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### 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



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

Treated as a Private Foundation

OMB No 1545-0052

2009

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 , 2009, and ending For calendar year 2009, or tax year beginning Initial Return of a former public charity Final return G Check all that apply: Initial return Amended return Address change Name change Employer identification number Name of foundation Use the IRS label. HOWARD K. ARCHDEACON FAMILY FOUNDATION, 43-6870666 Otherwise, Number and street (or P O box number if mail is not delivered to street address) В Telephone number (see the instructions) print C/O J. ALBANESI 14 WATKINS DRIVE (203) 304-1401 or type See Specific City or town State ZIP code С If exemption application is pending, check here Instructions SANDY HOOK 06482 CT 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check X Section 501(c)(3) exempt private foundation Н Check type of organization: here and attach computation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust Ε If private foundation status was terminated J Accounting method Cash X Accrual Fair market value of all assets at end of year under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) F If the foundation is in a 60-month termination (Part I. column (d) must be on cash basis ) under section 507(b)(1)(B), check here 1,116,430. Part I. Analysis of Revenue and (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment Expenses (The total of amounts in for charitable expenses per books ıncome income columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions).) Contributions, gifts, grants, etc, received (att sch) 144,949 2 19 18 W 2 Ck ► If the foundn is not req to att Sch B 242 Dr. 50 Interest on savings and temporary y has after the Sy. cash investments Dividends and interest from securities 34,624 34,624. 5a Gross rents b Net rental income or (loss) REV 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, I'ne 2) Ě NUE Net short-term capital gain 130 35 Income modifications 41 4 10a Gross sales less returns and allowances \* 34 1 v b Less Cost of ર ટૂર્ A 2 7. - 15 E 811. Sec 3-1 15 N c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 179,573. 34,624 20,000. 20,000. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 1,600. 1,600 b Accounting fees (attach sch) L-16b Stmt Ω c Other prof fees (attach sch) OPERATING 17 Interest 18 Taxes (attach schedule)(see instr.) See Line 18 Stmt 102 Depreciation (attach 19 sch) and depletion 20 Occupancy Ė 1,132.1,132 Travel, conferences, and meetings 21 Printing and publications 22 Other expenses (attach schedule) 25 25 FILING FEES 24 Total operating and administrative expenses. Add lines 13 through 23 22,757 22,859 Contributions, gifts, grants paid 50,650 Total expenses and disbursements. 22,757 73,509 Add lines 24 and 25 Subtract line 26 from line 12: ¢ a Excess of revenue over expenses 106,064 and disbursements 11,867 b Net investment income (if negative, enter -0-) C Adjusted net'income (if negative, enter -0-)

Part		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	25,656.	56,169	56,169.
	3	Accounts receivable	·	, . , , , , , , , , , , , , , , , , , ,	
	_	Less: allowance for doubtful accounts	- <del>, </del>	<del></del>	
	4	Pledges receivable		<u>_**,/</u>	,
	_	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)		<del></del>	
Δ	7	Other notes and loans receivable (attach sch)		****	• • • • • • • • • • • • • • • • • • • •
ŝ	_	Less: allowance for doubtful accounts			
A S E T	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges .			
S	10 a	a Investments – U.S and state government obligations (attach schedule) L-10a Stmt	60,266.	45,322	. 49,264.
	ŀ	b Investments — corporate stock (attach schedule) L-10b Stmt	548,112.	625,960	
		c Investments — corporate bonds (attach schedule) L-10c Stmt	380,498.	245,854	
	11	Investments – land, buildings, and	100 0 5 x 5 x 6 70 2 7 x 6	/ /3 \$ 25 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6	
		equipment basis	7 × × × ; • • • • • • • • • • • • • • • •		\$ 1 5 7 8 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Less accumulated depreciation (attach schedule) .			
	12	Investments – mortgage loans .			
	13	Investments – other (attach schedule) L-13 Stmt		120,000	. 121,412.
	14	Land, buildings, and equipment basis ►			* ' '
		Less. accumulated depreciation (attach schedule)			
		Other assets (describe)  Total assets (to be completed by all filers)			
<del></del>		see instructions. Also, see page 1, item I)	1,014,532.	1,093,305	1,116,430.
L	17	, 2			
A B	18   19	Grants payable Deferred revenue			- 13 Sept. 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Ĭ	20	Loans from officers, directors, trustees, & other disqualified persons			- 1. 6. 1. 1. No. 8. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
L	21	Mortgages and other notes payable (attach schedule)		······	- K. J. J. L.
Ť		Other liabilities (describe )			
E S	_	` <del></del>		***********	
<u> </u>	23				
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			of the state of th
NF	24	Unrestricted	1,014,532.	1,093,305	
EU	25	Temporarily restricted			
A D	26				
A S B S A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A S N	27	Capital stock, trust principal, or current funds			
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	<del></del>		
RS	30	(000 000 000 000 000 000 000 000 000 00	1,014,532.	1,093,305	
	31	Total liabilities and net assets/fund balances (see the instructions)	1,014,532.	1,093,305	
Part	111	Analysis of Changes in Net Assets or Fund Balance			
1	Tota	Il net assets or fund balances at beginning of year – Part II, colur	nn (a), line 30 (must ag	ree with	
_	end-	of-year figure reported on prior year's return)	· · · · · · ·	1	
2		er amount from Part I, line 27a		2	
3		rincreases not included in line 2 (itemize)			<del></del>
4 5		lines 1, 2, and 3 eases not included in line 2 (itemize)  ► LOSS ON SALE (	OF አርርፑጥር /ርጥへ/	cks)	<del></del>
_		all net assets or fund balances at end of year (line 4 minus line 5)			
			, (-/) !!!	<del>, , , , , , , , , , , , , , , , , , , </del>	

Form, 990-7F (2009) HOWARD K. ARCHDEACON FAMILY FOUNDATION, INC.

43-6870666

Page 2

` `	(a) List and describe 2-story brick warehous	(b) How acq P — Purch D — Dona	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)			
12	LAZARD MID CAP 973.	D 00110		03/22/06	03/24/09			
		SH SOLD		P		03/22/08	03/24/09	
	SCWAB PREM EQUITY 2	<del></del>		<u>.                                    </u>	$\overline{}$	03/14/07	03/24/09	
	DISCOVER BOND	323.224 011 0010		- P	$\overline{}$	03/14/07	10/05/09	
	See Columns (a) thru (d)	<del></del>		<u> </u>		03/14/07	10/03/09	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi		(h) Gain or (loss) (e) plus (f) minus (g)			
	6,594.	064						
		,064.			-7,470.			
		,000.			-12,385.			
		,728.		<del></del>	-7,848.			
				,000.			0.	
				,588.			412.	
	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) Fair Market Value (j) Adjusted basis (k) Excess of column (i) as of 12/31/69 over column (j), if any					(1) Gains (Colu ain minus column (1 an -0-) <b>or</b> Losses (fr	(), but not less	
	3						-7,470.	
t	)						-12,385.	
	;				-		-7,848.	
							0.	
				<del></del>			412.	
2	Capital gain net income or (net	If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7		2		-27,291.	
3	Net short-term capital gain or (I	oss) as defined in sections 1222(5)	·	ŀ	-		-21,231.	
	If gain, also enter in Part I, line	8, column (c) (see the instructions)	If (loss), enter -0-					
	in Part I, line 8		<u> </u>		3			
		Section 4940(e) for Reduce foundations subject to the section 4						
If 'Y€	es,' the foundation does not quali	tion 4942 tax on the distributable am ify under section 4940(e). Do not con n each column for each year; see the	mplete this part.		es	Yes	☐ No	
	(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(d) Distribution ratio (column (b) divided by column (c))			
	2008		893	,465.				
	2007	0.						
	2006	0.		,118.			by column (c))	
	2005		801	,118.			0.00000	
	2004	24,400.		,258.		1-1-1	0.00000 0.00000	
		24,400. 21,600.	629	,258. ,249.			0.000000 0.000000 0.038776	
2	Total of line 1, column (d)	24,400. 21,600.	629	,258.	2		0.00000 0.00000	
2 3	Average distribution ratio for the	21,600.	629 503 ral on line 2 by 5, or by the	,258. ,249.	2		0.000000 0.000000 0.038776 0.042902 0.081678	
_	Average distribution ratio for the number of years the foundation	e 5-year base period – divide the tot has been in existence if less than 5	629 503 tal on line 2 by 5, or by the 5 years	,258. ,249.			0.000000 0.000000 0.038776 0.042902 0.081678	
3	Average distribution ratio for the number of years the foundation	21,600.	629 503 tal on line 2 by 5, or by the 5 years	,258. ,249.	3		0.000000 0.000000 0.038776 0.042902 0.081678	
3	Average distribution ratio for the number of years the foundation	e 5-year base period – divide the tot has been in existence if less than 5	629 503 tal on line 2 by 5, or by the 5 years	,258. ,249.	3		0.000000 0.000000 0.038776 0.042902 0.081678	
3	Average distribution ratio for the number of years the foundation  Enter the net value of noncharit	e 5-year base period – divide the tot has been in existence if less than 5 table-use assets for 2009 from Part	629 503 tal on line 2 by 5, or by the 5 years	,258. ,249.	3		0.000000 0.000000 0.038776 0.042902 0.081678 0.020420 0.	
3 4 5	Average distribution ratio for the number of years the foundation  Enter the net value of noncharit  Multiply line 4 by line 3	e 5-year base period – divide the tot has been in existence if less than 5 table-use assets for 2009 from Part	629 503 tal on line 2 by 5, or by the 5 years	,258. ,249.	3 4 5		0.000000 0.000000 0.000000 0.038776 0.042902 0.081678 0.020420 0.	
3 4 5 6	Average distribution ratio for the number of years the foundation  Enter the net value of noncharit  Multiply line 4 by line 3  Enter 1% of net investment income	e 5-year base period – divide the tot has been in existence if less than 5 table-use assets for 2009 from Part come (1% of Part I, line 27b)	629 503 tal on line 2 by 5, or by the 5 years	,258. ,249.	3 4 5		0.000000 0.000000 0.038776 0.042902 0.081678 0.020420	
3 4 5 6 7	Average distribution ratio for the number of years the foundation  Enter the net value of noncharit  Multiply line 4 by line 3  Enter 1% of net investment inco  Add lines 5 and 6  Enter qualifying distributions from	e 5-year base period – divide the tot has been in existence if less than 5 table-use assets for 2009 from Part come (1% of Part I, line 27b)	629 503 tal on line 2 by 5, or by the 5 years X, line 5	,258. 9,249. 8,468.	3 4 5 6 7	tax rate See th	0.000000 0.000000 0.000000 0.038776 0.042902 0.081678 0.020420 0. 119.	

form 990 PF (2009) HOWARD K. ARCHDEACON FAMILY I				68706		. P	age
Part VI Excise Tax Based on Investment Incom			948 – see	the inst	ructions)		
1 a Exempt operating foundations described in section 4940(d)(2), check here		r 'N/A' on line 1.	7	-	*	·	
<b></b> :	py of letter if necess	ary · see instr.)					
b Domestic foundations that meet the section 4940(e) require	ments in Part V,		Γ	1		2	237
check here and enter 1% of Part I, line 27b							
<b>c</b> All other domestic foundations enter 2% of line 27b Exempt foreign organ	izations enter 4% of Part	l, line 12, column (b)	_	-	* * * * * * * * * * * * * * * * * * * *		
2 Tax under section 511 (domestic section 4947(a)(1) trusts a foundations only Others enter -0-)	and taxable			2	L y # 14		<del>.</del> (
3 Add lines 1 and 2				3		<del></del>	3
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts	and taxable foundati	ons only. Others ente	or -0-1	4	····		<u>. ی</u>
5 Tax based on investment income. Subtract line 4 from line			.1 -0-7	5			23
6 Credits/Payments:	0 11 2010 01 1000; 011			┝┷┼	1 11 1		,
a 2009 estimated tax pmts and 2008 overpayment credited to 2009		6a	0.	l ľ	· · · · · · · · · · · · · · · · · · ·		٠.
<b>b</b> Exempt foreign organizations – tax withheld at source		6b		1		• •	. '*
c Tax paid with application for extension of time to file (Form	8868)	6c	400.	<b>1</b>   ;	*** ***	54 °	17
d Backup withholding erroneously withheld		6d		į,	್ಮಾನ್ ಪ್ರಾಥ್ ಬಿ. ತಿ.ರಿ.	-	يکن د ،
7 Total credits and payments. Add lines 6a through 6d .		<u> </u>		7	<u></u>		10
8 Enter any penalty for underpayment of estimated tax. Chec	k here I if Form	2220 is attached .		8		·	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount ow			. ▶	9			
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the air	mount overpaid			10		1	6
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax	<b>&gt;</b>	163. Refunde	d ►	11			
art VII-A Statements Regarding Activities	<del></del>			1			
If the answer is 'Yes' to 1a or 1b, attach a detailed descript or distributed by the foundation in connection with the active c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (see Enter the reimbursement (if any) paid by the foundation dure foundation managers  Albert Has the foundation engaged in any activities that have not if 'Yes,' attach a detailed description of the activities  Has the foundation made any changes, not previously repo	ection 4955) impose (2) On foundation manifering the year for polition	d during the year: anagers ► \$_ ical expenditure tax i	mposed or		1c		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of incorporation, or bylaws, or other similar instruments? If	'Yes,' attach a confo	rmed copy of the cha	inges		3		
4a Did the foundation have unrelated business gross income of	of \$1,000 or more dur	ing the year?			4a		
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year					4ь		Ĺ
5 Was there a liquidation, termination, dissolution, or substantial contraction					5		L
If 'Yes,' attach the statement required by General Instruction					\$ 16× 3	* 7	l.
6 Are the requirements of section 508(e) (relating to sections	4941 through 4945)	satisfied either:			, , ,		ι΄. 120
<ul><li>By language in the governing instrument, or</li></ul>					( .;		\$ P
By state legislation that effectively amends the governing	instrument so that n	o mandatory direction	ns that cor	aflict	, 2 j	\ \\ \\ \frac{\psi_2}{2}.	<i>\$</i> -
with the state law remain in the governing instrument?		o manaatory an ootio	110 (1101 001		6		
7 Did the foundation have at least \$5,000 in assets at any time during the ye					7	X	L
8a Enter the states to which the foundation reports or with whi CT - Connecticut	ch it is registered (se	e the instructions)				3 %	
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Fori	n 990-PF to the Attorney G	eneral			-   \$ 4	* 3,	
(or designate) of each state as required by <i>General Instruction G<sup>2</sup> If 'No,' a</i>	·				8b	X	$\vdash$
9 Is the foundation claiming status as a private operating fou	ndation within the me	eaning of section 494	2(j)(3) or 4	4942(j)(!	5)		-
for calendar year 2009 or the taxable year beginning in 200	)9 (see instructions fo	or Part XIV)? <i>If 'Yes,'</i>	complete	Part XI	V <u>9</u>	├─	Ľ
10 Did any persons become substantial contributors during the and addresses	e tax year <sup>?</sup> <i>If 'Yes,' a</i>	ttach a schedule listii	ng their na	mes	10	x	
BAA					Form 99		

	990-PF (2009) HOWARD K. ARCHDEACON FAMILY FOUNDATION, INC.	43-	687066	6	Pa	age <b>5</b>
Par,	t VII-A   Statements Regarding Activities Continued					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		<u>x</u> _
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12	ł	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address ► N/A	applicatio	n?	13	х	
14		e no ►	(203)	304	-140	1
	Located at ► 14 WATKINS DRIVE SANDY HOOK CT ZIP + 4 ►				. =	
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	<b>▶</b> .	15			
Par	t VII-B   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.				Yes	No
1 8	a During the year did the foundation (either directly or indirectly):	П.,	·	,	2 3 1	, ,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No		. ~.	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No	- ' '	3 d 3 d d	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	., .,		. 3
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	,	× 1	150
	(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)?	Yes	X No	m .4	* * * * * * * * * * * * * * * * * * *	
	(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 )	Yes	X No	1.1	i i i i i i i i i i i i i i i i i i i	4 3 4 44
ŀ	o If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ons) <sup>9</sup>	_	ــــــ 1 b		
	Organizations relying on a current notice regarding disaster assistance check here	•	· 🔲	3, 5		# Tank
•	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)).				1 2 3	× .
;	a 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		1. 12. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	1. 海水
	If 'Yes,' list the years ► 20 , 20 , 20 , 20			. #52 A	1 74 35	1. 13
I	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 (assets) to the year's undistributed income?	(a)(2) a)(2) to		* · · · · ·	* ***	
	all years listed, answer 'No' and attach statement – see the instructions )			2b		
(	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere		3/ "	*	
	► 20 , 20 , 20			\$ 30 S	, -1	1900
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	~ 422 2°	中分	* 4.
		<u>ب</u>			.1 🔅	· 🍲 🤄
'	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? (Use Schedule C, Form 4720, to	d			√. %. % %. ~~~~~	* * 4
	determine if the foundation had excess business holdings in 2009)			3b	ļ	<del> </del>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			* *** ***	1 74; ** 2 1241	7 %
	the tax year beginning in 2009?			4b	0.05	(2000)
BAA	4		F	orm 99	v-PF	(2009)

TEEA0305 07/06/09

Part VII P Statements Peggarding Activiti			43-687	0666 Page <b>6</b>				
Part VII-B   Statements Regarding Activiti		14/20 May Be Requ	ired (continued)					
5a During the year did the foundation pay or incur	•	(costion 404E(-))2	□ v ☑					
<ul><li>(1) Carry on propaganda, or otherwise attempt</li><li>(2) Influence the outcome of any specific public</li></ul>	-		Yes X	NO , , ,				
on, directly or indirectly, any voter registrate	tion drive?	•	Yes X	*   *   *   *     *				
(3) Provide a grant to an individual for travel,			∐ Yes X	No				
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	janization described ctions) .	Yes X	No * · ·				
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	s, charitable, scientific, of cruelty to children o	literary, or r animals?	Yes X	No				
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?								
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ 🗍	9 3 2 3 2 1 4				
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure respons	ne foundation claim exer ibility for the grant?	mption from the	Yes	No A S				
If 'Yes,' attach the statement required by Regul	lations section 53 4945-	5(d)		1.14.				
6a Did the foundation, during the year, receive any on a personal benefit contract?	••		. Yes X	No 🎉 🔅				
<b>b</b> Did the foundation, during the year, pay premiu	ims, directly or indirectly	y, on a personal benefit	contract?	6b X				
If 'Yes' to 6b, file Form 8870			• 🗆	10 10 10 mg 12 mg 14 mg				
7a At any time during the tax year, was the foundation received any presented								
b If yes, did the foundation receive any proceeds  Part VIII Information About Officers, Di				7b    mployees				
and Contractors								
1 List all officers, directors, trustees, foundation	managers and their co	ompensation (see instru	ıctions).					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
JOANNE ALBANESI								
14 WATKINS DRIVE	PRES/AS NECESSARY							
SANDY HOOK CT 06482	8.00	20,000.	0.	0.				
NANCY SIDARIO								
314 ST JONS AVE	SECT/AS NECESSARY							
YONKERS NY 10704	1.00	0.	0.	0.				
CHRISTINE HUNIHAN 213 COBBLER LANE								
SOUTHBRY CT 06488	VICE PRES/NECESSARY	0.	0.	0				
JEANNIE VARNUM	1.00	0.	<u> </u>	0.				
33 ASHFORD LANE	TRES/AS NECESSARY							
NEWTOWN CT 06470	1.00	0.	0.	0.				
2 Compensation of five highest-paid employees								
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
NONE		· · · · · · · · · · · · · · · · · · ·	compensation					
0								
0								
0								
0		,						
Total number of other employees paid over \$50,000		L	<u> </u>	None				
BAA		07/06/09		Form <b>990-PF</b> (2009)				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid	B70666 Page Employees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services – (see instructions). If none,	
enter 'NONE.'	12
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others are of the second of	
Total number of others receiving over \$50,000 for professional services	Non
Part IX-A Summary of 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, conferences convened, research papers produced, etc.	Expenses
1 <u>NONE</u>	· -  · -
2	C
3	
	-
4	 - <del>-</del>
Part IX-B Summary of Program-Related Investments (see instructions)	_1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
~	 
All other program-related investments See instructions.  3	
Total. Add lines 1 through 3	Nor
BAA	Form <b>990-PF</b> (200

Form '990-PF (2009) HOWARD K. ARCHDEACON FAMILY FOUNDATION, INC. 43	-6870666	Page <b>8</b>
Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	1 a	
<b>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) . le		
2 Acquisition indebtedness applicable to line 1 assets	1 2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► ☐ and do not complete this part XI and X		
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2009 from Part VI, line 5 . 2a 237.	<b>1 ~ % (%)</b>	
b Income tax for 2009 (This does not include the tax from Part VI.)	** 4 5	
c Add lines 2a and 2b	2c	237.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	<u> </u>
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4 .	5	0.
6 Deduction from distributable amount (see instructions)	. 6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1  Part XII Qualifying Distributions (see instructions)		0.
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes	. N ,	
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	
b Program-related investments — total from Part IX-B	1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes .	2	
3 Amounts set aside for specific charitable projects that satisfy the	اللاعتباء	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.

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

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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Form **990-PF** (2009)

6

0.

0.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7			> 7 & , ,	0
2 Undistributed income, if any, as of the end of 2009	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	1 2/2-4 2
a Enter amount for 2008 only		٠.	44,484.	, ,
<b>b</b> Total for prior years 20 , 20 , 20	Y = 1			
3 Excess distributions carryover, if any, to 2009	\$ 84.5 A K	* * 3		* * *
<b>a</b> From 2004 0.				
<b>b</b> From 2005 0 .	S of the contract	* "		* * * * * * * * * * * * * * * * * * * *
<b>c</b> From 2006	4 1 4 4 4 4	*	- > 2	
<b>d</b> From 2007 0.	100 m 3 m 4 m 6 -			
e From 2008 0 .	14 3 4 1 1 2 4 1 4 1	* + * \$ 4		
f Total of lines 3a through e	0.		The second of th	
4 Qualifying distributions for 2009 from Part	4.5 8.5 5 7 8 8 6		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
XII, line 4: ► \$ 0.	· · · · · · · · · · · · · · · · · · ·	* * * * 2	e fair and ele	4 4 3 · · · · · · · · · · · · ·
a Applied to 2008, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·			京本の 八番 家 一下 奈山
			a say you a say and a	1 - 5 - 4 - 5 - 7 - 6 - 5 - 5
<ul> <li>b Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>	マッキ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	33		· 秦皇 二年 中 · 中 · 李
c Treated as distributions out of corpus		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 医克朗德斯 (1)2000 · 医克朗德氏管 (1)2000	17214 19 19 14 19
(Election required – see instructions)		4 3 4 4 4 3 E	4 h . H	1 3
d Applied to 2009 distributable amount			, , ~	
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the	-	( / <sup>3</sup> / <sub>2</sub> / · 4 ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
same amount must be shown in column (a) )		· 9 (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		* * * * * * * * * * * * * * * * * * * *
· , ,			« × , - , 3, 3, 3, .	
6 Enter the net total of each column as	\$ <sup>3</sup> & 2,	1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	the second second	9 9 9 9 9 9
indicated below:	* 6 × 3× · · · · · · · · · · · · · · · · ·	* **		
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.	·	\$ 44 5 4 4 4 4 4	
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b	a the transition of	0.		
c Enter the amount of prior years' undistribut-	PROCESS OF A STATE OF THE STATE		新家食表展 · 自治 10	表がに属されてい
ed income for which a notice of deficiency has been issued, or on which the section	The state of the s		· · · · · · · · · · · · · · · · · · ·	- 1 . TE 2 ( ) ( )
4942(a) tax has been previously assessed	Brown our re			me 1 2 2 7 7 2 1 2 1 2 2 1
d Subtract line 6c from line 6b. Taxable	\$ 1 8 8 8 8 1 8 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	1 21 37 7 6 6 2 mg
amount - see instructions	* * * * * * * * * * * * * * * * * * *	0.	\$ X-1/2 ( X ( 2 ) )	Committee to the contraction
e Undistributed income for 2008 Subtract line 4a from	The state of the s			***
line 2a Taxable amount — see instructions	* · . 2 · 2 ·	militaria de la marca de la composición della co	44,484.	
f Undistributed income for 2009 Subtract lines		and the second of the second o	4174 1 41 A1	
4d and 5 from line 1 This amount must be	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the transfer of the	人类的人 二类的 日本	
distributed in 2010	The state of the state of	A A MARCHERICA	132 1 1 2 1 3 1 1 2 1 3 1 1 2 1 3 1 1 2 1 3 1 1 2 1 3 1 1 2 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed			マンコン され かきかめ	
by section 170(b)(1)(F) or 4942(g)(3)			13 S - 10 1 1 1 2	
(see instructions)			2 2 4 2 4 2 7 2 4 4 4 4 4 4 4 4 4 4 4 4	Company of the second
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
•	, ·	, , , , , , , , , , , , , , , , , , , ,	7 2 2 3	· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.	* , * <b>4</b> .	*	
10 Analysis of line 9	1 % V	, , , , , ,	*	
a Excess from 2005 0.	f :			
<b>b</b> Excess from 2006 0.		, , , , , , , , , , , , , , , , , , , ,	1000	,
c Excess from 2007 0.	,	1		ļ, ` '
d Excess from 2008 0.	* * * *		,	1
e Excess from 2009 0.		<u> </u>	*	

Form 990-PF (2009) HOWARD K. ARCHDEA				43-687066	
Part XIV   Private Operating Foundati					N/A
.1 a If the foundation has received a ruling or come is effective for 2009, enter the date of the	ruling			_	7 4040/
<b>b</b> Check box to indicate whether the foundat		rating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1	
investment return from Part X for each year listed .	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a				<u> </u>	
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter:					
(1) Value of all assets				<del></del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)		<del></del>	-	-	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income  Part XV* Supplementary Information	<u> </u>		<u> </u>	_]	
Information Regarding Foundation Manage a List any managers of the foundation who is close of any tax year (but only if they have NONE      b List any managers of the foundation who is a partnership or other entity) of which the NONE	nave contributed more to contributed more to contributed more to contribute more of the contribute of	than \$5,000) (See	section 507(d)(2).)  poration (or an equa	·	
2 Information B	. 600				
2 Information Regarding Contribution, Gran Check here \( \text{X} \) if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d.	makes contributions	to preselected cha	ritable organizations	s and does not accep inizations under othe	et unsolicited r conditions,
a The name, address, and telephone number	er of the person to v	vhom applications s	should be addressed	٠	
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	ls they should include	de·	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	ble fields, kinds of i	nstitutions, or other f	actors <sup>,</sup>
BAA	Т	EEA0310 07/06/09			Form <b>990-PF</b>

Part XV | Supplementary Information (continued)

3 Grants and Contributions Pa	id During	the Yea				<del></del>
Recipient			If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or	busines	s)	substantial contributor	recipient		
a Paid during the year HOSPICE OF VOLUSIA					COMPATRIMATON	
NOVA RD				NONE	CONTRIBUTION	
DAYTONA	FT.	32129		NONE		5,000.
DANBURY HOSPITAL DEVE				İ	CONTRIBUTION	3,000.
HOSIPTAL AVE		_		NONE		
DANBURY	CT	06810				1,500.
HALIFAX HUMAN SOCIETY					CONTRIBUTION	·
2364 WLPGA BLVD				NONE		
DAYTONA	FL	32120				4,000.
TBICO					CONTRIBUTION	1
39 ROSE ST				NONE		
DANBURY	CT	06810				11,000.
MISCELLANEOUS					CONTRIBUTION	1
VARIOUS	~			NONE		
DANBURY		06810	,			2,050.
POMPERAUG SCHOOL FUND	1			NONE	CONTIBUTION	
RTE 67 SOUTHBURY	CT	06488		NONE		2,500.
DANBURY VNA	CI	00400			CONTRIBUTION	2,500.
MAIN ST				NONE	CONTRIBUTION	
DANBURY	CT	06810		HOND		600.
AMERICAN CANCER SOCIT		00010			CONTRIBUTION	
MAIN ST	_			NONE		
DANBURY	CT	06810				500.
SHRINERS HOSPITAL					CONTRIBUTION	
2900 ROCKY POINT DRIV	Έ			NONE		
TAMPA	${ t FL}$	33607		1		300.
See Line 3a statement						
				}		
				1		23,200.
						:
<del></del>				<u>]</u>		
Total			1	<del></del>	▶ 38	50,650.
<b>b</b> Approved for future payment						
			}	1		
						ĺ
						]
						Ì
			<u> </u>		<u> </u>	
Total					▶ 3	b

# P.

iter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	d by section 512, 513, or 514	
Program service revenue     a	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
ab					
c					
d					
e					
f					
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments			<u> </u>		-
3 Interest on savings and temporary cash investments		······································	514		
Dividends and interest from securities	14	34,624.	514		
5 Net rental income or (loss) from real estate.	1. 1 1. 20 m	m = m = 2 + 3 + 3 + 3 + 3 + 3 + 3 + 3 + 3 + 3 +	> 46 ·	(1994年) - 海原发射器	18 mar - 1 + 3 - 2
a Debt-financed property .					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property	ļ		ļ		
7 Other investment income			514		- <u>-</u>
8 Gain or (loss) from sales of assets other than inventory	18				<u> </u>
9 Net income or (loss) from special events			ļ		
Oross profit or (loss) from sales of inventory	4	, <u>, , , , , , , , , , , , , , , , , , </u>			+ · · · · · · · · · · · · · · · · · · ·
1 Other revenue:	<u> </u>	* * * * * * * * * * * * * * * * * * * *		19 x 3 2 3 14 x 2 1 1	* * 3,000 \$ 5 5 5
a	<del>                                     </del>	<del></del>	<del> </del>		
b	+	·· <u> </u>			
c	<del>  </del>		<b></b>		
d	+	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
2 Subtotal Add columns (b), (d), and (e)		24 624	20.05%		
		34,624.		12	24 604
3 Total. Add line 12, columns (b), (d), and (e)	-11-t			13	34,624
ee worksheet in the instructions for line 13 to verify c		<del></del>			
art XVI-B Relationship of Activities to th	e Accomplis	hment of Exemp	t Purp	oses	
ine No. Explain below how each activity for which i			- 3 30 //		
ine No. Explain below how each activity for which i accomplishment of the foundation's exemp	ncome is report t purposes (othe	ed in column (e) of P er than by providing fi	art XVI-	a contributed importanti such purposes). (See th	y to tne ne instructions )
<del></del>	<del>-ii</del>				· · · · · · · · · · · · · · · · · · ·
				- <del></del>	
				<del></del>	
					A-F
	· · · · · · · · · · · · · · · · · · ·			<del></del>	

#### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

								1 1	Yes	No
desc	the organization dire cribed in section 50° ting to political orga	1(c) of the Code	tly engage in e (other than	any of the follow section 501(c)(3	wing with an 3) organizati	y other organizations) or in section	on 527,			
	sfers from the repo		n to a noncha	ritable exempt	organization	of		,		. , ,
	Cash	•		,	5			1 a (1)		X
(2)	Other assets							1 a (2)		X
<b>b</b> Othe	er transactions:							\ \ \ * t/	7 ,	• .
(1)	Sales of assets to a	noncharitable	exempt orgai	nization				1 b (1)		X
	Purchases of assets							1b (2)		X
	Rental of facilities,			. 3				1 b (3)		X
	Reimbursement arra							1 b (4)		X
(5)	Loans or loan guara	antees						1 b (5)		X
(6)	Performance of serv	vices or memb	ership or fund	raising solicitat	ions			1 b (6)		X
	ring of facilities, equ			_				1c		X
the	e answer to any of t goods, other assets transaction or shari	. or services ai	ven by the red	portina foundati	on. If the for	indation received b	ess than fair marki	et value in	of	
(a) Line no				able exempt organi			ransfers, transactions, a		gement	<u></u>
						· · · · · · · · · · · · · · · · · · ·		<del></del>		
									•	
				_				-		
_							<u> </u>	_		
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								<del></del>		
·										
_				<u> </u>						
						*				
						-	-			
desc	ie foundation directl cribed in section 50 es,' complete the fo	l(c) of the Cod	e (other than ile.	section 501(c)(	3)) or in sec 	tax-exempt organi tion 527?		Yes	X	No
	(a) Name of orga	nızatıon		<b>(b)</b> Type of org	anızatıon		(c) Description of	relationship		
			<del>                                     </del>		7		<del></del>			
		<del></del>		<del></del>	<del></del>	- <del></del> -				
				·						
						<del></del>				
Under pe complete	nalties of perjury, I declar Declaration of preparer	re that I have exam (other than taxpaye	ined this return, in er or fiduciary) is b	cluding accompany ased on all informat	ing schedules ar	nd statements, and to the eparer has any knowledg	e best of my knowledge e	and belief, it is tri	ue, corre	ct, and
1.										
ة ► _	<del></del>	•1	— <i>—</i>		<u> </u>	1	▶			
Sig	nature of officer or truster	e la Maria	(hA)	DALGAL -D	<u></u>	Date	Title			
. _	Preparer's	LYOURU	NACE	CHARKE	4	Date 8/14/	Check if	Preparer's Identify See <b>Signature</b> in	ing num	iber irs)
Paid Pre-	signature	oseph Del	Maria	y Liv	blee	08/12/10	self- employed ► X			,
parer's	Firm's name (or J	oseph DeM		ciates		1	EIN ► ink	-16.62	3 35	
Use Only	f vours if self		ain/Rd.	Suite 202		<del> </del>	3, 81	7 4 9 7		
Chiy	address and	anbury	1/	T 200	СТ	06811	Phone no ► (	203) 744	-662	21
BAA		<u></u>	V	·			1, 1,01,0110	Form 99		
								. 01111 3.		()

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number
HOWARD K. ARCHDEACON FAMILY	Y FOUNDATION, INC.	43-6870666
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	on
	4947(a)(1) nonexempt charitable trust <b>not</b> 527 political organization	treated as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Note:</b> Only a section 501(c)(7), (8), or (10) or	General Rule or a Special Rule organization can check boxes for both the General	Rule and a Special Rule. See instructions
General Rule —		
For an organization filing Form 990, 990	-EZ, or 990-PF that received, during the year, \$5,0	000 or more (in money or property) from any one
contributor (Complete Parts I and II.)		
Special Rules		
509(a)(1)/170(b)(1)(A)(vi) and received to	g Form 990 or 990-EZ, that met the 33-1/3% suppor from any one contributor, during the year, a contrib h or (ii) Form 990-EZ, line 1 Complete Parts I and	bution of the greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organ aggregate contributions of more than \$1 prevention of cruelty to children or animal contributions.	anization filing Form 990 or 990-EZ, that received fi ,000 for use <i>exclusively</i> for religious, charitable, sc als. Complete Parts I, II, and III.	rom any one contributor, during the year, :ientific, literary, or educational purposes, or the
contributions for use exclusively for relig this box is checked, enter here the total	enization filing Form 990 or 990-EZ, that received f glous, charitable, etc, purposes, but these contribut contributions that were received during the year fo ts unless the <b>General Rule</b> applies to this organiza	ions did not aggregate to more than \$1,000 If or an exclusively religious, charitable, etc,
religious, charitable, etc, contributions of	f \$5,000 or more during the year	<b>▶</b> \$
990-PF) but it must answer 'No' on Part IV,	by the General Rule and/or the Special Rules doe line 2 of their Form 990, or check the box on line hilling requirements of Schedule B (Form 990, 990-E	H of its Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Redu for Form 990, 990EZ, or 990-PF.	uction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org		l	identification number
	K. ARCHDEACON FAMILY FOUNDATION, INC.	[43-68	70666
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE ARCHDEACON CHARITABLE LEAD TRUST ANNUITY  14 WATKINS DRIVE  SANDY HOOK CT 06482	\$1,279,125.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

Form 990-PF, Page	1, Part I, Line	18
Line 18 Stmt		

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FEDERAL TAX 12/08	102.			
INVESTMENT EXPENSES				

Total

102.

### Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
CHASE BOND	P	03/22/06	02/15/09
PARAGON BOND	P	08/22/08	02/23/09
SCHILLER PARK	P	03/24/06	12/22/09

### Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
15,000. 95,000. 15,000.		14,644. 95,000. 14,944.	356. 0. 56.
Total		124,588.	412.

### Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (!)

Complete only for asse by the foundation on 12	(I) Gains (column (h) gain minus column (k),		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	but not less than -0-) or losses (from column (h))
			356. 0. 56.

Total

412.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

	· · · · · · · · · · · · · · · · · · ·		<del></del>	
Recipient	If recipient is	Foun-	Purpose of	Person or
	an individual,	dation	grant or contribution	Business
Name and address	show any	status		Checkbox
(home or business)	relationship to	of re-		
(**************************************	any foundation	cipient		Amount
	manager or	O.P.C.III		Amount
	substantial			
	contributor			
	CONTINUIO			
a Paid during the year				
ST JUDES HOSPITAL			CONTRIBUTION	Person or
501 ST JUDE PLACE				
		NONE		
MEMPHIS TN 38105	·	NONE	COMMITDIMITON	1,500. Person or
CHASE FOUNDATION			CONTIBUTION	l <del></del> 1
MAIN ST				
WATERRBURY CT 06708	<u> </u>	NONE	GOVERNMENT	5,600.
WSCU FOUNDATION			CONTIBUTION	Person or
MAIN ST				Business X
DANBURY CT 06810		NONE		3,800.
CHAAD			CONTRIBUTION	Person or
8181 PROFESSIONAL PLACE STE 150				Business X
LANDOVER MD 20785	ļ <del> </del>	NONE		1,000.
SHELTER OF THE CROSS			CONTRIBUTION	Person or
WEST ST				Business X
DANBURY CT 06810		NONE		500.
BROOKFIELD FOUNDATION			CONTRIBUTION	Person or
MAIN ST	<b></b>	<b>_</b>		Business X
BROOKFIELD CT 06804		NONE		1,000.
SOMERVILLE RESCUE SQUAD			CONTRIBUTION	Person or
MIAN ST				Business X
somerville NJ 08876		NONE		500.
OPERATION USO CARE PKGS			CONTRIBUTION	Person or
MAIN ST		.		Business X
NEWTOWN CT 06470		NONE		1,500.
AMERICAN HEART ASSOCIATION			CONTRIBUTION	Person or
MAIN ST				Business X
DANBURY CT 06810		NONE		1,000.
PEO CHAPTER G			CONTRIBUTION	Person or
MAIN ST				Business X
DANBURY CT 06810		NONE		600.
BOY SCOUTS OF AMERICA			CONTRIBUTION	Person or
MAIN ST				Business X
DANBURY CT 06811		NONE		1,100.
AMERICAN DIABETES			CONTRIBUTION	Person or
BROOKFIELD COMMONS				Business X
BROOKFIELD CT 06804		NONE		200.
NEWTOWN WOMEN'S CLUB			CONTRIBUTION	Person or
EDMONDS TOWN HALL				Business X
NEWTOWN CT 06470		NONE		1,650.
DAWS		1	CONTRIBUTION	Person or
MAIN ST			.,	Business X
NEWTOWN CT 06470		NONE		2,250.
BREWSTER ROCKETS		1.0	CONTRIBUTION	Person or
MAIN ST		·	.	Business X
BREWSTER NY 10509		NONE		500.
	<del></del>	1	<u></u>	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year  NORTH SHORE ANIMAL HOSPITAL  25 DAVIS AVENUE  PORT WASHINGTON NY 11050		NONE	CONTRIBUTION _	Person or Business X 500.

Total

23,200.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Joseph DeMaria Assoc	Accounting	1,600.	1,600.		

Total

1,600.

1,600.

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

	End o	f Year	End of Year	
Line 10a - Investments - US and State Government Obligations:	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
FED'L HOME LN 5.625% DUE 11/15/11			14,587.	16,195.
FED'L HOME LN 5.625% DUE 3/15/11			15,660.	16,911.
FRENSNO CNTY 6.45% DUE 8/15/14		l	15,075.	16,158.

Total

45,322. 49,264.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
CITADEL BROADCASTING 22SH	0.	0.	
DELMONTE FOODS 75 SH	681.	851 <u>.</u>	
DISNEY WALT 295 SH	7,074.	9,514.	
EMERSON ELECTRIC 220SH	7,085.	9,372.	

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

Continued

1	End of Year	
Line 10b - Investments - Corporate Stock:	Book	Fair Market
	Value	Value
FANNIE MAE 89 SH	7,036.	105.
FORD MOTOR CORP 430SH	7,074.	4,300.
HEINZ J. H. 169 SH	6,363.	7,226.
MCDONALDS CORP 245 SH	7,029.	15,298.
PFIZER 176 SH	7,056.	3,201.
ARTIO INT'L EQUITY	22,000.	30,308.
DODGE & COX BALANCE 526 SH	35,000.	74,608.
DODGE & COX BALANCE 330.12 SH	25,100.	0.
DODGE & COX REINVESTED \$534+\$2846 (36.753SH)	3,380.	0.
DODGE & COX REINVESTED \$5097 (58.96SH)12/06	5,097.	0.
DODGE & COX REINVESTED \$2859 (35.36SH) 12/05	2,859.	0.
DODGE & COX REINVESTED \$7708 (92.833SH)12/07	7,708.	0.
DODGE & COX REINVESTED \$3606 (53.763SH)12/08	3,606.	0.
DODGE & COX REINVESTED \$1731 (31.413SH)12/09	1,731.	0.
GAMBELLI SMALL CAP 626.37	20,000.	22,540.
GAMBELLI SMALL CAP SOLD -505.902(608.458) BAL 102.556	3,623.	0.
GAMBELLI SMALL CAP REINVEST 2007 59.731 SH	1,908.	0.
GAMBELLI SMALL CAP REINVEST\$1130 (57.709SH) 2008	1,130.	0.
GAMBELLI SMALL CAP REINVEST\$18 (.7SH) 2009	18.	0.
HARBOUR INTERNATIONAL 156.446SH	10,000.	8,509.
JANUS GROWTH & INCOME 769.468SH	25,000.	21,891.
MANNING & NAPIER WORLD 1083.42SH	10,000.	42,889.
MANNING & NAPIER WORLD 4198.477 (2009)	22,000.	0.
ROYCE VALUE PLUS 1041.607-SOLD 1041.607	0.	0.
ROYCE VALUE PLUS 1333.333 SOLD 126.617 BAL1206.716	17,822.	15,343.
ROYCE VALUE PLUS REINVEST 2007 126.6 SH	1,785.	<u> </u>
ROYCE VALUE PLUS REINVEST \$233.47 (31.679SH) 2008	233.	0.
SCHWAB MKTTRK GROWTH 1645.82 SH	25,000.	24,934.
SCWAB S&P 500 INDEX 6191.374 SH	75,000.	107,358.
VANGUARD BALANCED INDEX 1482.737 SH	25,100.	34,116.
VANGUARD BALANCED REINVESTED SH (39.995+41.864) \$352+\$749+\$815	1,916.	0.
VANGUARD BALANCED REINVESTED SH 46.404 \$949.28 12/06	949.	0.
VANGUARD BALANCED REINVESTED 48.762 SH 12/07	1,075.	0.
VANGUARD BALANCED REINVESTED \$1011.92 (5.576SH) 2008	1,012.	0.
VANGUARD BALANCED REINVESTED \$890.65 (50.137SH) 2008	891.	0.
ING GROEP 500 SH	12,973.	8,435.
ROYAL BANK 500SH	12,533.	6,480.
SCHWAB DIVIDEND EQUTY 3542.623	44,177.	89,529.
SCHWAB DIVIDEND EQUTY 4041.57 (2009)	35,000.	0.
SSGA INT'L STOCK 1167.64 SH	14,000.	50,024.
SSGA INT'L STOCK 1231.408 SH	<u>17,500.</u>	0.
SSGA INT'L STOCK 2017.485 SH	30,000.	0.
SSGA INT'L STOCK 794.281	10,000.	0.
SCHWAB VALUE ADVANTAGE	49,436.	49,436.
Total	625,960.	636,267.

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

	End of Year	
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value
CITIGROUP 6% 02/21/12	14,681.	15,840.
MCDONALD CORP	15,440.	17,304.
AMERICAN GEN'L FIN 5% DUE 12/15/2010	35,000.	33,338.
GOLDMAN SSACHS BK 4.75% 3/19/18	50,000.	54,262.
CITI BANK 4.25% 10/18/10	80,000.	82,013.
CREDIT SUISSE 6% 2/15/18	25,733.	26,252.
MORGAN STANLEY 6% 2/15/18	25,000.	24,309.
Total	245,854.	253,318.

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of	End of Year	
Line 13 - Investments - Other:	Book Value	Fair Market Value	
CITIBANK 3.25%CD FDIC DUE 03/25/13	50,000.	50,663.	
CAPMARK BANK 1.85% CD FDIC DUE 08/12/11	20,000.	20,036.	
SAEHAN BANK CD FDIC DUE 03/27/14	50,000.	50,713.	
Total	120,000.	121,412.	

Form 990-PF, p1/Line 21(a)

Description	Amount
	147.
	240.
	745.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-2

Description	Amount
DANBURY HOSPITAL DEVEL DANBURY HOSPITAL DEVEL	500. 1,000.
Total	1,500.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-3

Description	Amount
HALIFAX HUMANE SOCIETY	4,000.
Total	4,000.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-4

	Description	Amount
TBICO		1,000
TBICO		2,000
TBICO		2,000
TBICO		6,000

Total \_\_\_\_\_11,000.

Form 990-PF,p11/Line 3a, Amount-5

Description	Amount
GIRL SCOUTS	50.
AMERICAN HEART ASSOC	100.
DRACCA	400.
NEWTOWN LACROSS	100.
REGIONAL HOSPICE	100.
FRIENDS OF CH BOOTH LIBRARY	200.
LIONS CLUB NEWTOWN	100.
CANCER CARE	200.
AVON FOUNDATION	200.
MARCH OF DIMES	200.
MARCH OF DIMES	200.
MISCELLANEOUS	100.
AMERICAN FRIENDS OF LLYN HOSPITAL	100.

Total \_\_\_\_\_\_2,050.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-6

Description	Amount
POMPERAUG SCHOOL FUND	1,000.
POMPERAUG SCHOOL FUND	1,000.
POMPERAUG SCHOOL FUND	500.
Total	2,500.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-7

Description	Amount
DANBURY VNA	500.
DANBURY VNA	100.
Total	600.

#### Supporting Statement of:

Form 990-PF,p11/Line 3a, Amount-8

Description	Amount
AMERICAN CANCER SOCIETY	500.

Supporting Statement of:	Continued
Form 990-PF,p11/Line 3a, Amount-8	
Description	Amount
Total	500.

Form 990-PF,p11/Line 3a, Amount-11

Description	Amount
CHASE FOUNDATION	1,000.
CHASE FOUNDATION	4,000.
CHASE FOUNDATION	100.
CHASE COLLEGIATE FOUNDATION	200.
CHASE COLLEGIATE FOUNDATION	300.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-12

Description	Amount
WSCU FOUNDATION	500.
WSCU FOUNDATION	1,000.
WSCU FOUNDATION	600.
WSCU FOUNDATION	400.
WSCU FOUNDATION	100.
WSCU FOUNDATION	500.
WSCU FOUNDATION	700.
Total	3,800.

#### Supporting Statement of:

Form 990-PF,p11/Line 3a, Amount-13

	Description	Amount
CHADD		1,000.
Total		1,000.

Form 990-PF,p11/Line 3a, Amount-15

Description	Amount	
BROOKFIELD EDUCATIONAL FOUNDATION	1,000.	
Total	1,000.	

#### Supporting Statement of:

Form 990-PF,p11/Line 3a, Amount-17

Description	Amount
OPERATION USO	1,500.
Total	1,500.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-19

Description	Amount	
PEO CHAPTER G PEO CHAPTER G	400.	
Total	600.	

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-20

Description			Description	Amount	
			AMERICA AMERICA	1,000.	
Total				1,100.	

#### Supporting Statement of:

Form 990-PF,p11/Line 3a, Amount-21

Description	Amount
AMERICAN DIABETES	100.
AMERICAN DIABETES	100.

Continued

**Supporting Statement of:** 

Form 990-PF,p11/Line 3a, Amount-21

	Description	Amount	
Total		200.	

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-22

Description	Amount
NEWTOWN WOMEN'S CLUB	500.
NEWTOWN WOMEN'S CLUB	1,000.
NEWTOWN WOMEN'S CLUB	150.

#### **Supporting Statement of:**

Form 990-PF,p11/Line 3a, Amount-23

Description	Amount
DAWS DAWS	2,000. 250.
Total	2,250.

#### Supporting Statement of:

Form 990-PF,p12/Line 4 Column (b)

Description	Amount	
CORP. BOND INTEREST	9,019.	
CERTIFICATE OF DEPOSITS	9,584.	
GOV'T OBLIGATIONS	1,744.	
MONEY MARKET DIVIDENDS	81.	
CASH DIVIDENDS FROM STOCK PORTFOLIO	14,196.	

Total \_\_\_\_\_34,624.

Sch. B, page 2 (Copy 1)/Contribution amount-1

De	Amount	
2001		119,533.
2202		144,949.
2003		144,949.
2004		144,949.
2005		144,949.
2006		144,949.
2007		144,949.
2008		144,949.
2009		144,949.

Total <u>1,279,125.</u>

### Form **8868** • (Rev April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File

File a separate application for each return.

<ul><li>If you are</li></ul>	filing for an Automatic 3-Mont	h Extension, compl	ete only Part I and c	heck this box			· · ·	► X	
	filing for an Additional (Not Au							_	
	lete Part II unless you have alre			•		d Form <u>8</u> 86	58		
Part I	Automatic 3-Month Exter	nsion of Time. (	Only submit origi	nal (no copies	needed).				
			_						
A corporation	required to file Form 990-T and	d requesting an aut	omatic 6-month exte	nsion – check this	box and cor	nplete Part	l only		
All other corp income tax re	orations (including 1120-C filer eturns	s), partnerships, RE	EMICS, and trusts mi	ust use Form 7004	<sup>1</sup> to request a	n extensioi	of time to fi	le	
returns noted the additional Form 990-T	ing (e-file). Generally, you can below (6 months for a corpora (not automatic) 3-month exten instead, you must submit the fu t www irs gov/efile and click on	tion required to file ision or (2) you file illy completed and s	Form 990-T) Howev Forms 990-BL, 6069 signed page 2 (Part I	er, you cannot file , or 8870, group re	Form 8868 e eturns, or a c	electronical omposite o	ly if (1) you w r consolidate	/ant d	
	Name of Exempt Organization						Employer Identification number		
Type or									
print	HOWARD K. ARCHDEAC	ON FAMILY FO	MILY FOUNDATION, INC.			43-6870666			
File by the due date for Number, street, and room or suite number. If a P O box, see instructions					<del></del>	-			
filing your return See	C/O J. ALBANESI 14								
instructions	City, town or post office, state, and ZIP	code For a foreign addre	ss, see instructions						
	SANDY HOOK		<del></del>			CT	06848		
_	f return to be filed (file a separ		•		<del></del> 3				
				Form 472					
<b>=</b>				Form 522					
	<b></b>				Form 606				
X Form 990	0-PF	Form 1041-A		<del></del>	Form 887	0			
Telephone  If the organization	e No (203) 304-1401 anization does not have an officer a Group Return, enter the or	ce or place of busin	FAX No ►ess in the United Sta			this is for t	he whole gro	<b>►</b> []	
	s box ▶ 📗 If it is for part o								
the exten	sion will cover				<u> </u>				
1   reques	st an automatic 3-month (6 mo	nths for a corporation	on required to file Fo	rm 990-T) extensi	on of time				
	ug 16 _ , 20 10 , to f ension is for the organization's		nization return for the	e organization nar	ned above				
► X	calendar year 20 09 or								
▶ 🛚	tax year beginning	, 20,	and ending	, 20					
	ax year is for less than 12 mon		Initial return	Final retu	_	Change in a	ccounting pe	rıod	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions				3a \$		400.			
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					3b \$		0.		
deposit	e <b>Due.</b> Subtract line 3b from lin with FTD coupon or, if required tructions				em) ,	3c \$		400.	
Caution. If yo payment inst	ou are going to make an electro ructions	onic fund withdrawa	l with this Form 8868	3, see Form 8453	EO and Form		for		
BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.					Form <b>8868</b> (Rev 4-2009)				