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Form 990-PF

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 2010 For calendar year 2009, or tax year beginning Aug 31 Sep 1 G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change X Name change Name of foundation Employer identification number Use the IRS label. THE KARLSON FAMILY FOUNDATION 13-3762819 Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) R print 59 MERRIMAC DRIVE (203) 261-6781or type State ZIP code See Specific City or town C If exemption application is pending, check here Instructions. TRUMBULL CT 06611 D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check Check type of organization: |X | Section 501(c)(3) exempt private foundation here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated Ε Fair market value of all assets at end of year J Accounting method: X Cash 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 under section 507(b)(1)(B), check here **►** S (Part I, column (d) must be on cash basis) 1,648,936. Part I Analysis of Revenue and (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) 112,801. Contributions, gifts, grants, etc, received (att sch) 2 Ck If the foundn is not reg to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 26,836 26,836 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 REVENUE **b** Gross sales price for all assets on line 6a 16,118. Capital gain netur 8 Net short-term capital galin 9 Income modification 10 a Gross sales less returns and allowances **b** Less Cost c Gross profit/(loss)-(att-sch) Other income (attach schedule) 12 Total. Add lines 1 through 11 139,637 42,954 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 2,820 5,640 2,820 b Accounting fees (attach sch) L-16b Stmt 7,099 7,099 c Other prof fees (attach sch) L-16c Stmt OPERATING 17 Interest 322 Taxes (attach schedule)(see instr.) FEDERAL EXCLISE TA 19 Depreciation (attach SCANNED NOV 1 7 2010 sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 23 Other expenses (attach schedule) 819 819 See Line 23 Stmt Total operating and administrative expenses. Add lines 13 through 23 13,880 10,738 2,820. 95,500. Contributions, gifts, grants paid 96,000 Total expenses and disbursements. 98,320. 109,880 10,738 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 29,757. 32,216 **b** Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter 0-)

Page 2

| Part II Balance Sheets Attached schedules and amounts in the descriptive column should be for end-of-year amounts only | | Ralance Sheets Attached schedules and amounts in the description | Beginning of year | End o | End of year | | |
|--|----------|---|-----------------------------|----------------|-----------------------|--|--|
| art | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| - | 1 | Cash – non-interest-bearing | | | | | |
| | 2 | Savings and temporary cash investments . | 720,797. | 41,943. | 41,943. | | |
| | 3 | Accounts receivable . • | | | | | |
| | | Less: allowance for doubtful accounts | | | | | |
| | 4 | Pledges receivable | - | - | - ! | | |
| | | Less: allowance for doubtful accounts | | | | | |
| | 5 | Grants receivable . | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | | | |
| | 7 | Other notes and loans receivable (attach sch) | | | <u>'</u> | | |
| ŝ | | Less: allowance for doubtful accounts | | | | | |
| S S E T | 8 | Inventories for sale or use | | | | | |
| Ŧ | 9 | Prepaid expenses and deferred charges | 1,006. | 684. | 684. | | |
| S | 10 a | a Investments — U.S. and state government obligations (attach schedule) Q. | | | | | |
| | ł | b Investments — corporate stock (attach schedule) | | | | | |
| | • | c Investments — corporate bonds (attach schedule) | | | | | |
| | 11 | Investments – land, buildings, and equipment basis | | | Į. | | |
| | | Less' accumulated depreciation (attach schedule) | | | | | |
| | 12 | Investments – mortgage loans | | | | | |
| | 13 | Investments — other (attach schedule) L-13 Stmt | 825,987. | 1,551,038. | 1,606,309. | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | | | |
| | | Less: accumulated depreciation (attach schedule) | | | | | |
| | 15 16 | Other assets (describe Total assets (to be completed by all filers — see instructions. Also, see page 1, item l) | 1,547,790. | 1,593,665. | 1,648,936. | | |
| L | 17 | Accounts payable and accrued expenses | | | | | |
| A | 18 | Grants payable | | | j | | |
| В | 19 | Deferred revenue | | | ; | | |
| - [] | 20 | Loans from officers, directors, trustees, & other disqualified persons | | - | | | |
| Ţ | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| - | 22 | Other liabilities (describe ►) | | | | | |
| E S | 23 | Total liabilities (add lines 17 through 22) | | | 1 | | |
| 3 | 23 | Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| | <u> </u> | • | | | , | | |
| N F E U T N | 24 | Unrestricted | | | | | |
| ΤÑ | 25 | Temporarily restricted | | | | | |
| A D | 26 | Permanently restricted | | | | | |
| A B S A E L | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | | | |
| TA | 27 | Capital stock, trust principal, or current funds | | | | | |
| SNC | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | : | | |
| OE | 29 | Retained earnings, accumulated income, endowment, or other funds | 1,547,790. | 1,593,665. | | | |
| RS | 30 | Total net assets or fund balances (see the instructions) | 1,547,790. | 1,593,665. | | | |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 1,547,790. | 1,593,665. | <u>'</u> | | |
| Part | Ш | Analysis of Changes in Net Assets or Fund Balance | | 2,000,000 | <u> </u> | | |
| | | net assets or fund balances at beginning of year — Part II, colum | | ee with | | | |
| • | end- | of-year figure reported on prior year's return) | in (a), inic 50 (iliust agr | 1 | 1,547,790. | | |
| 2 | Ente | r amount from Part I, line 27a | | 2 | 29,757. | | |
| 3 | Other | increases not included in line 2 (itemize) <u>See Other Increases St</u> | <u>tmt</u> | 3 | 16,118. | | |
| | | lines 1, 2, and 3 | • | 4 | 1,593,665. | | |
| | | ases not included in line 2 (itemize) ROUNDING | | 5 | 0. | | |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5) - | - Part II, column (b), lin | e 30 6 | 1,593,665. | | |

| rai | (a) List and describe | the kind(s) of property sold (e.g., rie, or common stock, 200 shares ML | eal estate, | (b) How acc | nase | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|----------|---|---|--|-------------|----------|--|-------------------------------------|
| | PUBLICALLY TRADED S | D — Dona P | tion | 09/31/00 | 10/31/00 | | |
| <u>'</u> | | ECORTITES | | <u> </u> | | 08/31/09 | 10/31/09 |
| | | | | | | | |
| | ·· · · · · · · · · · · · · · · · · · · | | - | | | | |
| |) | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sale | | | (h) Gain or (e) plus (f) m | |
| a | 866,125. | 0. | 850 | ,007. | | | 16,118. |
| |) | | | | | | |
| | <u>:</u> | | | | | | |
| | 1 | | | | | | |
| | e | | | | | | |
| | | ng gain in column (h) and owned by | • | | | (I) Gains (Colu | |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if an | (i) iy | | pain minus column (k an -0-) or Losses (fr | |
| | 1 | | | | | | 16,118. |
| t |) | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| 2 | (| capital loss). — If gain, also If (loss), enoss) as defined in sections 1222(5) a | ter -0- in Part I, line 7 ter -0- in Part I, line 7 | - | 2 | | 16,118. |
| | If gain, also enter in Part I, line in Part I, line 8 | 8, column (c) (see the instructions) | If (loss), enter -0- | | 3 | | |
| Par | | Section 4940(e) for Reduce | d Tay on Net Investme | nt Inco | | 1 | |
| | es,' the foundation does not qualit | on 4942 tax on the distributable am fy under section 4940(e). Do not con each column for each year, see the | nplete this part | , | • | Yes | X No |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use asso | | | (d) Distribution umn (b) divided | |
| | 2008 | 106,221. | 1.648 | 961. | | | 0.064417 |
| | 2007 | 141,331. | | 809. | - | | 0.045113 |
| | 2006 | 147,128. | | ,296. | | | 0.047304 |
| | 2005 | 135,369. | | ,763. | | | 0.050933 |
| | 2004 | 133,094. | | ,172. | | | 0.057364 |
| | <u></u> | | | | | | |
| 2 | Total of line 1, column (d) | | | Į | 2 | | 0.265131 |
| 3 | Average distribution ratio for the number of years the foundation | 5-year base period — divide the tot has been in existence if less than 5 | al on line 2 by 5, or by the years | | 3 | | 0.053026 |
| 4 | Enter the net value of noncharita | able-use assets for 2009 from Part 2 | K, line 5 | | 4 | 1 | ,669,232. |
| 5 | Multiply line 4 by line 3 | | | ŀ | 5 | | |
| 6 | Enter 1% of net investment inco | | | ŀ | | | 88,513. |
| | | ome (1% of Part I, line 27b) | | ! | 6 | | |
| 7 | Add lines 5 and 6 | ome (1% of Part I, line 27b) | | | 7 | | |
| 7 8 | Add lines 5 and 6 Enter qualifying distributions fro | | | | 7 | | 98,320. |

| Form 990-PF | (2009) THE KARLSON FAMILY FOUNDATION | 13- | 376281 | 9 | F | age 4 |
|----------------------|---|-------------|------------|---------------|--------------|---|
| Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | – see | the instru | tions) | | |
| 1 a Exempt o | perating foundations described in section 4940(d)(2), check here . 🕨 🔲 and enter 'N/A' on line 1 |] | | | | |
| Date of r | uling or determination letter (attach copy of letter if necessary - see instr.) | | | | | |
| b Domes | tic foundations that meet the section 4940(e) requirements in Part V, | F | 1 | | 3 | <u>322.</u> |
| check i | , , , , , , , , , , , , , , , , , , , | | | | | |
| c All other | domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | J | | | | |
| | der section 511 (domestic section 4947(a)(1) trusts and taxable | | | - | | • |
| | tions only Others enter -0-) | | 2 | | | 0. |
| | es 1 and 2 | | 3 | | | 322. |
| | e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0 | 1-) | 5 | | | $\frac{0.}{322.}$ |
| | sed on investment income. Subtract line 4 from line 3 If zero or less, enter -0- /Payments: | | - | | ` | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | | 006. | | | | |
| | t foreign organizations — tax withheld at source 6b | 000. | | | | |
| - | d with application for extension of time to file (Form 8868) | | 1 | | | , |
| • | withholding erroneously withheld 6d | | | | | |
| • | redits and payments Add lines 6a through 6d | | 7 | | 1.0 | 006. |
| | iny penalty for underpayment of estimated tax. Check here | | 8 | - | | |
| | If the total of lines 5 and 8 is more than line 7, enter amount owed | > | 9 | | | |
| | ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | • | 10 | | | 584. |
| | amount of line 10 to be Credited to 2010 estimated tax Refunded | • | | | | |
| Part VII-A | Statements Regarding Activities | | | | | |
| 1a During | the tax year, did the foundation attempt to influence any national, state, or local legislation or did | ıŧ | | | Yes | No |
| particip | hate or intervene in any political campaign? | | | 1a | | <u>X</u> |
| | pend more than \$100 during the year (either directly or indirectly) for political purposes | | | 1 | | |
| • | e instructions for definition)? | | | 1 b | | <u> </u> |
| lf the a or distr | nswer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materia abuted by the foundation in connection with the activities | ls publ | ıshed | | | |
| | foundation file Form 1120-POL for this year? | | | 1 c | | <u>x</u> |
| | the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| ` ' | the foundation \(\bigs\) \(\sigma\) paid by the foundation during the year for political expenditure tax important tax. | scod on | | - | | |
| | tion managers \$ | iscu on | • | | | |
| 2 Has the | e foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | x |
| If 'Yes, | ' attach a detailed description of the activities | | | | | |
| 3 Has the | e foundation made any changes, not previously reported to the IRS, in its governing instrument, a | ticles | | | | |
| of inco | rporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change | 15 | | 3 | | X |
| 4a Did the | foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| b If 'Yes, | has it filed a tax return on Form 990-T for this year? | | | 4b | | |
| 5 Was ther | e a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | ' attach the statement required by General Instruction T | | | | | |
| | requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| ● By Ia | nguage in the governing instrument, or | | | | | |
| ● By st | ate legislation that effectively amends the governing instrument so that no mandatory directions the state law | nat con | flict | 6 | X | |
| | oundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | | 7 | X | |
| | he states to which the foundation reports or with which it is registered (see the instructions) | • | | | | <u> </u> |
| | | _ | | | | |
| b If the ans | swer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | •- | |
| (or desig | nate) of each state as required by General Instruction G? If 'No,' attach explanation | | | 8 b | X | ├─ |
| 9 Is the f | oundation claiming status as a private operating foundation within the meaning of section 4942(j)i endar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' cor</i> | (3) or 4 | 942(j)(5) | | | , |
| | | • | | 9 | | <u> </u> |
| | persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing to dresses | heir nai | mes | 10 | | x |
| BAA | · · · · · · · · · · · · · · · · · · · | | 1 | orm 99 | 0-PF | |

| rai | 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 | NA | <u>x</u> |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | | X |
| - | Website address ► N/A | | | |
| 14 | The books are in care of CHRISTOPHER J KOEHM, CPA Telephone no (203) | 261- | -678 | 1 |
| | Located at ► 59 MERRIMAC DRIVE TRUMBULL CT ZIP + 4 ► 06611-172 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here . | | | $\prod_{i=1}^{n}$ |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 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 a | During the year did the foundation (either directly or indirectly) | | Ì | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | t |
| | | | | , |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | 1 | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | İ | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | i |
| | | | | |
| | (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 | | | |
| | | | | |
| | (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 | | ; | |
| | | | | ı |
| | 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 instructions)? | 1ь | | X |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | 1 |
| • | that were not corrected before the first day of the tax year beginning in 2009? | 1 c | 1 | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a | | | į |
| _ | private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | į |
| | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d | | 1 | 1 |
| ٠ | and 6e, Part XIII) for tax year(s) beginning before 2009? | | 1 | |
| | If 'Yes,' list the years ▶ 20 , 20 , 20 | | | |
| | | | | |
| • | 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 the instructions) | 2b | | X |
| (| of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ► 20 , 20 , 20 , 20 | | | |
| 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 | | | |
| ı | o 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 | - | | |
| | determine if the foundation had excess business holdings in 2009) | 3ь | | X |
| 4: | Did the foundation invest during the year any amount in a manner that would jeopardize its | | | |
| ,, | charitable purposes? | 4a | | Х |
| | | | | |
| ı | 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 | | | |
| | the tax year beginning in 2009? | 4b | | Х |
| ВАА | Fo | rm 99 1 | N-PF (| 2009) |

| Form 990-PF (2009) THE KARLSON FAMIL' Part VII-B Statements Regarding Activiti | | 4720 May Be Reg | 13-376 | 2819 | Page 6 | | |
|---|--|--|--|-------------------------|--------------------------|--|--|
| 5a During the year did the foundation pay or incur | | | (05.11.12.00) | | | | |
| (1) Carry on propaganda, or otherwise attempt | • | (section 4945(e))? | . Yes X | No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | | | | | | | |
| (3) Provide a grant to an individual for travel, | study, or other sımılar p | urposes? | 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 | anization described ctions) | Yes X | No | 1 | | |
| (5) Provide for any purpose other than religiou educational purposes, or for the prevention | is, charitable, scientific, n of cruelty to children o | literary, or r animals? | Yes X | No | | | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)? | he transactions fail to quality a current notice regardi | ualify under the exception ng disaster assistance | ons | 5b | X | | |
| Organizations relying on a current notice regar | ding disaster assistance | e check here | ▶ 🗌 | | | | |
| 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 X | No | | | |
| If 'Yes,' attach the statement required by Regu | lations section 53 4945 | 5(d) | | | | | |
| 6a Did the foundation, during the year, receive any on a personal benefit contract? | • | | Yes X | 1 1 | 1 | | |
| b Did the foundation, during the year, pay premium of 'Yes' to 6b, file Form 8870 | ims, directly or indirectl | y, on a personal benefit | contract? | 6Ь | <u> </u> | | |
| 7a At any time during the tax year, was the foundation | ation a party to a prohib | ited tax shelter transact | ion? Yes X | No | | | |
| b If yes, did the foundation receive any proceeds | | | | 7 Б | | | |
| Part VIII Information About Officers, D and Contractors | irectors, Trustees, | Foundation Manag | gers, Highly Paid E | mployees, | | | |
| 1 List all officers, directors, trustees, foundation | n 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 other allow | | | |
| JON REHNBERG | | | · | | | | |
| 970 CAPE MARCO DRIVE | DIRECTOR | | | | | | |
| MARCO ISLAND FL 34145 | 10.00 | 0. | 0. | | 0. | | |
| HARRY C REHNBERG | | | | | | | |
| 65 TANGWAY ROAD KENT CT 06757 | DIRECTOR 10.00 | 0. | 0. | | 0. | | |
| STEPHANIE R MURRAY | | , = | | | | | |
| 165 WYASSUP ROAD | DIRECTOR | | | | | | |
| NORTH STONINGTON CT 06359 | 10.00 | 0. | 0. | | 0. | | |
| See Information about Officers, Directors, Trustees, Etc | | | | | | | |
| | | 0. | 0. | | 0. | | |
| 2 Compensation of five highest-paid employees | s (other than those incl | uded on line 1- see ins | tructions). If none, ente | r 'NONE.' | | | |
| (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 other allow | | | |
| NONE | | | | | | | |
| 0 | | | | | | | |
| 0 | | | | | | | |
| 0 | | | | | | | |
| 0 | | | | | | | |
| Total number of other employees paid over \$50,000 BAA | TEEA0306 0 | 7/06/09 | • | Form 990 - | None PF (2009) | | |

| Part VIII Information Abo and Contractors | out Officers, Directors, Trustees, Found s <i>(continued)</i> | ation Managers, Highly Paid E | mployees, |
|--|--|-----------------------------------|---------------------------|
| 3 Five highest-paid independe | ent contractors for professional services – (see in | nstructions). If none, | |
| | f each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | over \$50,000 for professional services | • | None |
| Part IX-A Summary of Dir | ect Charitable Activities | | |
| List the foundation's four largest direct cha organizations and other beneficiaries served | ritable activities during the tax year. Include relevant statistical d, conferences convened, research papers produced, etc. | information such as the number of | Expenses |
| 1 | | | |
| | | | |
| 2 | | | |
| | · - | | |
| 3 | | | |
| | | | |
| 4 | | | |
| · | · | | |
| | | | |
| Part IX-B Summary of Pro | ogram-Related Investments (see instruc | tions) | |
| | related investments made by the foundation during | g the tax year on lines 1 and 2 | Amount |
| 1 | | | |
| | · | | |
| 2 | | | |
| | · | | |
| All other program-related investm | | | |
| 3 | | | |
| | | | |
| Total. Add lines 1 through 3 | | | Form 990 PE (2000) |

13-3762819

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Form 990-PF (2009) THE KARLSON FAMILY FOUNDATION

| Form 990-PF (2009) THE KARLSON FAMILY FOUNDATION | 13-3762 | 819 Page 8 |
|--|---------------|-------------------|
| Part X Minimum Investment Return (All domestic foundations must complete this pa see instructions.) | rt. Foreign f | oundations, |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities | . 1a | 1,110,914. |
| b Average of monthly cash balances | 1 b | 583,738. |
| c Fair market value of all other assets (see instructions) | 1 c | 0. |
| d Total (add lines 1a, b, and c) | 1 d | 1,694,652. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) | | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | 1,694,652. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 25,420. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 1,669,232. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 83,462. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► ☐ and do not complete the | | oundations |
| 1 Minimum investment return from Part X, line 6 | 1 | 83,462. |
| 2a Tax on investment income for 2009 from Part VI, line 5 | 322. | |
| b Income tax for 2009 (This does not include the tax from Part VI) | | |
| c Add lines 2a and 2b | 2c | 322. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 83,140. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | _ |
| 5 Add lines 3 and 4 . | 5 | 83,140. |
| 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 | 7 | 83,140. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1a | 98,320. |
| b Program-related investments — total from Part IX-B | 1 b | |
| 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. a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3ь | |
| 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 98,320. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | 322. |

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

BAA

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Form 990-PF (2009)

97,998.

6

Part XIII Undistributed Income (see instructions)

| | | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|---|--|---------------|----------------------------|--------------------|--------------------|
| Distributable amount for line 7 | 2009 from Part XI, | | | | 83,140. |
| 2 Undistributed income, if any, a | as of the end of 2009 [.] | | | | 00/110. |
| a Enter amount for 2008 of | | | | 0. | |
| b Total for prior years 20_ | , 20 , 20 | | | | |
| 3 Excess distributions carryover, | | , , , | | | |
| a From 2004 | 0. | | | | |
| b From 2005 | 63,727. | | | | |
| c From 2006 | 147,128. | | | • | |
| d From 2007 | 141,331. | | | | |
| e From 2008 | 106,250. | | | | |
| f Total of lines 3a through | n e | 458,436. | | | |
| 4 Qualifying distributions to | for 2009 from Part | | | | |
| XII, line 4 ► \$ | 98,320. | | | | |
| a Applied to 2008, but not | | | | 0. | |
| b Applied to undistributed (Election required – see | | | | | |
| c Treated as distributions (Election required – see | | | | | |
| d Applied to 2009 distribu | table amount | | | | 83,140. |
| e Remaining amount distr | ibuted out of corpus | 15,180. | | | |
| 5 Excess distributions carryover (If an amount appears is same amount must be s | n column (d), the | | | | |
| 6 Enter the net total of ea indicated below: | ch column as | | | | |
| a Corpus Add lines 3f, 4c, and | le Subtract line 5 | 473,616. | | | |
| b Prior years' undistribute line 4b from line 2b | d income Subtract | | 0. | | |
| c Enter the amount of price ed income for which a nas been issued, or on 4942(a) tax has been price | otice of deficiency which the section | | | | |
| d Subtract line 6c from lin amount — see instruction | | | 0. | | |
| e Undistributed income for 2008 line 2a Taxable amount — se | | | | 0. | |
| f Undistributed income fo 4d and 5 from line 1 Th distributed in 2010 | | | | | 0. |
| 7 Amounts treated as dist corpus to satisfy require by section 170(b)(1)(F) (see instructions) | ments imposed | | | | |
| 8 Excess distributions car applied on line 5 or line | ryover from 2004 not 7 (see instructions) | 0. | | | |
| 9 Excess distributions ca Subtract lines 7 and 8 fr | rryover to 2010. | 473,616. | | | |
| 10 Analysis of line 9. | | | | | |
| a Excess from 2005 | 63,727. | | | | |
| b Excess from 2006 | 147,128. | | | | |
| c Excess from 2007 | 141,331. | | | | |
| d Excess from 2008 | 106,250. | | | | |
| e Excess from 2009 | 15,180. | | | | |
| BAA | | | | · · | Form 990-PF (2009) |

CTTRUMBULL 06611 (203) 261-6781b The form in which applications should be submitted and information and materials they should include

N/A

Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors N/A

Part XV | Supplementary Information (continued)

| Total | · | <u>I</u> | ► 3b | |
|---|---|----------------------|---|--------|
| | | | | |
| | | | | |
| b Approved for future payment | | | - 34 | 30,000 |
| Total | | | ► 3a | 96,000 |
| | | | | 76,000 |
| 1101 EDGEHILL AVE S 1000 NASHVILLE TN 37203 See Line 3a statement | | 501C3 | & RELATED & SUPPORTIVE SERVICES & REFERRALS FOR MILITARY VETS | 1,500 |
| 299 PARK AVE NEW YORK NY 10017 OPERATION STAND DOWN | NONE | 501C3 | FAMILIES WHILE LOVED ONE IN HOSPITAL EMPLOYMENT, HOUSING | 2,000 |
| GAYLORDSVILLE CT 06755 FISHER HOUSE FDN | NONE | 501C3 | AND OTHER RELATED EMERGENCIES SUPPORT OF MILITARY | 500 |
| WINDSOR CT 06095 GAYLORDSVILLE FIRE DEPARTMENT, INC. PO BOX 230 | NONE | 501C3 | FIRE PREVENTION, EDUCATION, EMERGENCY RESPONSE, ACCIDENTS, | 3,000 |
| P.O. BOX 632 RIDGWAY CO 81432 ELLSWORTH MEMORIAL 778 PALISADO AVENUE | NONE | 501C3 | EDUCATION, & COMMUNITY DEVELOPMENT PROGRAMS IN HIMALYAN REGION OF INDIA HANDICAP RAMP FOR MATTHIES HALL | 5,000 |
| 282 WASHINGTON STREET HARTFORD CT 06106 DZI FOUNDATION | NONE | 501C3 | HOSPITAL HELPS SUPPORT HEALTH, | 2,500 |
| 400 MADISON AVENUE SUITE 7A NEW YORK NY 10017 CT CHILDRENS'S MEDICAL CENTER | NONE | 501C3 | VETERANS TRANSITION FROM THE ARMY TO THE WORKFORCE SUPPORT OF | 2,500 |
| 322 EIGHTH AVE, FLOOR 21A NEW YORK NY 10001 | NONE | 501C3 | IN SCHOOL BY IMPROVING LEARNING ENVIROMENT AT HOME MENTORING PROGRAM HELPING | 1,000 |
| ANIMALS ASIA PMB 506 584 CASTRO STREET SAN FRANCISCO CA 94114 COMPUTERS FOR YOUTH FOUNDATION | NONE NONE | 501C3 | IMPROVE LIVES OF ANIMALS IN ASIA HELPS LOW-INCOME CHILDREN | 2,000 |
| Name and address (home or business) a Paid during the year | any foundation manager or substantial contributor | recipient | contribution | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | i albose of grant of | Amount |

Part XVI-A Analysis of Income-Producing Activities

| Entor | gross amounts unless otherwise indicated. | Lincolote | d business income | Evaluded by | section 512, 513, or 514 | |
|--------------------------|---|-------------------------|-------------------|--|--------------------------|--|
| | Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (see the instructions) |
| | | | | Couc | | (acc are manacations) |
| u_ h | | | | | _ | |
| | | | | | | |
| | | l | | | | |
| _ | | | | | | |
| f - | | | | | | |
| · _ | ees and contracts from government agencies | | | 1 | | |
| - | Membership dues and assessments | | | † - | | · |
| | nterest on savings and temporary cash investments | | | | | |
| | Dividends and interest from securities | | • | 14 | 26,836. | |
| | let rental income or (loss) from real estate | | | | 20,0001 | |
| | Debt-financed property | | | | - | |
| | Not debt-financed property | | | | - | |
| | let rental income or (loss) from personal property | | | | | |
| | Other investment income | | | | | |
| | ain or (loss) from sales of assets other than inventory | | | | | |
| | let income or (loss) from special events | | | | | |
| | Gross profit or (loss) from sales of inventory | | | | | |
| | Other revenue | | | | | |
| а | | | | | | |
| | | | | 1 | | |
| | | İ | | | | |
| ď | | | | | | |
| e - | | | | | | |
| 12 9 | Subtotal. Add columns (b), (d), and (e) | | | | 26,836. | |
| 12 4 | 7 a b to tall 1 1 a d o to tall 1 1 1 5 (b), (a), a l a (c) | 1 | | | | |
| | otal. Add line 12, columns (b), (d), and (e) | <u> </u> | | ' | 13 | 26,836. |
| 13 1 | | culations) | | , | | 26,836. |
| 13 1 (See w | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | | chment of Evenr | ot Purpose | 13 | 26,836. |
| 13 1 (See w | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
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| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |
| 13 1 (See w Part) | otal. Add line 12, columns (b), (d), and (e) orksheet in the instructions for line 13 to verify cal | Accompli | | | 13 | |

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

| (2) Other assets b Other transactors: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, making lists, other assets, or paid employees (6) Performance of services or membership or fundraising solicitations (7) It is a service of complete the following schedule Column (b) chould always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services services (a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of the value of the goods, other assets, or services received (a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of the services of the services of the goods of the services of the goods of the services | | | | | | | | | | | | | Yes | No |
|--|----------|----------------------|--|--------------------------------|------------------------------|---|--|---|-------------------------|---|---------------|---------------|---|---------------------|----------|
| a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets D Other transactions: (3) Seles of assets for a noncharitable exempt organization (4) Seles of assets from a noncharitable exempt organization (5) Purchases of assets from a noncharitable exempt organization (6) Rembursement arrangements (6) Rembursement arrangements (6) Performance of services or membership or fundrasing solicitations (7) Seles of long judarantees (8) Performance of services or membership or fundrasing solicitations (8) In the answer to any of the above is "Yes, complete the following schedule Column (b) should always show the fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than transactions are always as the services of the services of services received in a column (b) should always show the fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received (a) Line in (b) Amount involved (c) Name of morbanitable exempt organization (d) Discription of transfers, transactions, and shiring arrangements 2 a is the foundation directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) or in section 527? b) If "es; Complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship b) If "es; Complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship b) If the complete the following schedule (c) Name of organization or insured properties of properties of properties of properties of properties of properties of properties of properties of properties of properties of properties of officer or trustees (c) Type of organization (d) Descriptio | • | desc | cribed in section | 501(c) of | f the Code | engage in other than | any of the foll section 501(c | lowing with a)(3) organiza | ny othe itions) (| er organization or in section 5 | 27, | | | | |
| (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or membership or fundraring solicitations (6) Performance of services or services services or services service or services service or services service or services service or services service or services service or services service or services service or services service or services services or services service or services service or services service or services service or services service or services service or services service or services service or services service or services services or services serviced value of services (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of the services of services or services services or services services or services services or services services or services services or services services or services services or services services or services services or services services or services services or services services or services services or services services or services or services or services or services or services or services or services or services or services or services or services or services or services or services or services | | | • | 5 | | to a noncha | ritable exemp | ot organizatio | n of | | | | | | |
| (2) Other assets b Other transactors: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, making lists, other assets, or paid employees (6) Performance of services or membership or fundraising solicitations (7) It is a service of complete the following schedule Column (b) chould always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services services (a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of the value of the goods, other assets, or services received (a) Line to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of the services of the services of the goods of the services of the goods of the services | (1) | Cash | . 3 | | | • | J | | | | | 1 a (1) | | х |
| (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrassing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees (6) Performance of services or membership or fundrassing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees (6) It the answer to any of the above is 'ves, 'complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of exemption or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements of exemption of complete the following schedule 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or insection 527? b) If Yes, 'complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship under acquities of persury, if decare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, programs of programs of programs for the code of interesting an analysis of the code of the co | | (2) | Other assets | | | | • | | | | | | 1a (2) | | Х |
| (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services received (a) Line to (b) Amount involved (c) Marie of nonchantable exempt organization (b) Amount involved (c) Marie of nonchantable exempt organization (c) Line to (b) Amount involved (c) Marie of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501 (c) of the Code (other than section 501 (c)(3)) or in section 527? b) If Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under prepatities of penyly, 1 declare that I have examined the return, including accompanying schedules and sillements, and to the best of my knowledge and belief, it is frue, correct, complete becarion of response (othyr than toxopyric) flocarily is based on all information of which prepages has any knowledge. Property Section of the Code (other to trustee) 10/20/10 Property Section of Response (othyr than toxopyric) flocarily is based on all information of which prepages has any knowledge. Property Section of Section of Section (othyr than toxopyric) flocarily is based on all information of which prepages has any knowledge. Property Sec | | b Othe | er transactions: | | | | | | | | | | | _ | |
| (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantes (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Loans of any of rassets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services served (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (e) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (e) Line no (e) Description of relationship 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (e) Description of iransfers, transactions, and sharing arrangements (e) Line no (e) Name of organization (e) Description of relationship (e) Name of organization (b) Type of organization (c) Description of relationship (e) Description of relationship (e) Directly (e) Directly (f) Directly (g) Line no (h) Point is true, correct, or make the preparent of the propose (every flam thappers focused) is based or all information of minds require has any workedge (g) Line no (h) Point is copied to the control of the preparent of the minds and the preparent of the minds (g) Line no (h) Point is copied to the control of the propose (every flam thappers focused) is based or all information of minds require has any workedge (g) Line no (h) Point is copied to the propose of the control of the preparent of the minds (g) Line no (h) | | (1) | Sales of assets t | to a nonc | haritable e | exempt orgai | nization | | | • | | | 1 b (1) | | X |
| (4) Reimbursement arrangements (5) Loars or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Examination of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or inclinedly affiliated with, or related to, one or more tax-exempt organizations described in section 501 (c) of the Code (other than section 501 (c)) or in section 527? b) if "es," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penglities of pengys, I declare that I have examined this religious based on all information of which programs has any provincing to the performance of the code (other than section 501 (c)) of the best of my knowledge and belief, it as frue, correct, complete Pectanion of experier (other than toxogreys' folicitary) is based on all information of which programs has any provincing and the performance of the performance of the pengline of the pengline of other in the pengline of the pen | | (2) | Purchases of ass | sets from | a noncha | rıtable exem | pt organizatio | on | | | | | 1 b (2) | | <u> </u> |
| (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations C sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangements. (a) Line no (b) Amount involved (C) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501 (c) of the Code (other than section 501 (c) of the Code (other or truste) (a) Name of organization (b) Type of organization (c) Description of relationships and the code of the core trustee (c) Type of organization of which prepare has any knowledge and select, it is true, correct, organization of which prepare has any knowledge and select, it is true, correct, organization of which prepare has any knowledge (c) Policy of the Code (other or trustee) Policy of the Code of the core trustee Code of the | | (3) | Rental of facilitie | es, equipr | ment, or ot | her assets | | | | | | | 1 b (3) | | X |
| (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received in section 50 floor of the Code (other than section 6) the goods, other assets, or services received. (a) Line in (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations, and sharing arrangements described in section 50 floor of the Code (other than section 501(c)) of the Code (other than section 501(c)) of in section 527? Yes If Yes,' complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship United pegillies of perpay, I deduce that I have examined the return, recluding accompanying schedules and statements, and to the bast of my knowledge and belief, it is frue, correct, complete the following schedules are all proposed in the control of programs and tax formation of which preparer has any knowledge. Paid Preparer's scentifying numbers of the property is stated and statements, and to the bast of my knowledge and belief, it is frue, correct, complete bediatation of programs and tax formation of which preparer has any knowledge. Paid Preparer's scentifying numbers of the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by the property is stated by | | (4) | Reimbursement | arrangen | nents | | | | | | | | 1 b (4) | | X |
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| the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (e) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Line no (e) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Line no (e) Name of organizations (d) Description of transfers, transactions, and sharing arrangements (e) It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If yes, "complete the following schedule (e) Name of organization (e) Description of relationship (e) Name of organization (e) Description of relationship (e) Description (e) Description (e) Description (e) Description (e) Description (e) Description (e) Description (e) Description (| | c Shai | ring of facilities, | equipme | nt, mailing | lists, other | assets, or pai | id employees | • | | | | 1c | | <u> </u> |
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| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | (a |) Line no | (b) Amount in | volved | (c) Na | me of nonchard | able exempt orga | anization | (d) | Description of tra | nsfers, trans | actions, a | and sharing arran | igement | ts |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | | | | | | - | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | | | | | | | | | | _ | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | _ | - | | | | | - | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | | | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | _ | | | | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | _ | | | | | _ | | | | | | | - | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | - | | | | | | | | | | · | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | - | | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | , | | ** | - | | | | | | - | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | - | | | | , | | | | | | | - | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | | | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | | | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | | | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | | | | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No. N | | _ | | ļ | | | | | | | | | | | |
| Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, complete Declaration of preparer (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge 10/20/10 | | desc | ribed in section | 501(c) of | f the Code | (other than | or related to, section 501(c | , one or more)(3)) or in se | tax-ex ction 52 | empt organiza 27? | ations | | Yes | X | No |
| complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 10/20/10 | | _ | (a) Name of or | ganızatıc | on | | (b) Type of or | rganization | | (| c) Descrip | tion of | relationship | | |
| complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 10/20/10 | | | | | | | | | | | | | | | |
| complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 10/20/10 | | _ | | | | | | | | | | | | | |
| complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 10/20/10 | | | | | | | | | | | | | | | |
| complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 10/20/10 | | | | <u> </u> | | - | | | | | | | | | |
| Signature of officer or trustee Paid Preparer's signature Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code Title Date Date Check if self-eself-gelf-gelf-gelf-gelf-gelf-gelf-gelf-g | | Under pe complete | nalties of perjury. I de Declaration of prepa | eclare that I rer (other th | have examine nan taxpayer | ed this return, in or fiduciary) is ba | cluding accompar ased on all inform | nying schedules a nation of which pr | and staten eparer ha | nents, and to the b is any knowledge | est of my kn | owledge a | ind belief, it is true | e, correc | ct, and |
| Signature of officer or trustee Paid Preparer's signature Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code Title Date Date Check if self-eself-gelf-gelf-gelf-gelf-gelf-gelf-gelf-g | | | Λ | / V. | V | | ~ | | 1 | | | | | | |
| Paid Preparer's signature Date Check if self-self-signature in the instriction Preparer's Identifying number Self-self-self-self-self-self-self-self-s | 5 | - | Jun 7 | <u> </u> | ${}$ | | <u> </u> | | • | 20/10 | | RECTO | R | | |
| Paid Preparer's signature Firm's name (or yours if self-employed), address, and ZIP code Firmbull Frumbull Frum | G N | Sig | pature of officer or tru | V • | | | \ | | | | fitle | 1- | Dranare la Life al f | | har |
| parer's Use Only Firm's name (or yours it self: employed), address, and ZIP code Christopher J Koehm, CPA Christopher J Koehm, CPA 59 Merrimac Drive Trumbull CT 06611-1725 Phone no (203) 261-6783 | | | reparer's signature | (th | int | rphei | Moe | hin | ' | 19/10 | self- | ► X | Preparer's identify See Signature in POIOS3 | ing num the inst | rs) |
| Only employed), address, and ZIP code Trumbull CT 06611-1725 Phone no (203) 261-6781 | | parer's | | Chris | stopher | J Koeh | m, CPA | | | | EIN ► | | | | |
| address, and Trumbull CT 06611-1725 Phone no ► (203) 261-6781 | | | employed), | 59 Me | errimac | Drive | | | | | | | | | |
| BAA Form 990-PF (2 | - | | | Trumb | oull | | | CT | 066 | 511-1725 | Phone no | > (| 203) 261 | <u>-678</u> | 31 |
| | ВА | A | | | | | | <u></u> | | | | | Form 99 | 0-PF (| (2009) |

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545 0047

2009

Employer identification number

| THE KARLSON FAMILY FOUNDATION | I | 13-3762819 |
|--|--|---|
| Organization type (check one) | · | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | on |
| | 4947(a)(1) nonexempt charitable trust not | t treated as a private foundation |
| | 527 political organization | |
| | | |
| 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 Ger Note: Only a section $501(c)(7)$, (8), or (10) organization | | Rule and a Special Rule See instructions |
| | | |
| General Rule – | | |
| Solution (Complete Parts I and II) | or 990-PF that received, during the year, \$5,0 | 000 or more (in money or property) from any one |
| Special Rules – | | |
| 509(a)(1)/170(b)(1)(A)(vi) and received from | orm 990 or 990-EZ, that met the 33-1/3% support any one contributor, during the year, a contrib (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) organiza aggregate contributions of more than \$1,000 prevention of cruelty to children or animals | | from any one contributor, during the year, cientific, literary, or educational purposes, or the |
| contributions for use exclusively for religious this box is checked, enter here the total cont | ation filing Form 990 or 990-EZ, that received finely, charitable, etc., purposes, but these contributions that were received during the year for the state of the second state of the sec | tions did not aggregate to more than \$1,000 If or an exclusively religious, charitable, etc. |
| religious, charitable, etc, contributions of \$5, | ,000 or more during the year | ► \$ |
| Caution: An organization that is not covered by 990-PF) but it must answer 'No' on Part IV, line 990-PF, to certify that it does not meet the filing | 2 of their Form 990, or check the box on line h | H of its Form 990-EZ, or on line 2 of its Form |
| BAA For Privacy Act and Paperwork Reductio | n Act Notice, see the Instructions | Schedule B (Form 990, 990-EZ, or 990-PF) (2009) |

| | B (Form 990, 990-EZ, or 990-PF) (2009) | Page 1 | of 1 of Part I |
|---------------|---|-----------------------------------|--|
| Name of org | anization ARLSON FAMILY FOUNDATION | ' ' | r identification number 7 6 2 8 1 9 |
| | Contributors (see instructions) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | REHNBERG CHARITABLE LEAD ANNUITY TRUST C/O C J KOEHM, 59 MERRIMAC DRIVE TRUMBULL CT 06611 | \$112,801. | 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 |
| (a) | (b) | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| Number | Name, address, and ZIP + 4 | Aggregate contributions | 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) |

| Other expenses: | Rev/Exp Book | Net Inv Inc | _Adj Net Inc | Charity Disb |
|-----------------|--------------|-------------|--------------|--------------|
| LICENSES & FEES | 582. | 582. | | |
| BANK FEES | 237. | 237. | <u></u> | |
| Total | 819. | 819. | | _ |

Other Increases Stmt

TE INTEREST INCOME SALES OF SECURITIES 16,118.

Total

16,118.

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

| (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 |
|---|---|---|---|---------------------------------------|
| Person X Business ANNA J MCCANN 8 AGAWAM AVE OLD SAYBROOK CT 06475 Person X Business BETH FORD | DIRECTOR 10.00 | 0. | 0. | 0. |
| 401 DANBURY RD NEW MILFORD CT 06776 Person X Business CHRISTOPHER J KOEHM 59 MERRIMAC DRIVE TRUMBULL CT 06611 | SECRETARY 10.00 TREASURER 2.00 | 0. | 0. | 0. |

Total

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

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or | Foun- dation status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|---|---|--|----------------------------------|---|
| | substantial contributor | | | |
| a Paid during the year | | | | |
| GAYLORDSVILLE HISTORICAL SOCIETY | NONE | | HISTORICAL SOCIETY | Person or |
| PO BOX 25 | | | BUILDING & | Business X |
| GAYLORDSVILLE CT 06755 | | 501C3 | EXHIBITS | 500. |
| JEANETTE RANKIN FOUNDATION | NONE | | FOR COLLEGE | Person or |
| ONE HUNTINGTON ROAD, SUITE 7 | | | SCHOLORSHIPS | Business X |
| ATHENS GA 30606 | | 501C3 | | 1,000. |
| HORSE WARRIORS TM | NONE | | SUPPORT AT RISK | Person or |
| PO_BOX_602 | | | YOUTH THROUGH USE | Business X |
| JACKSON WY 83001 | | 501C3 | OF EQUINE | 2,000. |
| MARIE SELBY BOTANICAL GARDENS, INC. | NONE | - | TO PROVIDE THE | Person or |
| 811 S. PALM AVENUE | | | UNDERSTANDING & APPRECIA | Business X |
| SARASOTA FL 34236 | NONE | 501C3 | OF PLANT LIFE | 2,500. |
| KENT VOLUNTEER FIRE DEPT | NONE | | NEW FIREHOUSE | Person or Business X |
| PO_BOX_355 KENT CT 06757 | | 501C3 | BUILDING | Business X 1,000. |
| KENT HISTORICAL SOCIETY | NONE | 30103 | HISTORICAL | Person or |
| PO_BOX_651 | NONE | | SOCIETY BUILDING | Business X |
| KENT CT 06757 | | 501C3 | & EXHIBITS | 500. |
| FISHER HOUSE FOUNDATION | NONE | 00100 | COLLEGE | Person or |
| 111 ROCKVILLE PIKE, SUITE 420 | | | SCHOLARSHIPS | Business X |
| ROCKVILLE MD 20850 | | 501C3 | | 3,000. |
| ORCHARD VALLEY WALDORF SCHOOL | NONE | | DEDICATED TO THE PRINCIP | Person or |
| 2290 VERMONT ROUTE 14N | | | WALDORF EDUCATION, HONOR | Business X |
| E. MONTPELIER VT 05651 | | 501C3 | INDIVIDUALITY & CREATIVI | 1,500. |
| NEW MILFORD HOSPITAL FOUNDATION | NONE | | FBO BREAST CARE | Person or |
| 21 ELM STREET | | | PROGRAM | Business X |
| NEW MILFORD CT 06776 | | 501C3 | | 1,000. |
| NEW MILFORD HIGH SCHOOL | NONE | | COLLEGE | Person or |
| 388 DANBURY RD | | | SCHOLARSHIPS | Business X |
| NEW MILFORD CT 06776 | NONE | PUBLIC | | 8,000. |
| NEW MILFORD HISTORICAL SOCIETY | NONE | | HISTORICAL SOCIETY | Person or |
| PO BOX 349 NEW MILFORD CT 06776 | | 501C3 | BUILDINGS & | Business X 500. |
| SARASOTA ARCHITECTURAL FOUNDATION | NONE | 30103 | TO PROMOTE PRESERVATION & | Person or |
| P.O. BOX 3678 | 1.000 | | AWARENESS OF SARASOTA'S | Business X |
| SARASOTA FL 34230 | | 501C3 | ARCHITECTURE & DESIGN | 2,500. |
| SULLIVAN FARM PROJECT | NONE | | CAPITAL PURCHASES | Person or |
| 50 EAST STREET | | | OF EQUIPMENT | Business X |
| NEW MILFORD CT 06776 | | 501C3 | | 2,000. |
| NEW MILFORD YOUTH AGENCY | NONE | | CAPITAL | Person or |
| 50 EAST ST | | | PURCHASES | Business X |
| NEW MILFORD CT 06776 | | PUBLIC | EQUIPMENT | 2,000. |
| NEW PRESTON CONG CHURCH | NONE | | SUPPORT RELIGIOUS | Person or |
| 16 NEW PRESTON HILL RD | | | PROGRAMS | Business X |
| NEW PRESTON CT 06777 | J | CHURCH | <u> </u> | 1,000. |

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

Continued

| Recipient | If recipient is | Foun- | Purpose of | Person or |
|---|-----------------|---------|--------------------------|---------------------|
| | an ındıvıdual, | 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 | | | |
| | substantial | | | |
| | contributor | | | |
| | <u>-</u> . | | | |
| a Paid during the year | | | | |
| NORTHVILLE VOLUNTEER FIRE DEPT | NONE | | SERVICES | Person or |
| 395 LITCHFIELD RD | | | TO COMMUNITY | Business X |
| NEW MILFORD CT 06776 | | 501C3 | | 1,000. |
| SURFRIDER FOUNDATION | NONE | | DEDICATED TO PROTECTION | Person or |
| P.O. BOX 6010 | | | WORLD'S BEACHES THROUGH | Business X |
| SAN CLEMENTE CA 92674 | | 501C3 | CONSERVATISM AND ACTIVIS | 2,500. |
| ST_ANDREWS_CHURCH | NONE | | RELIGIOUS | Person or |
| PO_BOX_2007 | | | PROGRAMS | Business X |
| MARBLEDALE CT 06777 | | CHURCH | | 1,000. |
| SALVATION ARMY | NONE | | DISASTER RELIEF | Person or |
| 15 FOSTER ST | | | AND ASSISTANCE | Business X |
| DANBURY CT 06810 | | 501C3 | | 3,000. |
| SHORELINE GREENWAY TRAIL | NONE | | SHORELINE GREENWAY | Person or |
| PO BOX 474 | | | TRAIL | Business X |
| GUILFORD CT 06437 | | 501C3 | | 2,500. |
| SHORELINE SOUP KITCHENS AND PANTRIES | NONE | | PROVIDES FOOD & | Person or |
| P.O. BOX 804 | | | FELLOWSHIP TO THOSE | Business X |
| ESSEX CT 06426 | | 501C3 | IN NEED | 1,000. |
| KATHARINE HEPBURN CULTURAL ARTS CENTER INC | NONE | | CULTURAL | Person or |
| 302 MAIN ST | | | ARTS PROGRAMS | Business X |
| OLD SAYBROOK CT 06475 | | CHURCH | | 4,000. |
| TYLER SEWARD KUBISH POST 44 AM LEGION | NONE | | VETERAN OF | Person or |
| PO BOX 441 | | | THE MONTH | Business X |
| BANTAM CT 06750 | | 501C3 | PROGRAM | 500. |
| THE VERMONT WOMEN'S FUND | NONE | | HELPS WOMEN & GIRLS | Person or |
| P.O. BOX 30 | | | MOVE OUT OF POVERTY | Business X |
| WOODBURY VT 05681 | | 501C3 | & IMPROVE THIER LIVES | 1 000 |
| TOWN OF STONINGTON | NONE | | 5K EACH | Person or |
| 297 NORWICH-WESTERLY ROAD | | | HIGH/MIDDLE/ | Business X |
| NORTH STONINGTON CT 06405 | | 501C3 | ELEMENTARY SCHOOL | 15,000. |
| WILD LIFE IN CRISIS | NONE | 1 | WILDLIFE | Person or |
| 44 INDIAN VALLEY RD | 2.2.2. | | PRESERVATION & | Business X |
| WESTON CT 06883 | | 501C3 | LAND CONSERVATION | 2,000. |
| WESTON CI U0003 WOMEN'S CENTER OF GREATER DANBURY | NONE | 100100 | SERVICE FOR | Person or |
| 2 WEST ST | | | DOMESTIC VIOLENCE | Business X |
| DANBURY CT 06810 | | 501C3 | & ASSAULT | 2,000. |
| UNIVERSITY OF NEWHAVEN | NONE | 30103 | SCHOLARSHIPS | Person or |
| 300 BOSTON POST ROAD | | | COUCTAINTES | Business X |
| | | 501C3 | | 2,500. |
| WEST HAVEN CT 06516 WOODBURY/CALAIS FOODSHELF | NONE | 20103 | FOOD SHETE | Person or |
| | NONE | | FOOD SHELF | l 1 |
| PO BOX 142 | | 501C3 | FAMILIES | · |
| WOODBURY VT 05681 | NONE | 20103 | IN VT | 1,000. Person or |
| UNIVERSITY SCHOOL NASHVILLE | NONE | | EDUCATIONAL | Business X |
| 2000 EDGEHILL AVE | | 501C3 | PROGRAMS | 1,500. |
| NASHVILLE TN 37212 | <u> </u> | 120102 | L | 1,300. |

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 UNIVERSITY OF VERMONT ROOSEVELT HWY, SUITE 305 COLCHESTER VT 05446 UPPER MERRYALL CEMETERY ASSOCIATION P.O. BOX 1094 | | 501C3 | COLLEGE SCHOLARSHIPS MAINTENCE & IMPROVEMNTS | Person or Business X 1,500. Person or Business X |
| NEW MILFORD CT 06776 | | 501C3 | FOR CONNECTICUT CEMETERY | 1,000. |
| WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN STREET HARTFORD CT 06105 | | 501C3 | WASHINGTON STEEL RESTORATION | Person or Business X |
| WPR NATIONAL PUBLIC RADIO 1049 ASYLUM STREET HARTFORD CT 06105 | | 501C3 | INTERNATIONALLY ACCLAIME NON-COMMERCIAL NEWS, TAL ENTERTAINMENT PROGRAMING | Person or Business X 2,500. |
| KENT COMMUNITY NURSERY SCHOOL 6 BRIDGE STREET KENT CT 06757 | | 501C3 | PRESCHOOL PROGRAM | Person or Business X |

Total

76,000.

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 |
|----------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| CHRISTOPHER J KOEHM, | ACCOUNTING, TAX PREP, | 5,640. | 2,820. | _ | 2,820. |
| Total | | 5,640. | 2,820. | | 2,820. |

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------------------|---|-----------------------------|-----------------------------|---------------------------|---|
| BOOKKEEPING/ADMIN HT PARTNERS LLC | Bookkeeping/Administra INVESTMENT ADVISORY FE | 0. 7,099. | | | |

Total

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

| | End of Year | | |
|--|---------------|----------------------|--|
| Line 13 - Investments - Other: | Book Value | Fair Market Value | |
| INVESTMENTS-CHARLES SCHWAB & COMPANY INVESTMENTS-US TRUST CO | 1,551,038. | 1,606,309. | |
| Total | 1,551,038. | 1,606,309. | |