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Form 990-PF ·

Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

2009

Inter	nal Rev	enue Service	Note. The	foundation may be able t	o use a co	py of this return to satisfy	state reporting	requirements		
For	calen	dar year 2009, or ta	ax year beginning			, 2009	9, and endir	ig .		, 20
G	Check	all that apply.	Initial return		Initial re	eturn of a former pub	lic charity		Final return	
			Amended ret	urn	Add	dress change	Name	change		
U	se the	IRS Name of four	idation		·			A Employer i	dentification number	
	label	CASCADE	FOUNDATION					20-495	6488	
C	therw	, Maniper and	street (or P O box numb	er if mail is not delivered	to street a	iddress)	Room/suite	B Telephone	number (see page 10 of the	instructions)
	prin	$\mathbf{p} \wedge \mathbf{p} \wedge \mathbf{v}$	913					(203) 90	03-0762	
Se	or typ e Spe	ю.	state, and ZIP code					 	n application is pending, ch	ack hare
	structi		T, ME 04856-0	913				1	organizations, check here	· · · · · · · ·
H 7	Check	type of organization		ection 501(c)(3) exe	empt pri	vate foundation		2. Foreign	organizations meeting the 8	5% test,
	_	ion 4947(a)(1) non	رجي	_		taxable private found	lation	check he	ere and attach computation	•••••
		arket value of all as		J Accounting me		X Cash	Accrual	E if private for	undation status was termina	ated 🕨
		year (from Part II, c		Other (spe		[V] Casii] Accidai	under section	undation status was termina on 507(b)(1)(A), check here	• • • • • • •
	ine 16	•	20,163,398		_	a an each basis \			lation is in a 60-month term	
				(Part I, column (d		le on cash basis.)		under secti	on 507(b)(1)(B), check here	
P	art l	•		Expenses (The to	tal of	(a) Revenue and	(h) blos			(d) Disbursements for charitable
		•	b), (c), and (d) may not r	• •		expenses per books		investment acome	(c) Adjusted net income	purposes
			n (a) (see page 11 of the							(cash basis only)
<u></u>	1			ived (attach schedu	le)	ę - , , , , ,		 	- yest "	1 -1- d
2010	2	Check ▶ if the	ne foundation is not re	equired to attach Sch B	• •	*			3,4	***************************************
2	3	Interest on saving	s and temporary ca	ish investments •	• • •	2,29		2,298	2,29	
e	4	Dividends and inte	erest from securitie	s · · · · · · · ·	• • •	471,05	53	471,053	471,05	
N	5a	Gross rents • •	• • • • • • • • •	• • • • • • • • •	• • •					
≥R	b	Net rental income	or (loss)							69
SCANNED NOT	6a	Net gain or (loss)	from sale of assets	not on line 10 · ·	• • •					
ď	b	Gross sales price for a				`	<u> </u>		,	
<u>u</u>	7	Capital gain net in	come (from Part IV	KECEIVED	•••	,			·	
Z	8	Net short-term cap	نسنين • 🕴 oital gain	VECEMEN	<u>⊶;</u> ;				53	3 .
	9	Income modification	ons · · · · · ·		· S	•				
Ũ	10a	Gross sales less returns	s and allowances	10V 1 7 201A	0					
W	b	Less Cost of good	ds sold · · · ·	• •	183	1	-	, ,		14
	С	Gross profit or (los	ss) (attach schedu)	3)6:10:12:2:11:15	-1-					1
	11	Other income (atta	11 6		IMI:06	2!	51	251	25	1
	12	_	•			473,60	2	473,602	474,13	5
	13			rustees, etc · · ·		197,16	7	197,167	197,16	7
	14	•	alanes and wages						· · · · · · · · · · · · · · · · · · ·	†
A d	15		nployee benefits			32,81	.8	32,818	32,81	3
m		•	schedule) · · ·		• • •		+	· · ·		
n	ь		attach schedule)	S:	IM108	8,85	50	8,850	8,850	<u> </u>
Oi ps	c	-	I fees (attach sched	5:	iм109	57,11		57,118	57,118	
θt	17	Interest • • • •	•	ŕ		20		204	20	
r r a a	18			S' 4 of the instructions	imi io	2!		255		
t t i i	19	Depresiation (atta	ch schedule) and d	enletion	M126	2,98		2,987	2,98	
nν	l		ch schedule) and d					-,50,	2,30	
дe	20	Travel, conference				12,10	2	12,102	12,102	, -
аE	21					12,10	-	12,102	12,102	-
д р В В	22	•	cations • • • • •	ST	103	3,65	6	3,656	3,650	
~ e n		= = = = = = = = = = = = = = = = = = = =	attach schedule)		• • •	3,65	, 	3,030	3,630	
S	24	•	nd administrative e	•		215 45	٦	215 157	215 155	,
0 5			-	• • • • • • • •		315,15		315,157	315,157	
	25		= :			528,72		215 455	245 455	528,725
	26			Add lines 24 and 2	•	843,88	2	315,157	315,157	528,725
	27	Subtract line 26 fr				,				1
	а			nd disbursements	• •	(370,28	10)		· · · · · · · · · · · · · · · · · · ·	ļ
	b		come (if negative,	•	• • •	·		158,445		ļ
	С	Adjusted net inco	ome (if negative, en	ter -0-) • • • •	• • •		1		158,978	<u> </u>

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

Form 990-PF (2009)



Page 2

D	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	<u> </u>	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	40,393	104,020	
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	2,059,399	2,820,899	2,820,899
	3	Accounts receivable			
		Less allowance for doubtful accounts			- <u></u>
	4	Pledges receivable			
	1	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			
Α		Instructions) · · · · · · · · · · · · · · · · · · ·	11,318	19,194	19,194
s s	7	Other notes and loans receivable (attach schedule)			
9		Less allowance for doubtful accounts			
t s	8	Inventories for sale or use • • • • • • • • • • • • • • • • • • •			
-	9	Prepaid expenses and deferred charges · · · · · · · · · · · ·			
		Investments - U S and state government obligations (attachsome affe)	2,775,336	3,132,234	2,998,675
	ſ	Investments - corporate stock (attach schedule) • • • • STM1.37•	5,977,733	3,439,827	3,568,521
	C	Investments - corporate bonds (attach schedule) • • • • \$TM1.38	4,144,452	8,254,016	7,615,031
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·			
	13	Investments - other (attach schedule)	1,926,840	2,959,898	3,082,720
	14	Land, buildings, and equipment basis 15,646			
		Less accumulated depreciation (attach softend) 19 7,288	11,345	8,358	8,358
	15	Other assets (describe STM120	5,800	5,800	50,000
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	Instructions Also, see page 1, item I)	16,952,616	20,744,246	20,163,398
L	17	Accounts payable and accrued expenses			
a b	18	Grants payable			
į	19	Deferred revenue • • • • • • • • • • • • • • • • • • •			
l i	20	Loans from officers, directors, trustees, and other disqualified persons			
ţ	21	Mortgages and other notes payable (attach schedule) · · · · · ·	0 000		
e	22	Other liabilities (describe STM121	8,028	5,574	
<u>s</u>	23	Total liabilities (add lines 17 through 22)	8,028	5,574	
		Foundations that follow SFAS 117, check here · · ▶ X			}
N -		and complete lines 24 through 26 and lines 30 and 31.	16 044 500	00 700 670	
<u>`</u> F		Unrestricted	16,944,588	20,738,672	
tn		Temporarily restricted • • • • • • • • • • • • • • • • • • •			
d	26	Permanently restricted			
A S B		Foundations that do not follow SFAS 117, check here			
ຣັລ	27	and complete lines 27 through 31.			
θĨ	28	Capital stock, trust principal, or current funds • • • • • • • • • Paid-in or capital surplus, or land, bldg , and equipment fund • • •			
ເa ຮ _{ຸກ}	1				
c	1	Retained earnings, accumulated income, endowment, or other funds			
o e r s	30	Total net assets or fund balances (see page 17 of the	16,944,588	20,738,672	
r ^S		Instructions)	10,944,566	20,736,672	
	31	Total liabilities and net assets/fund balances (see page 17	16,952,616	20,744,246	
	1	of the instructions)		20,144,240	
125	Total	Analysis of Changes in Net Assets or Fund Balanc net assets or fund balances at beginning of year - Part II, column (a), line	30 (must agree with		
•	ond a	f-year figure reported on prior year's return) ••••••••••••••	· · · · · · · · · · · · · · · ·		16,944,588
2	Enter	amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·			(370,280)
		increases not included in line 2 (itemize) STM115		3	4,164,364
A		nes 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		_	20,738,672
		eases not included in line 2 (itemize)		5	
		net assets or fund halances at end of year (line 4 minus line 5) - Part II. or	olumn (b) line 30 · · · ·		20.738.672

Partily		and Losses for Tax on Inverse the kind(s) of property sold (e.g., real estate,		(b) How acquired	(c) Date acquired	(d) Date cold
		ouse, or common stock, 200 shs MLC Co)		P-Purchase D-Donation	(yr, mo, day)	(d) Date sold (yr, mo, day)
1a P	UBLICALLY TRADED	SECURITIES		P		
b						
_с						
_d					···-	
<u> </u>			,	1	<u>_</u>	<u> </u>
() 	e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or on plus exper			nin or (loss) (f) minus (g)
_a	3,342,875	· · · · · · · · · · · · · · · · · · ·		3,604,603		(261,728)
b			ļ			
C						
_ <u>d</u>						
e Cemm	loto only for constants	wing gain in column (h) and owned b	the foundation of	12/21/60		
Comp	dete only for assets show		<u> </u>			ol (h) gain minus
(n) F	M V as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Excess over col (less than -0-) or rom col (h))
a						(261,728)
b						
С						·
d						
в						
2 Capita	al gain net income or (ne		so enter in Part I, li enter -0- in Part I, lii		2	(261,728)
3 Net sh	ort-term capital gain or	(loss) as defined in sections 1222(5)	•			
If gain	, also enter in Part I, line	e 8, column (c) (see pages 13 and 1	7 of the instructions	s) • • • •		
if (loss	s), enter -0- in Part I, line	8		}	3	533
Peraty	Qualification U	nder Section 4940(e) for Re	educed Tax on	Net Investme	nt Income	
(For option	nal use by domestic priv	ate foundations subject to the section	n 4940(a) tax on ne	et investment incor	ne)	
If section 4	1940(d)(2) applies, leave	e this part blank.				
Was the fo	oundation liable for the s	section 4942 tax on the distributable	amount of any vea	r in the base period	1?	Yes X No
		ualify under section 4940(e) Do not	• •	•	•	
		in each column for each year; see p			ing any entries	
	(a)	(b)		(c)	D	(d)
Calendar	Base period years year (or tax year beginning in	Adjusted qualifying distributions	Net value of n	onchantable-use assets		tribution ratio divided by col (c))
	2008	17,346,3	53	16,495,5	12	1.05158
	2007	17,538,7		15,837,0		1.107454
	2006	16,005,5	35	14,250,0	45	1.123192
	2005					
	2004					
	4					2 200206
	of line 1, column (d) • •				2	3.282226
	=	he 5-year base period - divide the to in has been in existence if less than			з	0.820557
4 Enter	the net value of nonchar	ntable-use assets for 2009 from Part	X, line 5		4	14,161,468
			,			
5 Multip	ly line 4 by line 3 · · ·		• • • • • • • • •	• • • • • • • • •	5	11,620,292
6 Enter	1% of net investment inc	come (1% of Part I, line 27b) · · ·			6	1,584
7 Add lir	nes 5 and 6 · · · · ·				7	11,621,876
	qualifying distributions fr		• • • • • • • • •		. 8	22,168,657
	8 is equal to or greater t Linstructions on page 18	han line 7, check the box in Part VI,	line 1b, and comple	ete that part using a	a 1% tax rate See t	he

Form	990-PF (2009) CASCADE FOUNDATION 20-4956	488	P	age 4				
Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instruc	tions)	3	•				
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		1	,584				
	here ▶ X and enter 1% 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-) • 2			0				
3	Add lines 1 and 2 3		1	,584				
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-			,584				
6	Credits/Payments							
a	2009 estimated tax payments and 2008 overpayment credited to 2009 · · 6a 4,604							
b	Exempt foreign organizations - tax withheld at source							
С	Tax paid with application for extension of time to file (Form 8868) · · · · · 6c 4,000 Backup withholding erroneously withheld · · · · · · · · · · · · · · · · · · ·							
_d	Backup withholding erroneously withheld			,604				
7	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached			, 004				
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed							
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7	,020				
10 11	Enter the amount of line 10 to be Credited to 2010 estimated tax 7,020 Refunded 11			,				
_								
L <u>Pai</u>	t VII-A Statements Regarding Activities 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?	1a		Х				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19							
_	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			. }				
c	Did the foundation file Form 1120-POL for this year?	1c		X				
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
	(1) On the foundation \$ (2) On foundation managers \$							
Θ	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers > \$			لـــــا				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>				
	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			لـــــــــا				
	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		<u>X</u> _				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	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							
	By language in the governing instrument, or By the boundary of the several deaths assume that the manufacture of the several deaths as the several death as the several dea							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	~					
-	conflict with the state law remain in the governing instrument?	7	_ <u>x</u> x	 				
7	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	+						
8a	instructions) ME							
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							
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	8b	Х					
-	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	9	х					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	names and addresses · · · · · · · · · · · · · · · · ·	10		Х				

Form	1990-PF (2009) CASCADE FOUNDATION	20-49564	88	Page :
D 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	<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?		12	LX
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	on? • •	13	X
	Website address > N/A			
14	The books are in care of DANIEL DIBNER Telephone no.	▶ 203-9	03-0762	2
	Located at ▶ 47 EAST MEADOW RD WILTON, CT ZIP+4	0689	7	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here · · · · ·			• • ▶ [
	and enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · · · · · · · · · · · ·	15		
Pa	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Ye	s 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? · · · · · · Yes	X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_		
	disqualified person?	X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? · · · · · · Yes	X No		, J. S.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? · · · · · · X Yes	No		
	(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)? • • • • • • • • • • • • • • • • • • •	X No		
	(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)	X No		
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation			. :7
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? • •		1b	х
	Organizations relying on a current notice regarding disaster assistance check here • • • • • • • • • • • • • • • • • •	$ullet$ \Box		
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	Х
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 No		
	If "Yes." list the years	ر عی		
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 page 20 of the instructions)		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			
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? · · · · · · · · · · · · · · · · · · ·	X No	.]	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	(2.5.		}
	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	ŀ		
	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.)		3b	
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			شرد
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2005	9?	4b	Х
				48

129	MANNIEBE Statements Regarding Activitie	<u>es tor</u>	<u>Which Fori</u>	<u>n 472(</u>	<u>u may Be</u>	<u>Requ</u>	<u>irea (c</u>	ontinueu)		
5a	During the year did the foundation pay or incur any a	mount to)							
	(1) Carry on propaganda, or otherwise attempt to inf	fluence k	egislation (sec	tion 494	5(e))? · ·	• • •	Yes	X No		
	(2) Influence the outcome of any specific public elec	tion (see	section 4955)	, or to c	arry on,		_			
	directly or indirectly, any voter registration drive?	• • • •	• • • • • •		· • • • • •		Yes	X No		
	(3) Provide a grant to an individual for travel, study,	or other	sımılar purpose	es? • •			Yes	X No		Ï
	(4) Provide a grant to an organization other than a c	haritable	, etc , organiza	ation des	scribed in		_			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)	2)? (see	page 22 of the	instruct	tions) • • •		Yes	X No		
	(5) Provide for any purpose other than religious, cha	aritable, s	cientific, litera	ry, or ed	lucational					į
	purposes, or for the prevention of cruelty to child						Yes	X No	!	
b	If any answer is "Yes" to 5a(1)-(5), did any of the tran			under th	e exceptions	describ	ed in	1.0.01		
	Regulations section 53 4945 or in a current notice re							2	5b	
	Organizations relying on a current notice regarding d						•	. []		
С	If the answer is "Yes" to question 5a(4), does the fou						•			
•	because it maintained expenditure responsibility for t		•				Yes	No		
	If "Yes," attach the statement required by Regulations	-								
6a	Did the foundation, during the year, receive any fund			to nav n	remume					
-	on a personal benefit contract? • • • • • • • •						Yes	X No		
b	Did the foundation, during the year, pay premiums, d				al benefit co	ntract?		<u>N</u>	6b	Х
-	If "Yes" to 6b, file Form 8870	inectify of	manechy, on t	a person	iai belletit çe	initiaot:				
72	At any time during the tax year, was the foundation a	narty to	a prohibited ta	v chalta	r transaction	2 .	Yes	X No	1	
	If yes, did the foundation receive any proceeds or ha		•					<u>V</u>	7b	
							n High	Jv Doid		<u> </u>
Į≃a I	- 	ectors,	, irustees,	Found	uation ivia	mayer	s, nigi	ily Palu	Emplo	yees,
1 I	and Contractors ist all officers, directors, trustees, foundation manage.	ners and	their compen	sation (s	see page 22	of the ir	estruction	ns).		
			e, and average		ompensation	1	Contributio		(e) Eypen	se account,
See	(a) Name and address 990 OFOV	hou	s per week		paid, enter	empl	oyee benefi erred comp	t plans		owances
	LEL DIBNER	MANAG	ed to position	STM	- 0-) 401	and der	ened comp	ensation		
	EAST MEADOW RD WILTON, CT 06897		35		83,583	l		0		0
	TORIA DIBNER	ልዩዩጥ 1	MANAGER	STM						<u>_</u>
	EAST MEADOW RD WILTON, CT 06897		35		83,583			0		0
	DRA C DIBNER	DIREC		STM		-		<u> </u>		
	AVONWOOD ROAD APT A4, CT 06001		5	3	10,000			0		0
	LON B DIBNER	DIREC		STM		 				
	BINNEY STREET, MA 02142	7	5	3112	10,000			0		0
	compensation of five highest-paid employees (other	than tho		line 1		3 of the	instructi			
	none, enter "NONE."	ulan ulo	se miciadea oi		- 300 pago <u>z</u>	J 01 1110	mad dod	ons <i>j</i> .		
	TIONE, BIRDI TYONE.				T		(d) Contr	ibutions to		
	(-) Name and address of each applicate and many than \$50,000		(b) Title, and a		(c) Compe		employe	e benefit		se account,
	(a) Name and address of each employee paid more than \$50,000		hours per work devoted to pos		(c) Compe	isalion	plans and	l deferred nsation	other all	owances
NON							 - `			
			<u> </u>	-	-		f			
_							 			
			<u> </u>		 		 			
					 		 - -			
ota!	number of other employees paid over \$50,000 · · ·		<u> </u>				<u> </u>		<u> </u>	2
vial	number of other employees paid over \$50,000				· · · · ·			· · · 🗩		4

21,639,932

Form 990-PF (2009)

Total. Add lines 1 through 3

20-4956488

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation STMC01 200 WEST STR. 39TH FLOOR NEW YORK, NY 10282 MANAGE FUNDS Total number of others receiving over \$50,000 for professional services **Total number of others receiving over \$50,000 for professional services List the foundation's four largest direct charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conference convend, research paper produced, dc 1 UNITED IND COAST CHARTIES GRANT FOR CHARTITIES THAT BENEFIT THE PEOPLE OF MAINE 2 PENBAY HEALTH CARE 3 LOWELL OBSERVATORY SCIENTIFIC RESEARCH OF THE SOLAR SYSTEM 4 SKILLE TRAIN ORAL SURGERY CHARITY PROVIDING DENTAL TO THE NEEDY 25,000 **RATINATED** Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 11,859,215	Part VIII Information About Officers, Directors, Trustees, Found Contractors (continued)	oundation Managers, Highly	Paid Employees,
GOLDMAN SACHS 200 WEST STR. 39TH FLOOR NEW YORK, NY 10282 Total number of others receiving over \$50,000 for professional services Parkixa Summary of Direct Charitable Activities Lust the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of granizations and other beneficiaries served, conferences convened, research papers produced, etc 1 UNITED MID COAST CHARITIES GRANT FOR CHARITIES THAT BENEFIT THE PEOPLE OF MAINE 2 PENBAY HEALTH CARE 53,000 3 LOWELL OBSERVATORY SCIENTIFIC RESEARCH OF THE SOLAR SYSTEM 50,000 4 SMILE TRAIN ORAL SURGERY CHARITY PROVIDING DENTAL TO THE NEEDY 25,000 Parkix B Summary of Program-Related Investments (see page 24 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 11,859,215	3 Five highest-paid independent contractors for professional services (see page	23 of the instructions). If none, ente	r "NONE."
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BENEFIT THE PEOPLE OF MAINE 65,000 2 PENBAY HEALTH CARE 53,000 3 LOWELL OBSERVATORY SCIENTIFIC RESEARCH OF THE SOLAR SYSTEM 50,000 4 SMILE TRAIN ORAL SURGERY CHARITY PROVIDING DENTAL TO THE NEEDY 25,000 Park Bl Summary of Program-Related Investments (see page 24 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 GOLDMAN SACHS BANK USA	· · · · · · · · · · · · · · · · · · ·	information such as the number of	Expenses
2 PENBAY HEALTH CARE 53,000 3 LOWELL OBSERVATORY SCIENTIFIC RESEARCH OF THE SOLAR SYSTEM 50,000 4 SMILE TRAIN ORAL SURGERY CHARITY PROVIDING DENTAL TO THE NEEDY 25,000 Partix Bi Summary of Program-Related Investments (see page 24 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 GOLDMAN SACHS BANK USA	1 UNITED MID COAST CHARTIES GRANT FOR CHARITIES THAT		
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 GOLDMAN SACHS BANK USA 11,859,215			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 GOLDMAN SACHS BANK USA 11,859,215	ORAL SURGERI CHARITI PROVIDING DENTAL TO THE MELDI		25.000
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 GOLDMAN SACHS BANK USA 11,859,215	Deally D. Summary of Brogram Polated Investments (see par	ne 24 of the instructions)	
1 GOLDMAN SACHS BANK USA 11,859,215			Amount
11,859,215		, , and 2	
2 COLDMAN SACHS VARTOUS FUNDS \$6.820.819			11,859,215
F GOTTOFFEE ALTONO AND ALLANDED ALLANDED	2 GOLDMAN SACHS VARIOUS FUNDS \$6,820,819		
OTHER INVESTMENTS (SEE STSTEMENT 118) \$2,959,898	OTHER INVESTMENTS (SEE STSTEMENT 118) \$2,959,898		
9,780,717			9,780,717
All other program-related investments See page 24 of the instructions	All other program-related investments See page 24 of the instructions		
3	3		

.....

b

C

2

3

4

5

6

1

2a

b

3

4

5

7

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 · · · · · · · · 1b 21,639,932 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., 2 purposes 3 Amounts set aside for specific charitable projects that satisfy the 3a 3b b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 22,168,657

6 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

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

22,167,073

1,584

5

ra	rt XIII. Undistributed Income (see page 26 o			1	
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7 · · · · · · · · · · · · · · · · · ·				706,489
2	Undistributed income, if any, as of the end of 2009:			: 1	
a	Enter amount for 2008 only		-		
b	Total for prior years	-			
3	Excess distributions carryover, if any, to 2009		-		
a	From 2004				
b	From 2005 • • • • • • •				
C	From 2006				
ď	From 2007				•
Θ	From 2008 • • • • • • 244,061				
f	Total of lines 3a through e	244,061	·		:
4	Qualifying distributions for 2009 from Part XII,				
	line 4: ▶\$ 22,168,657				,
а	Applied to 2008, but not more than line 2a · · ·				
b	Applied to undistributed income of prior years				,
	(Election required - see page 26 of the instructions)				•
С	Treated as distributions out of corpus (Election				,
	required - see page 26 of the instructions)				-
d	Applied to 2009 distributable amount				706,489
8	Remaining amount distributed out of corpus • • •			_	
5	Excess distributions carryover applied to 2009 •		,		
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)			, '	, -
6	Enter the net total of each column as		-		
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5 •	244,061			
b	Pnor years' undistributed income Subtract		-		
	line 4b from line 2b · · · · · · · · · · .				
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)	1		'	-
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable	[- 1	
	amount - see page 27 of the instructions				
0	Undistributed income for 2008. Subtract line			1	
	4a from line 2a. Taxable amount - see page				
	27 of the instructions · · · · · · · · · · ·				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be				_
	distributed in 2010				(
7	Amounts treated as distributions out of corpus				,
	to satisfy requirements imposed by section				,
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions) · · · · · · · · · · · · · · · · ·	706,489			
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions) · · · · · · · · · · · · · · · ·				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a · · · · · ·				
10	Analysis of line 9	İ			
_	Excess from 2005 · · · ·				
b	Excess from 2006 · · · ·	1			
C	Excess from 2007				
d					•
۵	Excess from 2009			: :	

1a	If the foundation has received a ruling of	r determination letter t	hat it is a private opera	ting		•
	foundation, and the ruling is effective fo	r 2009, enter the date	of the ruling · · · ·		2006-09-1	5
b	Check box to indicate whether the found	dation is a private opei	rating foundation descr	ibed in section	4942(j)(3) or 49	42(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	each year listed · · · · · ·	158,978	247,762	459,816	168,335	1,034,891
b	85% of line 2a • • • • • • • •	135,131	210,598	390,844	143,085	879,658
С	Qualifying distributions from Part XII, line 4 for each year listed • • • • •	20,606,874	17,346,353	17,544,581	16,005,535	71,503,343
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
9	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c · · · ·	20,606,874	17,346,353	17,544,581	16,005,535	71,503,343
3	Complete 3a, b, or c for the alternative test relied upon.					
а	"Assets" alternative test - enter (1) Value of all assets • • • • •	20,744,246	16,952,616	17,219,150	15,737,834	70,653,846
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	20,710,894	16,924,153	17,681,716	15,729,475	71,046,238
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed • • •	474,409	552,600	530,540	477,376	2,034,925
С	"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalites) · · · · (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 • • •	473,602	532,339	848,753		1,854,694
2කරේ	Supplementary Informat	ion (Complete th	nis part only if the	foundation had	\$5,000 or more in	assets at
	any time during the year				•	
1	Information Regarding Foundation Ma			<u> </u>		
а	List any managers of the foundation who before the close of any tax year (but onlo	o have contributed mo y if they have contribut	re than 2% of the total ted more than \$5,000)	contributions received (See section 507(d)(2)	by the foundation)	
	NONE,					
b	List any managers of the foundation who ownership of a partnership or other entities.	o own 10% or more of by) of which the founda	the stock of a corporat tion has a 10% or grea	ion (or an equally large ter interest	portion of the	
	NONE,					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	larship, etc., Programs	3:		
				le organizations and do	pes not accept	
	unsolicited requests for funds If the fou					
	organizations under other conditions, co					
а	The name, address, and telephone num	ber of the person to w	hom applications shou	d be addressed		
b	The form in which applications should b	e submitted and inforn	nation and materials the	ey should include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards	such as by geograph	ıcal areas, charitable fi	elds, kinds of institution	ns. or other	

factors

20-4956488

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment if recipient is an individual, Foundation Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor status of Amount recipient Name and address (home or business) a Paid during the year 1.PHILANTHROPIC UNITED MID COAST CHARTIES PO BOX 205 2.XMAS CAMPAINGN CAMDEN ME 04853 ADVISE BD NON PROFIT 65,000 PENBAY HEALTH CARE FUND WOMEN HEALTH 22 WHITE STREET CENTER FOR LOW 04841 NONE NON PROFIT INCOME WOMEN 53,000 ROCKLAND ΜE 1. PHILANTHROPIC LOWELL OBSERVATORY 1400 W MARS HILL ROAD 2. XMAS CAMPAINGN 50,000 86001 ADVISE BD EDUCATION FLAGSTAFF AZ. CHARTIBLE HEALTH **AMERICARES** RESOURCES FOR 88 HAMILTON AVENUE NONE NON PROFIT CRISIS WORLWIDE 25,000 STAMFORD CT 06913-2136 PLANNED PARENTHOOD NATL FUND RAISER 434 WEST 33RD STREET NEW YORK NY 10001 NONE NON PROFIT 25,000 SMILE TRAIN ORAL SURGERY 245 5TH AVE SUITE 2201 10016 NONE NON PROFIT 25,000 NEW YORK NY LAND PERSERVATION NATIONAL CONSERVANCY IN MAINE 14 MAINE STREET TRUST 25,000 BRUNSWICK ME 04011 NONE PROTECT ENVIRONMT ENVIRONMENT DEFENSE COUNC 1875 CONN AVE NW SUITE 600 INITATIVE WORLDWIDE 23,000 WASHINGTON DC 20009-5739 NONE NON PROFIT 3a **b** Approved for future payment 3b Total

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future 1.

3 Grants and Contribution		suilly U			aymont	<u>-</u>
Recipient			If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or b	ousiness)	or substantial contributor	redpicit		
a Paid during the year						
FRIENDS OF VIA					SUPPORTS HISTORIC 1	
PO BOX 82556					RESTORATION OF	
PITTSBURGH	PA	15218	NONE	NON PROFIT	MONUMENTS	21,000
TEACH FOR AMERICA					SUPPORT UNDER	
315 WEST 36TH STREET					PRIVILEGED KIDS	
NEW YORK	ИY	10018	NONE	EDUCATION		15,000
ACCION INTERNATIONAL					ENTREPRENEURIAL	
56 ROLAND STREET						
CHARLESTOWN	MA	02129	NONE	NON PROFIT		10,000
CHILDREN ORGAN TRANSPI	LANT				MEDICAL RESEARCH	
2501 COTA AVE						
BLOOMINGTON	IN	47403	NONE	NON PROFIT		10,000
WHEELCHAIR FOUNDATION					SUPPLIES FREE	
3820 BLACKHAWK ROAD					WHEELCHAIRS FOR	
DANVILLE	CA	94506	NONE	NON PROFIT	DISABLED CHILDREN	10,000
NEW HOPE FOR WOMEN					SUPPORTS WOMEN	
9 PARK STREET					SHELTER	
ROCKLAND	ME	04841	NONE	EDUCATION	SHEIJIER	10 000
ROCKLAND	ME	04641	NONE	EDUCATION		10,000
USO					OPERATING EXPS	
P O BOX 96860		0.000				10 000
PEARL HARBOR	HI	96860	NONE	NON PROFIT		10,000
THE FIELD MUSEUM					OPERATING EXPS	
1400 SOUTH LAKE SHORE						
CHICAGO	IL	60605	NONE	NON PROFIT		10,000
Total				• • • • • • •	▶ 3a	
b Approved for future payment						
Total · · · · · · · · · · · · · · · · · · ·	• • • •	• • • • • • •		· · · · · · · · · · · ·		

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or status of Amount contribution any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year MAINE PUBLIC BROADCAST NETWORK CONTINUED FUNDING OF BROADCASTING 1450 LISBON STREET LEWISTON ΜE 04240 NONE PUBLIC RAD PUBLIC RADIO 10,000 NURSING AND HOME CARE INC PROVIDES HEALTH & SUPPORT FOR 180 SCHOOL ROAD NON PROFIT 06897-2527 NONE ELDERLY & DISABLE 10,000 WILTON CT CHARITABLE GIFT **ASHOKA** 1700 NORTH MOORE ST SUITE 2000 NON PROFIT 10,000 VA 22209-1939 NONE ARLINGTON NATURAL RESOURSES DEFENSE COUC ENVIRONMENTAL 40 WEST 20TH STREET STUDIES NON PROFIT 10,000 NONE NEW YORK NY 10011 CONTINUED FUNDING CONN PUBLIC BROADCASTING 1049 ASYLUM AVE OF BROADCASTING PUBLIC RAD PUBLIC RADIO 10,000 HARTFORD CT 06105-2411 NONE COASTAL MOUNTAIN LAND TRUST LAND PRESERVATION 1400 SOLAKE SHORE DRIVE CHICAGO 60605 NONE TRUST 10,000 OPERATING EXPS MEALS ON WHEELS 39 SUMMER STREET NON PROFIT 10,000 ΜE 04841-2989 NONE ROCKLAND PRESERVE & PROTEC OCEANA MARINE LIFE 1350 CONN AVE NW WORLDWIDE 10,000 NONE NON PROFIT WASHINGTON 20036-1722 DC 3a b Approved for future payment 3b Total

20-4956488

Form 990-PF (2009)

Supplementary Information (continued)

3. Grants and Contributions Paid During the Ye

3 Grants and Contribu	tions I	Paid During the	Year or Approve	d for Future P	ayment	
Recipie			If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home of	or busine	SS)	or substantial contributor			
a Paid during the year					CHILD CHARITRY	
SAVE THE CHILDREN 54 WILTON ROAD P O B	OV 040	1			CHILD CHARITY	
WESTPORT	CT	, 06880	NONE	NON PROFIT		10,000
WESTFORT	CI	00000	NONE	NON PROFIT		10,000
ORPHAN FOUNDATION OF	AMPDI	·CZ		ĺ	ORPHANAGE SUPPORT	
21351 GENTRY DRIVE	7111111	.011				
STERLING	VA	20166	NONE	NON PROFIT		5,000
						0,000
OWLS HEAD TRANSPORT	MUSEUM	ſ			OPERATING EXPS	
117 MUSEUM STREET						
OWLS HEAD	ME	04854	NONE	NON PROFIT		5,000
3 3						2,000
RECORDING FOR BLIND	AND DY	SLE]	FREE AUDIO	
20 ROSZEL ROAD					RECORDING DEVICES	
PRINCETON	ŊJ	08540-9983	NONE	NON PROFIT	FOR IMPAIRED	5,000
						-,
CT FOUNDATION DENTAL	OUTRE	ACH			FREE DENTAL	
835 WEST QUEEN STREE					SURGERY FOR POOR	
SOUTHINGTON	CT	06489	NONE	NON PROFIT	WORLDWIDE	5,000
						,
ISLANDWOOD					EDUCATIONAL	
4450 BLAKELY AVE					ļ	
BAINBRIDGE ISLAND	WA	98110	NONE	NON PROFIT		5,000
						·
UCONN FOUNDATION					FREE DENTAL CARE	
263 FARMINGTON AVE					FOR CONN	
FARMINGTON	CT	06030	NONE	EDUCATION	RESIDENTS	5,000
FRIENDS OF LINCOLN C	ENTER				OPERATING EXPS	
70 LICOLN CNETER PLA	ZA					
NEW YORK	NY	10023-6583	NONE	NON PROFIT		5,000
Total					▶ 3a	
b Approved for future payment	t					
			}			
]			
			[
Total · · · · · · · · · · · · · · · · · · ·					• • • • • • • • 3b	
						Fa 000 DE (2000)

Supplementary Information (continued)

Name and address (home or business) or substantial countbulior a Paid during the year MEDICAL SUPPLIES FOR DISASTER AREA DECATUR GA 30034 NONE NON PROFIT CAMDEN TEEN CENTER P 0 BOX 831 CAMDEN MEDICAL SUPPLIES FOR DISASTER AREA OF THE WORLD 5. TEEN PROGRAMS OPERATING EXPS WOMEN FOR WOMEN INTERNATIONAL. 4455 CONN NW SUITE 200 WASHINGTON DC 20008 NONE NONE NON PROFIT CONTINUED FUNDING OF BROADCASTING PUBLIC RADI NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NONE NONE NONE NONE NONE NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NONE NONE NONE NONE NONE NONE NONE NONE SUPPORTS EDUCATION SEVICES Total Total	Recipi			If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
MEDSHARE INTERNATIONAL 3240 CLIFFON SPRINGS ROAD DECATUR GA 30034 NONE NON PROFIT CAMDEN TEEN CENTER P O BOX 831 CAMDEN ME 04853 NONE NON PROFIT CAMDEN ME 04853 NONE NON PROFIT CAMDEN FOR WOMEN INTERNATIONAL 4455 CONN NW SUITE 200 WASHINGTON DC 20008 NONE NON PROFIT WINC FOUNDATION P O BOX 1550 NEW YORK NY 10116-1550 NONE PUBIC RADI 1667 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLANN AVE BRIGGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT FUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total MEDICAL SUPPLIES FOR DISASTER AREA OF THE WORLD TO TEEN PROGRAMS TEEN PROGRAMS COPERATING EXPS TO CONTINUED FUNDING OF BROADCASTING PUBLIC RADIO 1, MS RESEARCH OPERATING EXPS OPERATING EXPS OPERATING EXPS OPERATING EXPS ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NONE NON PROFIT Total Total	Name and address (home of	or busines	s)		- recipient		
3240 CLIFTON SPRINGS ROAD DECATUR GA 30034 NONE NON PROFIT FOR DISASTER AREA DECATUR GA 30034 NONE NON PROFIT OF THE WORLD 5. CAMDEN TEEN CENTER P O BOX 831 CAMDEN ME 04853 NONE NON PROFIT 2. WOMEN FOR WOMEN INTERNATIONAL 4455 CONN NW SUITE 200 WASHINGTON DC 20008 NONE NON PROFIT 2. WINIC FOUNDATION P O BOX 1550 NEW YORK NY 10116-1550 NONE FUBIC RADI PUBLIC RADIO 1. NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT 1. AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT 1. ROCKFORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKFORT DEBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKFORT ME 04856-0008 NONE FUBLIC LIB Total Total	Paid during the year						
DECATUR GA 30034 NONE NON PROFIT OF THE WORLD 5. CAMDEN TEEN CENTER PO BOX 831 CAMDEN ME 04853 NONE NON PROFIT 2. WOMEN FOR WOMEN INTERNATIONAL 4455 CONN NW SUITE 200 WASHINGTON DC 20008 NONE NON PROFIT 2. WINYC FOUNDATION PO BOX 1550 NEW YORK NY 10116-1550 NONE PUBIC RADI PUBLIC RADIO 1. NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT 1. AMERICAN RED CROSS 158 BROKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NONE NON PROFIT 1. ROCKPORT PUBLIC LIBRAY ONE NONE NON PROFIT 1. ROCKPORT PUBLIC LIBRAY ONE SUPPORTS EDUCATION SEVICES WILTON CT 06897-7658 NONE NON PROFIT 1. ABC OF WILTON CT 06897-7658 NONE NON PROFIT 1.							
CAMDEN TEEN CENTER P O BOX 831 CAMDEN ME 04853 NONE NON FROFIT WOMEN FOR WOMEN INTERNATIONAL 4455 CONN NW SUITE 200 WASHINGTON DC 20008 NONE NON PROFIT WHYC FOUNDATION P O BOX 1550 NEW YORK NY 10116-1550 NONE PUBIC RADI NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total Total	3240 CLIFTON SPRINGS	ROAD		İ	}	FOR DISASTER AREA	
F O BOX 831 CAMDEN ME 04853 NONE NON PROFIT AWOMEN FOR WOMEN INTERNATIONAL 4455 CONN NW SUITE 200 WASHINGTON DC 20008 NONE NON PROFIT CONTINUED FUNDING OF BROADCASTING PO BOX 1550 NEW YORK NY 10116-1550 NONE FUBIC RADIO 1, NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEFORT CT 06604-2012 NONE NON PROFIT ROCKPORT FUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE FUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total Total	DECATUR	GA	30034	NONE	NON PROFIT	OF THE WORLD	5,000
CAMDEN ME 04853 NONE NON PROFIT WOMEN FOR WOMEN INTERNATIONAL 4455 CONN NW SUITE 200 WASHINGTON DC 20008 NONE NON PROFIT WHYC FOUNDATION P O BOX 1550 NEW YORK NY 10116-1550 NONE FUBIC RADI NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT FUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE FUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total > 38						TEEN PROGRAMS	
WASHINGTON DC 20008 NONE NON PROFIT WASHINGTON DC 20008 NONE NON PROFIT WASHINGTON DC 20008 NONE NON PROFIT WASHINGTON DC 20008 NONE NON PROFIT CONTINUED FUNDING OF EROADCASTING PUBLIC RADIO 1, MATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total ▶ 3a		ME	04853	NONE	NON PROFIT		2,500
WASHINGTON DC 20008 NONE NON PROFIT WASHINGTON DC 20008 NONE NON PROFIT WAYC FOUNDATION P O BOX 1550 NEW YORK NY 10116-1550 NONE PUBIC RADI NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMERCCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total	WOMEN FOR WOMEN INTE	ERNATIO	NAL			OPERATING EXPS	
WASHINGTON DC 20008 NONE NON PROFIT WHYC FOUNDATION P O BOX 1550 NEW YORK NY 10116-1550 NONE FUBIC RADI NATIONAL MS FOUNDATION 1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total Total CONTINUED FUNDING CONTINUED FUNDING HON PROFIT CONTINUED FUNDING FUBLIC RADI OF BROADCASTING MS RESEARCH AND PROFIT 1, OPERATING EXPS OPERATING							
P O BOX 1550 NEW YORK NY 10116-1550 NONE PUBIC RADI OF BROADCASTING PUBLIC RADIO 1, MS RESEARCH MS RESEARCH MS RESEARCH 1, AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT CT 06604-2012 NONE NON PROFIT OPERATING EXPS OPERATING EXPS OPERATING EXPS OPERATING EXPS OPERATING EXPS 1, ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT OPERATING EXPS OPERATING EX			20008	NONE	NON PROFIT		2,500
NEW YORK NY 10116-1550 NONE PUBIC RADI PUBLIC RADIO 1, NATIONAL MS FOUNDATION	WNYC FOUNDATION					CONTINUED FUNDING	
NEW YORK NY 10116-1550 NONE PUBIC RADI PUBLIC RADIO 1, NATIONAL MS FOUNDATION	P O BOX 1550					<u> </u>	
1867 LACKLAND HILL PARKWAY SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NONE POPPORT Total	NEW YORK	NY	10116-1550	NONE	PUBIC RADI	PUBLIC RADIO	1,500
SAINT LOUIS MO 63146 NONE NON PROFIT AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total	NATIONAL MS FOUNDATI	ON				MS RESEARCH	
AMERICAN RED CROSS 158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NONE NON PROFIT Total	1867 LACKLAND HILL F	PARKWAY					
158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total	SAINT LOUIS	МО	63146	NONE	NON PROFIT		1,100
158 BROOKLAWN AVE BRIDGEPORT CT 06604-2012 NONE NON PROFIT ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NONE PUBLIC LIB Total	AMERICAN RED CROSS					OPERATING EXPS	
BRIDGEPORT CT 06604-2012 NONE NON PROFIT 1, ROCKPORT PUBLIC LIBRARY ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total							
ONE LIMEROCK ST PO BOX 8 ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total		CT	06604-2012	NONE	NON PROFIT		1,000
ROCKPORT ME 04856-0008 NONE PUBLIC LIB ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total	ROCKPORT PUBLIC LIBR	KARY				OPERATING EXPS	
ABC OF WILTON PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total 3a	ONE LIMEROCK ST PO B	BOX 8					
PO BOX 7658 WILTON CT 06897-7658 NONE NON PROFIT Total · · · · · · · · · · · · · · · · · · ·	ROCKPORT	ME	04856-0008	NONE	PUBLIC LIB		1,000
WILTON CT 06897-7658 NONE NON PROFIT	ABC OF WILTON					SUPPORTS	
Total	PO BOX 7658					EDUCATION SEVICES	
	WILTON	CT	06897-7658	NONE	NON PROFIT		500
b Approved for future payment						▶ 3a	
	b Approved for future paymen	nt					
					:		

PantXXV Supplementary Information (continued)

Recipient			If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or b	ousines	ss)	or substantial contributor	recipient		
 Paid during the year 						
LEAGUE OF WOMEN VOTERS	S OF	CT			OPERATING EXPS	
1890 DIXVILLE AVE						
HAMDEN	CT	06514-3183	NONE	EDUC FUND		500
AMERICAN ASSOC OF UNIV	V WOM	EN			OPERATING EXPS	
PO BOX 96719						
WASHINGTON	DC	20090-6719	NONE	NON PROFIT		500
KAYAK FOR A CAUSE					SAVE SOUND	
136 HILLCREST				!	CONVERSATION	
NORWALK	CT	06855	NONE	NON PROFIT		400
AUTISM SPECTRUM DISORI	מ משר	OTIND.			MEDICAL RESEARCH	
	JEK E	OOND			MIDICAL MODERNOR	
228 W LINCOLN HWY 301	737	46375	NONE	NON PROFIT	i i	100
SCHERERVILLE	IN	46375	NONE	NON PROFIT		100
MIDDLEBROOK ACTIVITY E	TUND	QSP			OPERATING EXPS	
131 SCHOOL STREET			'			
WILTON	CT	06897	NONE	NON PROFIT		100
CENTER FOR HOPE					HOSPICE CARE EXP	
590 BOSTON POST ROAD						
DARIEN	CT	06820	NONE	NON PROFIT		25
Total	• • •			•••••	▶ 3a	528,725
b Approved for iditate payment						
				1		
]			
			L	<u> </u>	3b	

PartXV Enter gross	Analysis of Income-Producing Analysis of Income-Producing Analysis otherwise indicated		ed business income	Excluded by s	ection 512, 513, or 514	(e)
		(a) Business	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
_	m service revenue.	code		code		the instructions)
å —				<u> </u>		
b			 	 		 .
°				 		
d				 		
		<u> </u>		 		
T ===		<u> </u>		 		
-	s and contracts from government agencies • • •			 		
	ership dues and assessments •••••••			<u> </u>		
	t on savings and temporary cash investments •			14	2,298	
	ads and interest from securities • • • • • • • •			14	471,053	
	tal income or (loss) from real estate:					
	t-financed property			ļ		
	debt-financed property			 		
	tal income or (loss) from personal property · · ·			ļ		
	nvestment income					
	(loss) from sales of assets other than inventory •					
	ome or (loss) from special events · · · · · ·					
	profit or (loss) from sales of inventory			L		
11 Other re	evenue. a					
b						
c						· · · · · · · · · · · · · · · · · · ·
d						
θ						
	il. Add columns (b), (d), and (e)				473,351	,
				,	• • • • • 13	473,351
	heet in line 13 instructions on page 28 to verify cal		·		<u> </u>	
Paril XVI	Relationship of Activities to the	<u>Accomp</u>	ishment of Exe	empt Purpo	ses	
Line No.	Explain below how each activity for which income					
▼	accomplishment of the foundation's exempt p	ourposes (oth	ner than by providing	funds for such	purposes) (See page	29 of the
	instructions)					
						
				_ 	<u> </u>	
						
			<u> </u>			
						
						·····
	<u></u>					
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					·- · 	
	1					

		Exempt Or	<u>ganizations</u>							,
1	Did th			age in any of the followi	ng with any other o	rganization de	scribed		Yes	No
	ın sec	ction 501(c) of the C	ode (other than sec	tion 501(c)(3) organizati	ons) or in section 5	527, relating to	political		T	
	organ	nizations?		_		_				
а	Trans	sfers from the repor	ting foundation to a r	noncharitable exempt or	canization of					
		•	•		•			1a(1)	Х
								• • • • • 1a(2		X
h	., -	transactions							Ή	├ ^
-			noncharitable evemn	t organization • • •				1b(1	<u>, </u>	v
			-	=						X
				e exempt organization					-	X
				ssets · · · · · · ·					`	X.
			-							X
				• • • • • • • • • • •			• • • • •	1b(5	<u> </u>	X
	(6) P	erformance of servi	ces or membership	or fundraising solicitatio	ns · · · · · ·		• • • • •	1b(6	<u>) </u>	X
C	Sharii	ng of facilities, equi	pment, mailing lists,	other assets, or paid en	nployees · · · ·		• • • • •	• • • • <u>1c</u>	<u> </u>	X
d	If the	answer to any of th	e above is "Yes," coi	mplete the following sch	edule Column (b)	should always	show the fa	air market		
	value	of the goods, other	assets, or services	given by the reporting for	oundation If the fou	undation receiv	ed less tha	n faır market		
	value	in any transaction	or sharing arrangem	ent, show in column (d)	the value of the go	ods, other ass	ets, or serv	ices received		
(a) I	ine no	(b) Amount involved		chantable exempt organization				s, and sharing arrang	ements	
<u>u, .</u>		(b) / thoule involved	(b) Hamb of Hori	Granabio oxorrpr organization	(4) 20	oo promon a amon	oro, danoadan	o, and draining arraing	<u> </u>	
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				1 11 14 14		-4				
2a		•	9	d with, or related to, one		-				1
				r than section 501(c)(3)) or in section 5277	<i>,</i>		· · · · · · · · · · · · · · · · · · ·	es ∑X	No
b	If "Ye	s," complete the following	lowing schedule							
		(a) Name of organiz	zation	(b) Type of org	anization		(c) Descript	ion of relationship		
	Under	penalties of pertury, dec	are that I have examined	this return, including accompa	anying schedules and sta	atements, and to t	ne best of my k	nowledge and		
ı	belief, i	t is true, conject, and con	potete Declaration of prep	earer (other than taxpayer or fic	duciary) is based on all	nformation of which	h preparer has	any knowledge		
; }	` . ~	XXXXXX			1///	7/10	PRESI	ነ ድ እያጥ		
. \	♪≏	T KAXIMO			11/1	<u> </u>				
!	Sign	ature of officer or trustee			Deta Date		Trtle			
•	Paid				Date			Preparer's identifying number (see Signal		
1	Prepar	.	^	1.		Check if		page 30 of the instr		
'	er's	Preparer's	Stev 18	1//.	1	self-employe	ı ▶ ∐	=	•	
,	Use	signature	I VIII II	Jung	11-12-2010	_				
	Only	Firm's name (or yo		ax Service Inc			EIN ►			
		self-employed), ad and ZIP code	Saint	Johnsbury, VT 0	5819-2541		Phone no	802-748-33	82	
1		_			EEA	·		Form 9	90-PF (2009

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury

Attachment

Intern	al Revenue Service (99)	See separati	nstructions.		Attach to y	our tax return	١.		Sequence No. 67
Name	(s) shown on return			Business of	or activity to which	this form relates			Identifying number
CA	SCADE FOUNDATION			FOR	RM 990	- 1			20-4956488
	Election To Expens	se Certain Pr	operty Und						· <u></u>
	Note: If you have any liste					t I.			
1	Maximum amount See the instruc		•					1	<u> </u>
2	Total cost of section 179 property	_						2	
3	Threshold cost of section 179 prop	•	•	•	structions)			3	<u> </u>
4	Reduction in limitation. Subtract lir							4	
5	Dollar limitation for tax year. Subtr		•		-O- If marrie	ed filina			
-	separately, see instructions · · ·			• • • • •		• • • • • • •		5	
	` *			(h) Com (h	usinoss use onb) (a) Fla	and and	<u> </u>	
6	(a) Description of p	огорену		(b) Cost (b)	usiness use only	(C) Ele	cted cost		
		 	-			 			45
7	Listed assessed. Established assessed	from line 20		L	7	 			
7	Listed property. Enter the amount							_	
8	Total elected cost of section 179 p	•		• •		• • • • • • •	• • •	8	
9	Tentative deduction Enter the small						• • •	9	
10	Carryover of disallowed deduction	-					• • •	10	<u> </u>
11	Business income limitation. Enter t	the smaller of bu	siness income	(not less t	han zero) or	line 5 (see inst	ructions)	11	
12	Section 179 expense deduction. A	dd lines 9 and 10	0, but do not en	ter more t	than line 11	• • • • •	• • •	12	
13	Carryover of disallowed deduction	to 2010. Add line	es 9 and 10, les	ss line 12	- ' ▶ 13				
Note	: Do not use Part II or Part III below	for listed proper	ty. Instead, use	Part V.					
Pa	MIII Special Depreciation	n Allowance	and Other	Depre	ciation (Do	not include li	sted pro	perty.)	(See instructions.)
14	Special depreciation allowance for	qualified proper	ty (other than li	sted prope	erty) placed i	n service			
	during the tax year (see instruction	ıs) • • • • • •						14	
15	Property subject to section 168(f)(1) election • •						15	
16	Other depreciation (including ACR	S) • • • • •						16	
Dai	MACRS Depreciati		lude listed prop	perty) (Se	e instruction	s.)			· , - <u> </u>
#I#G	MAONO DEPICCIAN	<u> </u>		ction A					
17	MACRS deductions for assets place	ced in service in	tax vears begin	nina befo	re 2009 •			17	4,182
18	If you are electing to group any ass			-		nore general	ŀ		7,102
	asset accounts, check here ••					_			
-	Section B - Assets					<u>_</u>	iation S	vetem	<u></u>
	0000011 D - A33613	(b) Month and	(C) Basis for dep		· · · · · · · · · · · · · · · · · · ·	onorus Boproc	T T	, 500	
	(a) Classification of property	year placed in service	(business/investruently-see instruently-see	nent use	(d) Recovery period	(e) Convention	(f) Meti	nod	(9) Depreciation deduction
19a	3-year property				ļ				
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property		1						
f	20-year property								
g					25 yrs		S/L		
h	Residential rental		1		27.5 yrs.	ММ	S/L		
	property				27.5 yrs.	ММ	S/L	.	
ī	Nonresidential real	 		<u> </u>	39 yrs.	MM	S/L	-	
•	property				7	MM	S/L		
	Section C - Assets I	Placed in Service	e During 2009 1	Tax Year I	Jsing the Al				<u> </u>
20 a							S/L		
	12-year				12 yrs		S/L		
					40 yrs.	MM	S/L		
	40-year	tions)	<u> </u>		40 yis.	IAIIAI	J/L		
	Summary (see instruc	cuons)						24	
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, li	-						_	
	and on the appropriate lines of you	ir return. Partner	snips and S cor	porations	- see instruc	tions • • •	• • •	22	4,182

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Federal Supporting Statements 2009 PG 01 Name(s) as shown on return 20-4956488 CASCADE FOUNDATION STATEMENT #115 FORM 990PF, PART III, LINE 3 OTHER INCREASES SCHEDULE FEDERAL EXCISE TAX FOR 2008 2,382 1,030 MEALS @ 50% 4,160,952 INHERITED FUNDS 4,164,364 TOTAL PG 01 STATEMENT #118 FORM 990PF, PART II, LINE 13 INVESTMENTS: OTHER SCHEDULE BOOK VALUE (EOY) FMV (EOY) **CATEGORY** BOOK VALUE (BOY) 948,027 STONEWORK PARTNERS LTD 1,000,000 491,464 508,615 585,084 GS CAPITAL PARTNERS VI 735,839 330,000 VCFA PRIVATE EQUITY PARTNERS IV 373,995 33,235 GSCP VI PARALLEL AIV 42,987 43,569 874,155 GMS ALPHA IV PORTFOLIO 1,001,243 1,001,245 3,082,720 1,926,840 2,959,898 TOTAL PG 01 STATEMENT #120 FORM 990PF, PART II, LINE 15 OTHER ASSETS SCHEDULE EOY BOOK BOY BOOK **FMV** DESCRIPTION 5,800 DAVINCI HORSE SCULPTURE (ANTIQUE) 50,000 50,000 5,800 5,800 TOTAL

		1	
	Supporting Statements	S 2	2009 PG 01
Name(s) as shown on return CASCADE FOUNDATION			20-4956488
	, PART II, LINE 22 BILITIES SCHEDULE		STATEMENT #121
DESCRIPTION PAYROLL TAXES	BOY AMOU	<u>JNT</u> <u>EO3</u>	7 AMOUNT 5,574
TOTAL	8,	,028	5,574
INVESTMENTS: GOVER	PART II, LINE 10 (ANMENT OBLIGATION S VALUE (BOY) 2,775,336 2,775,336		PG 01 STATEMENT #136 Y) FMV (EOY) 2,998,675 2,998,675
•	PART II, LINE 10(E		PG 01 STATEMENT #137
•	APORATE STOCK SCHED		
INVESTMENTS: COF	BOY E	DULE	STATEMENT #137 EOY FMV
INVESTMENTS: COF	BOY E	BOOK VALUE	EOY FMV 3,568,521
CATEGORY GOLDMAN SACHS VARIOUS STOCK TOTALS FORM 990PF,	BOY E	BOOK VALUE 3,439,82 3,439,82	EOY FMV 3,568,521
CATEGORY GOLDMAN SACHS VARIOUS STOCK TOTALS FORM 990PF,	BOY E FU 5,977,733 5,977,733 PART II, LINE 10 (CORPORATE BOND SCHED	BOOK VALUE 3,439,82 3,439,82	EOY FMV 3,568,521 3,568,521 PG 01
CATEGORY GOLDMAN SACHS VARIOUS STOCK TOTALS FORM 990PF, INVESTMENTS: CO	BOY E FU 5,977,733 5,977,733 PART II, LINE 10 (C) REPORATE BOND SCHED	BOOK VALUE 3,439,82 3,439,82 C) DULE	EOY FMV 3,568,521 3,568,521 PG 01 STATEMENT #138 EOY FMV

CANIEL DIBNER EXPLANATION RACES PAID TO ADMINISTER THE FOUNDATION, CONTROL AND OVERSEE THE SESETS FICTORIA DIBNER EXPLANATION SESIST THE MANAGER IN MANAGING AND OVERSEEING THE FOUNDATIONS ASSETS	lame(s) as shown on retum	Federal Supporting Statements	2009 FEIN
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ATION ASSETS	

BERN L DIBNER

EXPLANATION
MEET WITH THE MANAGERS FOUR TIMES A YEAR TO AID IN GUIDING THE FOUNDATION ASSETS

GOLDMAN SACHS

EXPLANATION

FEES DEDUCTED FROM VARIOUS CUSTOMER FUNDS DURING EACH QTR OF 2009

<u>Current Officers, Directors, Trustees, and Key Employees</u>

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated. (d) Contributions to employee benefit plans deferred compensation (c) Compensation (If not paid, enter -0-) (b) Title, and average (e) Expense account, other allowances hours per week devoted to position (a) Name and address BERN L DIBNER DIRECTOR STMA05 47 EAST MEADOW ROAD WILTON, CT 06897 10,000 0 5 0

		Federal Su	Federal Supporting Statements	nents	2009 PG 01
Name(s) as shown on return CASCADE FOUNDATION					Your Social Security Number 20-4956488
	FORM 990PF, PART I,	LINE 23	- OTHER EXPENSES SCHEDULE	нероле	STATEMENT #103
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
COMPUTER EXPENSE DUES MISCELLANEOUS K-1 EXP OFFICE EXPENSES TELEPHONE MEALS @ 50%	1,842 495 375 206 738	1,842 495 375 206 738	1,842 495 375 206 738	0 0 0 0 0	
TOTALS	3, 656	3,656	3, 656	0	
	FORM 990	FORM 990PE, PART I, LINE 11	1 - OTHER INCOME SCHEDULE	HEDULE	PG 01 STATEMENT #106
DESCRIPTION UBII FROM K-1	REVENUE AND EXPENSES 251	NET INVESTMENT 251	ADJUSTED NET INCOME 251		
TOTALS	251	251	251		

		Podoral C.	Coderal Supporting Statements	nonte		
Named (c) as chosen on robins	i	ledelal of	appoining state		2009 PG 01	-
CASCADE FOUNDATION					20-4956488	
	FORM 990PF, PART I,	PART I, LINE 16(B)	- ACCOUNTING FEES SCHEDULE	SCHEDULE	STATEMENT #108	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
ACCOUNTING & TAX PREP	8,850	8,850	8,850	0		
TOTALS	8,850	8,850	8,850	0		-
					, c	
	FORM 990PE, PAR	T I, LINE 16(C) -	FORM 990PF, PART I, LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE	FEES SCHEDULE	FG OT STATEMENT #109	
DESCRIPTION GOLDMAN MANAGEMENT FEES	REVENUE AND EXPENSES 57,118	NET INVESTMENT 57,118	ADJUSTED NET INCOME 57,118	CHARITABLE PURPOSE 0		
TOTALS	57,118	57,118	57,118	0		
1						
	FORM	FORM 990PF, PART I, LINE 18	IE 18 - TAXES SCHEDULE	LE	PG 01 STATEMENT #110	
DESCRIPTION FOREIGN TAXES	REVENUE AND EXPENSES 255	NET INVESTMENT 255	ADJUSTED NET INCOME 255	CHARITABLE PURPOSE 0		
TOTALS	255	255	255	0		_
						,

CASCADE FOUNDATION CASCADE FOUNDATION DESCRIPTION COMPUTER & OFFICE EQUIPMENT TOTAL	FORM 990PE, PART COST OR ACCUM OTHER BASIS DEPRE 15,646	1 1 1 1 1 1	E 14 - LAND ETC.				Your Social Secur 20-4956488	Your Social Security Number 20-4956488
DESCRIPTION COMPUTER & OFFICE EQUIPMENT TOTAL	FORM 990PE, COST OR OTHER BASIS 15,646		, ,				20-495	6488
DESCRIPTION COMPUTER & OFFICE EQUIPMENT TOTAL	FORM 990PE, COST OR OTHER BASIS 15,646	501	, o					
DESCRIPTION COMPUTER & OFFICE EQUIPMENT TOTAL	COST OR OTHER BASIS 15,646 15,646	ACCUMULATED DEPRECIATION	END OF YEAR	. SCHEDULE			STATEMENT	ENT #119
COMPUTER & OFFICE EQUIPMENT TOTAL	15,646 15,646	DEPRECIATION		i				
TOTAL ==	15,646	7,288	8,358 8,358	8,358	158			
		7,288	8,358	8,358	158			
								PG 01
	FORM 990PE, PART	, PART I, LINE 19	19 - DEPRECIATION SCHEDULE	ION SCHEDU	31		STATEM	STATEMENT #126
DATE DESCRIPTION ACQUIRED (COST OR	PRIOR YEAR DEPRECIATION	COMPUTATION	RATE	LIFE	CURRENT YEAR DEPRECIATION	NET INVESTMENT ADJUSTED NET INCOME	ADJUSTED NET
UTER SYSTEM (2,319	1,419	Σ		5	464	464	464
ACCOUNTING SOFTWARE 04-19-2006	524	321	Σ		5	105	105	105
PRINTER 11-04-2007	617	265	×		z,	123	123	123
TERA BACKUP UNIT 03-01-2008	420	84	Σ		ς.	84	84	84
VCD MACBO LAPTOP 05-04-2008	2,690	538	E		J.	538	538	538
FIREPROOF SAFE 08-26-2008	2,474	354	Σ		7	353	353	353
RENEW QUICKBOOKS SOFTWARE 09-01-2008	1,321	264	×		5	264	264	264
M-TECH LAPTOP 09-12-2008	5,061	1,012	Σ		5	1,012	1,012	1,012
MICROSOFT OFFICE 11-06-2008	220	44	Σ		S	44	44	44
TOTALS	15,646	4,301	n.			2,987	2,987	2,987