Net Ir</u>	<u>rvestment Incor</u>	ne		
	this part blank ection 4942 tax on the distributable amount of alify under section 4940(e). Do not complete		e base	period? Ye	s X	No	
1 Enter the appropriate amount i	n each column for each year, see page 18 o	the instruction	s befo	re making any entries	;		
(a)	(b)			(c)			(d)
Base period years Calendar year (or tax year beginn	Advisated available discussion of a technique	ns Ne	t value d	of noncharitable-use ass	ets		ibution ratio ivided by col (c))
2008		,134	-	449,	102	/	0.029245
2007		,990		208,:			0.048005
2006	28	,243		159,	964	-	0.176558
2005	87	,463		153,	980		0.568015
2004							
2 Total of line 1, column (d)						2	0.821823
3 Average distribution ratio for th	e 5-year base period—divide the total on line	2 by 5, or by t	he		Γ		
number of years the foundation	has been in existence if less than 5 years				-	3	0.205456
4 Enter the net value of nonchar	table-use assets for 2009 from Part X, line 5				-	4	469,576
5 Multiply line 4 by line 3						5	96,477
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)					6	435
7 Add lines 5 and 6						7	96,912
8 Enter qualifying distributions fro	om Part XII, line 4					8	28,993
· · · · · · · · · · · · · · · · · · ·	an line 7, check the box in Part VI, line 1b, a	nd complete th	at part	using a 1% tax rate	See the		-
Part VI instructions on page 18							

Form	1990-PF (2009) WADSWORTH FAMILY FOUNDATION 20-1645236			F	age
P:	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruc	ctions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				86
	here ▶ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	1			
	Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	l			(
3	Add lines 1 and 2				869
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				(
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				869
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)  6c 255	1			
d	Backup withholding erroneously withheld 6d	İ			
7	Total credits and payments Add lines 6a through 6d				25!
8	Enter any penalty for underpayment of estimated tax. Check here X 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				622
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11				
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			Yes	No
	participate or intervene in any political campaign?	Ì	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	l			
	of the instructions for definition)?		1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		x
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			;	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ſ	2		х
	If "Yes," attach a detailed description of the activities		_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b		N/A	4b		
5	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	x	Ī
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	ınstructions) ► None				
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
		N/A	8b		ļ
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 on page				
	27)? If "Yes," complete Part XIV	ļ	9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

Forn	1 990-PF (2009) WADSWORTH FAMILY FOUNDATION 20-1645	236			Р	age 5
P	art 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 page 20 of the instructions)			11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	cation?		13	X	
	Website address ► N/A					
14		Telephone no 🕨	203-2	69-	973	0
	879 CHURCH STREET					
	Located at ▶ WALLINGFORD, CT	ZIP+4 ▶	06492			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	. 1	1			<b>▶</b>
	and enter the amount of tax-exempt interest received or accrued during the year		15			
Pž	art VII-B Statements Regarding Activities for Which Form 4720 May Be Requir	ed				r
	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)	Π	₹₽			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	$\Box$ ,,	₩			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	[]			-
	<ul><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li><li>(5) Transfer any income or assets to a disqualified person (or make any of either available for</li></ul>	∐ Yes	X No			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		22 140			
	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 )	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula					
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ 🗍			
С	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?			1c		X
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?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1-			
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
_	<b>2</b> 0 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	$\Box$	₩			
L	at any time during the year?	Yes	X No			
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 of holdings acquired by gift or bequest, or (3) the lapse of the 10-15- or 20-year first phase holding period? (Hea Schodulo C. Form 4720, to determine if the	) i				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		N/A	26	1	
4a	foundation had excess business holdings in 2009 )  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposi	os?	41/13	3b 4a		X
4a b	Did the foundation linest during the year any amount in a mariner that would jeopardize its charitable purposition by the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			4d		
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2			4b	†	X
	Topological policy and and any state of the	<del></del> .				

٧FF	, ,		•	•			
orn	1 990-PF (2009) WADSWORTH 1	FAMILY FOUNDATION	20-1	645236			Page (
		ding Activities for Which Fo	rm 4720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation pay						
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?	Y	res 🗓 No		1
	(2) Influence the outcome of any spec	ific public election (see section 4955),	or to carry on,	_	_		
	directly or indirectly, any voter regis	stration drive?			res X No		- 1
	(3) Provide a grant to an individual for	travel, study, or other similar purposes	s?	Y	res 🗶 No		
	(4) Provide a grant to an organization	other than a charitable, etc., organizat	ion described in				
	section 509(a)(1), (2), or (3), or sec	ction 4940(d)(2)? (see page 22 of the i	instructions)	Y	res X No		-
	(5) Provide for any purpose other than	religious, charitable, scientific, literary	, or educational				
	purposes, or for the prevention of	cruelty to children or animals?		Y	res X No		1
b	If any answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to qualify u	inder the exceptions descr	ribed in			ı
	Regulations section 53 4945 or in a cui	rrent notice regarding disaster assistar	nce (see page 22 of the in	structions)?	_N/A	5b	
	Organizations relying on a current notice	ce regarding disaster assistance check	k here		▶ ∐		
C	If the answer is "Yes" to question 5a(4)	, does the foundation claim exemption	n from the tax	. —			•
	because it maintained expenditure resp	onsibility for the grant?		N/A 🗌 Y	res No		
	If "Yes," attach the statement required	by Regulations section 53 4945-5(d)					
6a	Did the foundation, during the year, red	eive any funds, directly or indirectly, to	pay premiums				1
	on a personal benefit contract?			\ <b>\</b>	∕es X No		1
b	Did the foundation, during the year, pay	y premiums, directly or indirectly, on a	personal benefit contract?	7		6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the	e foundation a party to a prohibited tax	shelter transaction?	\ \	es X No		
	If yes, did the foundation receive any p				N/A	7b	
P		Officers, Directors, Trustees	, Foundation Mana	gers, Highly F	Paid Employe	es,	
	and Contractors			[ Abo instructions	<u> </u>		
1 1	List all officers, directors, trustees, for	undation managers and their compe	ensation (see page 22 of	the instructions	<u> </u>	т	
	(a) Name a	and and decree	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit	(e) Expe	nse account,
	(a) Name a	nu audress	devoted to position	-0-)	plans and deferred compensation	other allowance	
		WALL THOUGH	mpucmpr.		Compensation	<del>                                     </del>	-
	ILLIAM WADSWORTH SR	WALLINGFORD CT 06492	TRUSTEE 2.00	o	0		
	79 CHURCH ST RT 68	WALLINGFORD	TRUSTEE		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	······
	ILLIAM WADSWORTH JR	CT 06492	1.00	o	0	1	,
	79 CHURCH ST RT 68	C1 06492	1.00				
			<b>†</b>				
	<u> </u>					<del> </del>	
			1				
2	Compensation of five highest-paid	employees (other than those include	ed on line 1—see page 2	3 of the instructi	ons).		
_	If none, enter "NONE."						
			(b) Title, and average		(d) Contributions to		
	(a) Name and address of each em	ployee paid more than \$50,000	(b) Title, and average (b) hours per week	(c) Compensation	employee benefit plans and deferred		nse account, allowances
	. ,		devoted to position		compensation	Olliera	allowances
NC	ONE						-
			1		L		
						1	

**>** 

Total number of other employees paid over \$50,000

WFF	•	• •	
Form 990-PF (20 <u>0</u>	09) WADSWORTH FAMILY FOUNDATION	20-1645236	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Four and Contractors (continued)	idation Managers, Highly Paid Er	
3 Five highes	st-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NC	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	050 000 (		
otal number of o	thers receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities during the tax year. Include relevant statistic other beneficianes served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 GRANTS	S		
2		-	28,993
•			
3			
4			
Part IX-B	Summary of Program-Related Investments (see pag	e 24 of the instructions)	
	argest program-related investments made by the foundation during the tax year on lir		Amount
1 N/A			

Form **990-PF** (2009)

 $\blacktriangleright$ 

2

3

Total. Add lines 1 through 3

All other program-related investments. See page 24 of the instructions

b Program-related investments—total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes

3 Amounts set aside for specific charitable projects that satisfy the.

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

Form 990-PF (2009)

6

Pa	art XIII Undistributed Income	e (see page 26 of	the instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part 3	KI,	Corpus	Years pnor to 2008	2008	2009
	line 7					22,610
2	Undistributed income, if any, as of the en	d of 2009				
а	Enter amount for 2008 only					
b	Total for prior years 20 , 20	. 20				
3	Excess distributions carryover, if any, to 2					
а	From 2004					
b	From 2005	70,872				
С	From 2006	20,417				
d	_	,				
e	From 2008					
f	Total of lines 3a through e		91,289			
4	Qualifying distributions for 2009 from Par	t XII				
	line 4 ▶ \$ 28,993	,				
а	Applied to 2008, but not more than line 2	a			,	
	Applied to undistributed income of prior y					
_	(Election required—see page 26 of the in					
c	Treated as distributions out of corpus (Ele	·				
Ī	required—see page 26 of the instructions					
d	Applied to 2009 distributable amount					22,610
e	Remaining amount distributed out of corp	nus	6,383			22,020
5	Excess distributions carryover applied to		- 0,505			
	(If an amount appears in column (d), the					
	amount must be shown in column (a) )	000				
6	Enter the net total of each column as					
•	indicated below:					
а		t line 5	97,672			
	Prior years' undistributed income Subtract					
_	line 4b from line 2b	•				
c	Enter the amount of prior years' undistribit	uted				
Ť	income for which a notice of deficiency ha					
	been issued, or on which the section 494					
	tax has been previously assessed	-(0)				
А	Subtract line 6c from line 6b Taxable					
_	amount—see page 27 of the instructions					
e	Undistributed income for 2008 Subtract I	ine				
·	4a from line 2a Taxable amount—see pa					
	27 of the instructions	.90				
f	Undistributed income for 2009 Subtract I	ines				
·	4d and 5 from line 1 This amount must b					
	distributed in 2010	•				0
7	Amounts treated as distributions out of co	orpus				
•	to satisfy requirements imposed by section	•				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of	1				
	instructions)					
8	Excess distributions carryover from 2004	not				
•	applied on line 5 or line 7 (see page 27 of					
	instructions)	<del>-</del>				
9	Excess distributions carryover to 2010	i.				
-	Subtract lines 7 and 8 from line 6a	•	97,672			
10	Analysis of line 9		31,012			
	Excess from 2005	70,872				
a b	Excess from 2006	20,417				
C	Excess from 2007	20,417				
d	Excess from 2007					
e	Excess from 2009 .	6,383				
•		1 0,303	<u></u> †			

Рa	rt XIV Private Operating Fou	undations (see pa	age 27 of the instr	ructions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or o	letermination letter that	t it is a private operating	g			
	foundation, and the ruling is effective for 2009, enter the date of the ruling						
b	_	dation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)					
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years			
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total	
	investment return from Part X for			†	<del>-</del>		
	each year listed						
b	85% of line 2a			<del></del>			
c	Qualifying distributions from Part XII,		-	,	-		
	line 4 for each year listed						
d	Amounts included in line 2c not used directly						
ŭ	for active conduct of exempt activities						
	Qualifying distributions made directly						
e	• •						
	for active conduct of exempt activities Subtract line 2d from line 2c						
3							
3	Complete 3a, b, or c for the						
_	alternative test relied upon						
а	"Assets" alternative test—enter.						
	(1) Value of all assets						
	(2) Value of assets qualifying under						
_	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test—enter 2/3						
	of minimum investment return shown in						
_	Part X, line 6 for each year listed			-			
С	"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						
-	(4) Gross investment income		45.5	l	1.05.000		
Pa	rt XV Supplementary Inform		-		a \$5,000 or more	in assets at	
1	any time during the year Information Regarding Foundation Mar		or the instructio	ns.j	<del></del>		
	List any managers of the foundation who	-	than 20/ of the total ac-	ntributions recovered by t	ha faundation		
а	before the close of any tax year (but only a			•	ne loundation		
	WILLIAM WADSWORTH	i ilioy have commodica	more than \$0,000) (C	00 3000011 301(4)(2) )		\$28,241	
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporation	or an equally large po	rtion of the	<u> </u>	
	ownership of a partnership or other entity)		•				
	N/A						
2	Information Regarding Contribution, G	rant. Gift. Loan. Scho	larship, etc., Program	ns:			
					s not accept		
	Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or						
	organizations under other conditions, com	= =		,, ,, ,, ,			
	The name, address, and telephone number			be addressed		<del> </del>	
_	WILLIAM WADSWORTH SR	•	т оррания опочи				
	879 CHURCH STREET RT		FORD CT 064	192			
b	The form in which applications should be						
_	LETTER			·			
С	Any submission deadlines						
	NO DEADLINES	·					
d	Any restrictions or limitations on awards, s	such as by geographica	al areas, chantable field	ls, kinds of institutions, (	or other factors		
	NONE						

3 Grants and Contributions Paid During the	If recipient is an individual,	Foundation		
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Statement 5				
see statement s				28,993
				20,995
Total		<u></u>	▶ 3a	28,993
b Approved for future payment				
N/A				
1				
Total			▶ 3b	
DAA				orm <b>990-PF</b> (2009

DAA

Part XVI-A	Analysis of income-Producing A	activities				
Enter gross amo	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program se	rvice revenue			aue		the instructions )
a	<del></del>	_				<u> </u>
b		_				
c		_				
				<b></b>		
e						
f				<del>                                     </del>		
-	nd contracts from government agencies			11-		
	dues and assessments			<del>  -</del>		
	savings and temporary cash investments	<del></del>	<del> </del>	<del>  </del>		
	nd interest from securities					22,442
	ncome or (loss) from real estate					
	anced property			1		
	ot-financed property			<del>                                     </del>		-
	ncome or (loss) from personal property	<del></del>		<del>  -</del>		
7 Other invest	s) from sales of assets other than inventory			<del>  </del>		21,012
,	or (loss) from special events			+		21,012
	or (loss) from sales of inventory			+ +		
	ue a	<del>     </del>		+		
_		_		+ +	-	·
		_				
е						-
	ld columns (b), (d), and (e)		(	0	0	43,454
	ine 12, columns (b), (d), and (e)				13	43,454
	in line 13 instructions on page 28 to verify calculate	tions)			•	
Part XVI-B	Relationship of Activities to the	Accomplishme	nt of Exempt P	urposes		
Line No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt pur instructions)					he
4	INCOME FROM INVESTMENTS	S TS HISED T	א הדפיים דם	וויים ביווו	NTOS TO	
	VARIOUS ORGANIZATIONS.	J ID OBED 1	O DISINIB	OIL FO	105 10	
	VARIOUS CROMITARITORS.					
				<del> ,</del>		
			· · · · · ·			
			- <u>-</u>			
		-				
				_		
					<del></del>	
<del> </del>				<del></del>		
		·				
						<del></del>
		<del></del>			·	
						_

P	Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations									
1	Did the d	organization directly or inc		n any of the following	ng with any othe	er organizatio	n described		Yes	No
		n 501(c) of the Code (oth				_		<b></b>		
	organiza				,					
а	•	s from the reporting found	dation to a nor	ncharitable exempt or	ganization of					
	(1) Cas	· -			9			1a(1)		х
(2) Other assets								1a(2)		X
b	Other tra							14(2)		<del></del>
_		s of assets to a nonchard	table exempt o	organization				1b(1)		x
	• •	hases of assets from a n	•	•				1b(2)		X
		tal of facilities, equipment						1b(3)		X
		nbursement arrangement		,,,				1b(4)		X
		ns or loan guarantees						1b(5)		X
		ormance of services or m	embership or	fundraising solicitatio	ons			1b(6)		X
c	, ,	of facilities, equipment, m	•	~				1c		X
	-	• •	•	•		(b) should at	ways show the fair marke		L	
							eceived less than fair ma			
							er assets, or services rece			
	(a) Line no	(b) Amount involved		of nonchantable exempl			scription of transfers, transac		ments	
1/	· · · · · · · · · · · · · · · · · · ·	,	1			(-,		and the state of t		
••/			+							
			+				···			
	-		<del>                                     </del>							
			<del>                                     </del>				<u> </u>			
			<del> </del>				<del></del>			
			·				<del> </del>			
	-		<del>                                     </del>							
			+							
	<del>-</del>	<del></del>	+ -					_		
		<del></del>	+				<del></del>			
			-			- "				
			<del>                                     </del>				<del></del>			
			ļ					-		
_			-				<del></del>			
								<del> </del>		
_				<del></del>						
2a		indation directly or indirect	•	•			ations	П.,	177	1
		d in section 501(c) of the complete the following so	,	nan section 501(c)(3)	) or in section 5	527?		∐ Ye	s X	No
	ii fes,	(a) Name of organization	nedule	(b) Type of orga	anization.		(a) Description of	of solotions by a		
	N/A	(a) Name of organization		(b) Type of org	ariization	i	(c) Description of	n relationship		
	M/A							<u> </u>		
	-						<del></del>			
				- · · · · · -				-		
$\neg$				L						
							atements, and to the best of n nformation of which preparer			
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  19-9-10  TRUSTEE										
۱,	Signs	iture of officer or trustee	<del>}~~</del>	£	Date Date		TRUSTE	<u> </u>		
Here	y Signa	itule of officer of trustee			Date	Т_	• riue	Preparer's identif	ano.	
			$J_{\perp}$			Date	Check if	number (see Sig	nature o	
ngic	Paid Preparer's Use Only	Preparer's signature	the K	1 6	CAA		self-employed	page 30 of the in:		•
<u> </u>	aid Or	Signature #	Dr	Na saaa la	-/-// - Db = 11 :		/07/10	P00501	047	
ŀ	Prep.	Firm's name (or yours if	Davis,					44 00-	O 4 4	^
ļ	-	self-employed), address, and ZIP code		Barnes Rd.,				EIN ► 41-207		
		and Ell Wood	walll	ngford, CI	. 06492	<u>-2576</u>		Phone no 203-26	<u> </u>	<u>488</u>

### WFF

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Reverlue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization

Employer identification number

WADSWORTH FAMIL	Y FOUNDATION	20-1645236				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt chantable trust <b>not</b> 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					
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note</b> . Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.						
General Rule						
	Form 990, 990-EZ, or 990-PF that received, duning the year, \$5,000 or more (in money o	r				
Special Rules						
sections 509(a)(1) and 1	rganization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the fithe amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	ne greater				
the year, aggregate contr	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
the year, contributions fo aggregate to more than \$ year for an exclusively re	8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ruse exclusively for religious, charitable, etc., purposes, but these contributions did not 51,000. If this box is checked, enter here the total contributions that were received during ligious, charitable, etc., purpose. Do not complete any of the parts unless the General Rush because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or	the ale				
990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form inswer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 90-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 99-PF).	,				

WADS	WORTH FAMILY FOUNDATION	_  _20	<u>1-1645236</u>
Part f	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM F WADSWORTH 879 CHURCH STREET RT 68 WALLINGFORD CT 06492	\$ 28,241	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	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
110.	realle, address, and En 14	\$	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 )

Charitable Purpose Adjusted Net Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses ‹› Net Investment Federal Statements ഗ Total WFF WADSWORTH FAMILY FOUNDATION Description Expenses BANK CHARGES FYE: 12/31/2009 20-1645236 Total WFF WADSWORTH FAMILY FOUNDATION

20-1645236

## **Federal Statements**

FYE: 12/31/2009

### Statement 2 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description		Beginning of Year		End of Year	Basis of	Fair Market
7262 SHS MFS GLOBAL GROWTH	_	Ol real		rear	Valuation	Value
97780 SHS MFS HIGH INCOME	\$		\$	170,811	\$	170,813
JAPAG SHE HIGH INCOME		179,009		315,829		315,829
Total	\$_	179,009	\$	486,640	\$	486,640
Statement 3	3 - Form 9	990-PF, Part III,	Line	3 - Other Inci	<u>eases</u>	
Descript	tion				Amount	
UNREALIZED GAINS ON INVESTM	IENTS			\$	98,284	
Total				\$	98,284	
Statement 4	- Form 9	90-PF, Part III,	Line	5 - Other Dec	reases	<del></del>
Descript	tion				Amount	
FEDERAL EXCISE TAX				\$	215	
Total				\$ <u></u>	215	
Form 990-PF, Part XV	, Line 1a	- Managers Wi	ho C	ontributed Ov	er 2% or \$5,00	00
Name of Ma	anager				Amount	
WILLIAM WADSWORTH				\$	28,241	
Total				\$ <u></u>	28,241	
Form 990-PF, Part X	(V, Line 2	2b - Application	For	mat and Requ	ired Contents	<del></del>
De	scription					
LETTER						
Form 990	-PF, Part	XV, Line 2c - S	ubn	nission Deadli	nes	
De	scription					
NO DEADLINES						
5 000 DE B	Part XV I	ine 2d - Award	Res	trictions or Li	mitations	
<u>Form 990-PF, P</u>	410700; E					

# WFF WADSWORTH FAMILY FOUNDATION 20-1645236 FYE: 12/31/2009

**Federal Statements** 

NAME   CAME	Name Address	Address Relationship	Status	Purpose	Amount
NONE	,				
NONE	181	0	TAX-EXEMPT	ANNUAL CAMPAIGN	2,500
NONE   TAX-EXEMPT   ANNUAL CAMPAIGN	į	NONE	TAX-EXEMPT		2,500
105 MILLER ST  NONE  NONE  P O BOX 213  NONE  P O BOX 213  NONE  P O BOX 242  NONE  P O BOX 343  NONE  P O BOX 343  NONE  P O BOX 343  ANUAL CAMPAIGN	1CA 6492		TAX-EXEMPT		1,000
HONE RANCHELLE BLVD NONE POBOX 773 FAX-EXEMPT RANUAL CAMPAIGN NONE POBOX 213 NONE POBOX 213 TAX-EXEMPT RANUAL CAMPAIGN NONE POBOX 6023 TAX-EXEMPT RANUAL CAMPAIGN RONE RONDE					
NONE POSS 773 NONE POSS 773 NONE POSS 213 NONE POSS 2023 NONE POSS	5		TAX-EXEMPT		200
PONONE NONE NONE NONE NONE NONE NONE NON	6492		TAX-EXEMPT	ANNUAL CAMPAIGN	780
P O BOX 213  NONE  NONE  P O BOX 6023  NONE  P O BOX 6023  NONE  P O BOX 2420  NONE  P O BOX 363  NONE  P O BOX 1747  P O		)	TAX-EXEMPT		1,000
158 WEST MAIN ST TAX-EXEMPT ANNUAL EVENT NONE P O BOX 6023 NONE P O BOX 2420 P O BOX 1747 P O BO	NO	O BOX			
P O BOX 6023 NONE P O BOX 2420 NONE P O BOX 2420 NONE P O BOX 363 NONE P O BOX 1747 P O BOX	16492	NONE FIFOT	TAX-EXEMPT		1,000
P O BOX 6023  NONE P O BOX 2420 P O BOX 2420 P O BOX 363 NONE P O BOX 1747	_,	NONE	TAX-EXEMPT		200
NONE POBOX 2420 NONE POBOX 2420 TAX-EXEMPT ANNUAL CAMPAIGN ANONE TAX-EXEMPT ANNUAL CAMPAIGN NONE ANNUAL CAMPAIGN NONE ANNUAL CAMPAIGN ANNUAL CAMPAIGN NONE ANNUAL CAMPAIGN ANNUAL CAMPAIGN NONE ANNUAL CAMPAIGN	ORCH	0			
NONE 127 CHESTERFIELD ROAD NONE 127 EAST MAIN ST NONE 128 S MAIN ST NONE 11 N WHITTLESEY AVE 129 BOX 1747 NONE 120 BOX 363  ANUAL CAMPAIGN ANUAL CAMPAIGN ANUAL CAMPAIGN ADOPTION EXPENSES ANUAL CAMPAIGN	06492	(	TAX-EXEMPT		4,500
P O BOX 363  NONE 1573 CHSTERFIELD ROAD NONE 1787-EXEMPT NONE NONE NONE NONE NONE NONE NONE NON	JAI LON	)	TAX-EXEMPT		טטטר
NONE TAX-EXEMPT ANNUAL CAMPAIGN  450-478 WEST MAIN ST  NONE TAX-EXEMPT ANNUAL CAMPAIGN  573 CHESTERFIELD ROAD  NONE  127 EAST MAIN ST  NONE  13 S MAIN ST  NONE  11 N WHITTLESEY AVE  P O BOX 1747  NONE  P O BOX 1747  NONE  TAX-EXEMPT  ANNUAL CAMPAIGN	EIN F	0			) ) , H
450-478 WEST MAIN ST  NONE 573 CHESTERFIELD ROAD  NONE 14657 SNEIDER ST  NONE 127 EAST MAIN ST  NONE 23 S MAIN ST  NONE 11 N WHITTLESEY AVE NONE 11 N WHITTLESEY AVE NONE NONE NONE NONE NONE NONE NONE NO					1,000
NONE TAX-EXEMPT ANNUAL CAMPAIGN  573 CHESTERFIELD ROAD  NONE  14657 SNEIDER ST  NONE  127 EAST MAIN ST  NONE  23 S MAIN ST  NONE  11 N WHITTLESEY AVE  NONE  P O BOX 1747  NONE  NONE  TAX-EXEMPT  ANNUAL CAMPAIGN  ANNUAL CAMPAIGN  ANNUAL CAMPAIGN  ANNUAL CAMPAIGN  ANNUAL CAMPAIGN  ANNUAL CAMPAIGN		MAIN			
NONE NONE 14657 SNEIDER ST NONE 127 EAST MAIN ST NONE 23 S MAIN ST NONE 11 N WHITTLESEY AVE NONE 11 N WHITTLESEY AVE NONE NONE NONE 11 N WHITTLESEY AVE NONE NONE NONE NONE 11 N WHITTLESEY AVE NONE NONE NONE NONE TAX-EXEMPT ANNUAL CAMPAIGN P O BOX 1747 NONE NONE		NONE	TAX-EXEMPT	ANNUAL CAMPAIGN	395
14657 SNEIDER ST NONE 127 EAST MAIN ST NONE 23 S MAIN ST NONE 11 N WHITTLESEY AVE P O BOX 1747 NONE 14657 SNEIDER ST TAX-EXEMPT ANNUAL CAMPAIGN 24, 25, 26, 27, 27, 27, 27, 27, 27, 27, 27, 27, 27	51	CHESTERFIELD NONE	OAD		1.000
NONE 127 EAST MAIN ST NONE 23 S MAIN ST NONE 11 N WHITTLESEY AVE NONE 12 NONE 13 S MAIN ST NONE 14 N WHITTLESEY AVE NONE 15 NONE 16 NONE 17 NAX-EXEMPT NONE 17 NAX-EXEMPT NONE 18 NONE 19 NONE 10 NONE 10 NONE 11 N WHITTLESEY AVE 11 N WHITTLESEY AVE 12 NONE 13 NONE 14 NONE 15 NONE 16 NONE 17 NONE 17 NONE 17 NONE 18 NONE 19 NONE 10 HONOR OF PETER EHRET 2 NONE 1 TAX-EXEMPT 1 N HONOR OF PETER EHRET 1 NAX-EXEMPT 1 ANNUAL CAMPAIGN 1 NONE 1	!				
127 EAST MAIN ST  NONE 23 S MAIN ST  NONE 11 N WHITTLESEY AVE NONE P O BOX 1747  TAX-EXEMPT ANNUAL CAMPAIGN  ANNUAL CAMPAIGN  P O BOX 1747  TAX-EXEMPT ANNUAL CAMPAIGN  NONE		NONE	TAX-EXEMPT	HONOR OF PETER	1,000
NONE TAX-EXEMPT ANNUAL CAMPAIGN 23 S MAIN ST NONE TAX-EXEMPT ANNUAL CAMPAIGN 11 N WHITTLESEY AVE TAX-EXEMPT ANNUAL CAMPAIGN P O BOX 1747 NONE TAX-EXEMPT ANNUAL CAMPAIGN NONE TAX-EXEMPT ANNUAL CAMPAIGN		EAST MAIN			
23 S MAIN ST NONE 11 N WHITTLESEY AVE NONE 12 NONE 13 NONE 14 TAX-EXEMPT ANNUAL CAMPAIGN 16 D BOX 1747 17 TAX-EXEMPT ANNUAL CAMPAIGN 1700 TAX-EXEMPT ANNUAL CAMPAIGN		NONE	TAX-EXEMPT		2,500
NONE TAX-EXEMPT ANNUAL CAMPAIGN 11 N WHITTLESEY AVE NONE TAX-EXEMPT ANNUAL CAMPAIGN P O BOX 1747 TAX-EXEMPT ANNUAL CAMPAIGN		S MAIN			
NONE TAX-EXEMPT ANNUAL CAMPAIGN P O BOX 1747  TAX-EXEMPT ANNUAL CAMPAIGN  NONE	06492	NONE N WUITHTIESEN			575
P O BOX 1747 NONE TAX-EXEMPT ANNUAL CAMPAIGN	16492	NONE			575
NONE TAX-EXEMPT ANNUAL CAMPAIGN	Y SHE	0			
	16492	NONE	TAX-EXEMPT		575

2

2

## **Federal Statements** WFF WADSWORTH FAMILY FOUNDATION

20-1645236 FYE: 12/31/2009

•		Amount	575	500	5,018
Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose	ANNUAL CAMPAIGN	ANNUAL CAMPAIGN	VARIOUS
t XV, Line 3a - Grants <u>Year (continued)</u>		Status	TAX-EXEMPT	TAX-EXEMPT	
Statement 5 - Form 990-PF, Par	Address	Relationship	P O BOX 9336 NONE	137 IOWNSEND AVE 338 NONE	VARIOUS
<u>Statem.</u>	Name	Address	ST JOSEPH OF ARIMATHEA CH P O BOX 9336  NEW HAVEN CT 06511  DOCUMBAN DECTON TAND TRUE 127 TOWNSEND AVE	BOOTHBAY HARBOR ME 04538	

Form **8868** 

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1700

(Rev April 2009	9) *	Example organization rectain			01410 10-	10-1703	
Department of the		► File a separate application for each return					
		omatic 3-Month Extension, complete only Part I and check this box				▶ X	
<ul><li>If you are</li></ul>	filing for an Add	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).	•			_	
Do not comp	lete Part II unie	ss you have already been granted an automatic 3-month extension on a previously filed Form	8868				
Part I	Automatic	<b>3-Month Extension of Time.</b> Only submit original (no copies needed).					
A corporation	required to file F	form 990-T and requesting an automatic 6-month extension—check this box and complete				_	
Part I only						<b>▶</b> □	
	orations (includir ome tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensi	on of				
Electronic Fil	ling (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file				
one of the retu	ırns noted belov	ho (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868					
electronically i	f (1) you want th	e additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, g	roup				
returns, or a c	omposite or con	solidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part I	) of For	m			
8868 For mor	e details on the	electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits					
Type or	Name of Exe	mpt Organization	Employ	er identi	ification numb	oer	
print	TAND CITIO	DMII HAMTI V HOIDIDAMTON	20 1	CAEO	26		
File by the due date for		· · · · · · · · · · · · · · · · · · ·	<u> </u>	6452	36	<del></del>	
filing your	4	et, and room or suite no. If a P.O box, see instructions. URCH STREET RT 68					
return See nstructions	City, town or	post office, state, and ZIP code. For a foreign address, see instructions.					
	WALLIN						
		led (file a separate application for each return)					
Form 99		Form 990-T (corporation)		$\vdash$	Form 4720		
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)							
Form 990-EZ Form 990-T (trust other than above)							
X Form 99	10-PF	☐ Form 1041-A			Form 8870		
Telephone If the organ If this is for	nization does no r a Group Returi roup, check this	B-269-9730  FAX No ▶ 203-284-8255  It have an office or place of business in the United States, check this box  In, enter the organization's four digit Group Exemption Number (GEN)  box ▶ . If it is for part of the group, check this box  and att	this ıs ach			▶ []	
		of all members the extension will cover -month (6 months for a corporation required to file Form 990-T) extension of time					
		, to file the exempt organization return for the organization named above. The extension is					
	• •	·					
for the organization's return for    X   calendar year   2009   or							
	ax year beginni						
_							
		than 12 months, check reason: Initial return Final return Change in	accoun	ung perio	· · · · · · · · · · · · · · · · · · ·		
• •		orm 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	1.			٥٦٦	
		credits See instructions.	3a	\$	<del></del>	255	
		orm 990-PF or 990-T, enter any refundable credits and estimated tax	۱	١.		^	
		any prior year overpayment allowed as a credit	3b	\$		0	
		ne 3b from line 3a Include your payment with this form, or, if required,					
•		or, if required, by using EFTPS (Electronic Federal Tax Payment		1.		255	
	See instruction		<u>  3c</u>	1 \$		255	
aution. If you or payment ins		ike an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO	, 				

Form 8868 (R	ev 4-2009)		Page 2
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		<b>&gt;</b>
Note. Only co	mplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8866	В	_
If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	needed)
Type or			r identification number
print			
File by the	WADSWORTH FAMILY FOUNDATION 2	0-1	645236
extended due date for		or IRS (	use only
filing the	879 CHURCH STREET RT 68		<del></del>
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	WALLINGFORD CT 06492		
	return to be filed (File a separate application for each return)		П
Form 99			Form 6069
Form 99			Form 8870
Form 99		- ^	
	complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form 8	868.
	are in the care of		
Telephone			. —
<ul><li>If the orga</li></ul>	nization does not have an office or place of business in the United States, check this box		▶ [_]
<ul><li>If this is fo</li></ul>	a Group Return, enter the organization's four digit Group Exemption Number (GEN)	5	
for the whole g	roup, check this box If it is for part of the group, check this box and	attach	a
list with the nai	nes and EINs of all members the extension is for		
4 I reques	an additional 3-month extension of time until		
5 For cale	ndar year , or other tax year beginning, and ending		
6 If this tax	x year is for less than 12 months, check reason 📗 Initial return 📗 Final return 📗 Change in a	ccounti	ng period
7 State in	detail why you need the extension		
8a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
-	nonrefundable credits See instructions	8a	\$
	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
•	d tax payments made Include any prior year overpayment allowed as a credit and any		
	paid previously with Form 8868	8b	\$
	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	- 52	<del></del>
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	S
William	Signature and Verification	_ 00	<u> </u>
Under penalties o	f perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kno	owledge	and belief
	and complete, and that I am authorized to prepare this form		<del></del>
Signature •	Title ▶		Date > 08/13/10
Olgitature F	THE 7		0000

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