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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

	nal Revenu	ine Treasury le Service	N	ote. The fou	ndation may	be a	ble to use a copy of this	s return to	satis	fy state repo	rtıng reguire	ments	-	.00	J
		year 2009, o			DEC	_			nd er	· · · · · · · · · · · · · · · · · · ·		0, 2010	)		
		that apply		Initial return		Ī	Initial return of a f				Γ	Final returi			
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tilut uppij		Amended re		·	Address char	•	JJ U.	· —	Name chan		•		
Had	the IDC	Name of fou	indation					<u></u>			A Employe	er identification	number		
	the IRS label.														
	nerwise.	HANAU	FAMI	LY FO	UNDATI	ON	Ī				20-	7179376	5		
	print	Number and s	treet (or P	O box number	If mail is not d	eliver	ed to street address)			Room/suite	B Telephoi	ne number			
	r type.	C/O BI	AIR	& POT	TS, P.	0.	BOX 1214					3)327-2	2333		
	Specific	City or town			-						C If exempts	on application is p	ending, che	ck here	ightharpoons
ınsı	ructions.	STAMFO	RD,	CT 0	6904-1	21	. 4				D 1. Foreig	ın organization	s, check he	ere l	▶□
H (	Check typ	e of organizat	ion [	X Section	501(c)(3) e	xemj	ot private foundation				2. Foreigi check	n organizations mi here and attach co	eeting the 85 omputation	% test,	▶□
	Sectio	n 4947(a)(1)					er taxable private found	ation				foundation sta			
l Fa	ır market	t value of all a	ssets at e	end of year	J Account	ıng r	nethod X Cash		Accru	ıal	under se	ction 507(b)(1	)(A), check	here	▶□
(fi	rom Part	t II, col. (c), II	ne 16)				(specify)				F If the for	ındatıon ıs ın a	60-month	terminati	on
	- \$				(Part I, colu	ımn	(d) must be on cash	basis.)				ction 507(b)(1			<b>&gt;</b>
Pa	art f A	nalysis of Rev	enue an	d Expenses	4 (d) may not		(a) Revenue and	(b) N	let inv	vestment	(c) Ad	justed net		Disburseme	
	ne	ecessanly equal	the amoun	ts in column (a)	i)	L	expenses per books		Inco	me		come		ntable purp th basis on	
		ntributions, gi					4,125.				N	/A		411	
		eck 🕨 🗶 if t			attach Sch B										
	3 Inte	erest on savings sh investments	and tempo	orary			7,729.			7,729.			STATI	EMEN	r 1
	4 DIV	vidends and in	terest fro	m securities											
	5a Gro	oss rents											<u> </u>	**********	<del></del>
Revenue	<b>b</b> Net	t rental income o	r (ioss)			<b></b>									
		gain or (loss) fro		assets not on l	ne 10		RECEIVE		7_			. '1			
	b Gro	oss sales price fo sets on line 6a	orall ——				***************************************		↓						
Š	7 Car	pital gain net inc	ome (from l	Part IV, line 2)		6	MAD O T AA	$\mathcal{G}$		0.				<del></del>	*1. <del>111</del>
ш.	8 Net	t short-term c	apıtal gan	n	ı	Ц	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 5							
		ome modifica			- 1	L		8	<b>}</b>				ļ.,	<del></del>	
		i allowances	urns		t	ļ	OGDEN, U	T	<u> </u>			·····	ļ		
		s Cost of goods				<u> </u>	***************************************		<i>I</i>				<del> </del>	<del></del>	<del></del>
		oss profit or (I	oss)										ļ		
		ner income				_	11 05 /			7 720					
_	1	tal. Add lines				┼	11,854.			7,729. 0.					0
	1	mpensation of of			, etc		<u> </u>			0.					
	1	her employee :		•									+		
S	1	nsion plans, e	прюуее		MT 2	$\vdash$	4,125.			4,125.					0
Šuš	16a Leg	gai iees counting fees		011	11. 2	$\vdash$	4,123.			1,123.					
Expenses	e Ott	her profession	al fooc			$\vdash$									
ē		erest	ai iccs			$\vdash$							1		
ati⊱	18 Tax					$\vdash$		<b>-</b>				· · · · · · · · ·	<del> </del>		
and Administrative		reclation and	l depletio	n		$\vdash$		<b> </b>			<del></del>	<u> </u>	<u> </u>		
Ę.	1	cupancy	. auplotio	••				<b></b>		-					
Adı	1	avel, conferen	ces, and i	meetinas							-				
5	l .	nting and pub					<del>-</del>								
g		her expenses		ST	MT 3		125.			125.					0
rating	24 To	tal operating	and adm	inistrative											
Oper	exi	penses. Add I				L	4,250.	<u> </u>		4,250.					0
Ō	25 Co	ntributions, gi		-			101,000.							101,0	
	1	tal expenses	-		•										
	1	d lines 24 and					105,250.	<u> </u>		4,250.			<u> </u>	101,0	000
		btract line 26		12		Π									
		cess of revenue of			sements		<93,396.	>						······	
	1	t investment	-							3,479.					
	c Ad	justed net inc	ome (if ne	egative, enter -	0-)						N	/A			
_															

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.



Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	/ear
COLL	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
- 1	Savings and temporary cash investments	1,660,384.	1,566,988.	1,566,988.
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		ls.	
Ì	disqualified persons			
7	Other notes and loans receivable			
ļ	Less allowance for doubtful accounts ▶			
8 8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments - U S and state government obligations			
l t	Investments - corporate stock			
0	Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less. accumulated depreciation		İ	
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment basis	······································		······
1	Less accumulated depreciation		1	
15	Other assets (describe ►			7.81.1.
16	Total assets (to be completed by all filers)	1,660,384.	1,566,988.	1,566,988
	Accounts payable and accrued expenses			
18	Grants payable			
140	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
20 21	Mortgages and other notes payable			
22	Other liabilities (describe )			
	Other Habilities (describe )			
23	Total liabilities (add lines 17 through 22)	0.	0.	
1-5	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
3 24	Unrestricted			
24 25 26 27 28 29 30	Temporarily restricted			
25	Permanently restricted			
20	Foundations that do not follow SFAS 117, check here	-		
<u> </u>	· —		-	
, ,	and complete lines 27 through 31.	0.	0.	
27	Capital stock, trust principal, or current funds	0.	0.	
28	Paid-in or capital surplus, or land, bldg, and equipment fund	1,660,384.	1,566,988.	
29	Retained earnings, accumulated income, endowment, or other funds	1,660,384.	1,566,988.	
30	Total net assets or fund balances	1,000,304.	1,300,300.	
	Total tich italian and and another fined belower	1,660,384.	1,566,988.	
31	Total liabilities and net assets/fund balances	•	1,300,300.	
Part	Analysis of Changes in Net Assets or Fund B	alances		
Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>	<del> </del>
	st agree with end-of-year figure reported on prior year's return)	JU		1.660 384
•		•	1	1,660,384 <93,396
	r amount from Part I, line 27a		2	(93,396
	r increaces not included in line 2 (itemize)		3	
Othe	r increases not included in line 2 (itemize)			1 566 000
Othe Add	lines 1, 2, and 3		. 4	
Othe Add Dec				1,566,988. 0. 1,566,988.

(a) List and describe	the kind(s) of property sold (e guse, or common stock, 200 sh	, real estate,		I P	How ac - Purcl - Dona	hase	(c) Date a	acquired ay, yr)	(d) Date sold (mo , day, yr )
1a									
b NONE									
C		· · ·		$\vdash$					
d			<del></del>						
.e	(f) D	4-10-		L			<b>/</b> b\ 0.	//	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	137	st or other basis expense of sale					ain or (loss (f) minus	
a b		-							
C			·						
d									
e		11	10/04/00						_
Complete only for assets showing ga		T	· · · · · · · · · · · · · · · · · · ·					ol (h) gain iot less tha	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				Losses	(from col	(h))
a									
b		1.							
<u>c</u>								<del></del>	
d									
<u>e</u>	<u> </u>	5		_					
Papital gain net income or (net capital	loss) { If gain, also enter -C	er in Part I, line )- in Part I, line	7	þ	2				
Net short-term capital gain or (loss) a	s defined in sections 1222(5) a	nd (6)		`					
If gain, also enter in Part I, line 8, colu	mn (c)			•					
Part V Qualification Und	or Section 4040(a) for	r Dodugoo	Toy on Not	Inv	3	ont Inc	20000		
Vas the foundation liable for the section f <u>"Yes," the foundation does not qualify u</u> Enter the appropriate amount in each	nder section 4940(e). Do not co	omplete this pa	art						Yes X No
(2)	(b)	idelions before	I making any entit	(C)					(d) oution ratio
Base period years Calendar year (or tax year beginning in	Advisted avalitings die	stributions	Net value of no			use assets		Distril (col (b) div	oùtión ratio vided by col. (c))
2008		8,941.		1	,65	9,606		( (-/	.04154
2007		25,000.				6,967			.01481
2006	5	9,038.		1	<u>,50</u>	9,055	· .		.03912
2005									
2004									
2 Total of line 1, column (d)							2		.09548
3 Average distribution ratio for the 5-ye		on line 2 by 5,	or by the number	of ye	ars				00100
the foundation has been in existence i	f less than 5 years						3		.03182
Enter the net value of noncharitable-u	se assets for 2009 from Part X,	line 5				-	4		1,587,004
Multiply line 4 by line 3							5	_	50,510
Enter 1% of net investment income (1	% of Part I, line 27b)						6		35
7 Add lines 5 and 6							7		50,545
	t VII. line 4				•	•	8		101,000
3 Enter qualifying distributions from Pa If line 8 is equal to or greater than line		a 1h and some	nlata that nast war	10 2 4	0/, tau -	rata	0		101,000
See the Part VI instructions	, check the DUX III Pail VI, IIII	o io, anu cuiti	piete tilat palt USII	ıya I	/o ldX l				

923521 02-02-10

Forn	n 990-PF (2009) HANAU FAMILY FOUNDATION 20-	-7179	376		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948				
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	T			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%				35.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1			0.
3	Add lines 1 and 2				35.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u> </u>	_		35.
6	Credits/Payments				
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,007.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) .				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d			1,0	07.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here. If Form 2220 is attached.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .   g				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			9	72.
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 972 • Refunded ▶ 11				0.
Pŧ	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?		10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
•	managers > \$ 0.				J.
2	Has the 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 foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	İ			Х
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ŀ	3 4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	/A	4b	_	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<b>'</b>	5		Х
·	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
·	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6		X
7		Ì	7	X	
-	If "Yes," complete Part II, col. (c), and Part XV.	}		· ·	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	1			
	CT				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	<u> </u>			
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	ļ			<del></del>
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	ľ	10		X

Forn	المن n 990-PF (2009) HANAU FAMILY FOUNDATION	20-7179	376		Page <b>5</b>
	art VII-A   Statements Regarding Activities (continued)				<u> </u>
	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		Х
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	Х	
	Website address ► N/A				
14	The books are in care of ▶ JILL A. HANAU Telephone no	<b>▶</b> (203)3	327-	233	3
	Located at ▶ 7 HILLTOP ROAD, WILSON POINT, SOUTH NORWALK, CT	ZIP+4 ▶06	854		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<b></b>	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
P	art 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:	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	res X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		res X No			
		res X No			
		res X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		res X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	C3 ( 110			
	If the foundation agreed to make a grant to or to employ the official for a period after				
		res X No			
		, 65 <u>21</u> NU			
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A	45		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A ▶□	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				х
_	before the first day of the tax year beginning in 2009?		10		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ı			
	defined in section 4942(j)(3) or 4942(j)(5))				
1	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) beginn				
		res X No			
	If "Yes," list the years				
١	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack	:h			
	statement - see instructions )	N/A	2b		<del>,</del>
1	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here				
	<b>&gt;</b>				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	<del></del>			
	during the year?	Yes X No			
	o If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons a	fter			
	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,			

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 999-PF (2009) HANAU FAMILY FOUNDATION			<u> 20-71793</u>	76 Page	6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	. <b> Y</b> (	es 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir	· · · · · · · · · · · · · · · · · · ·	_		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	;?	Yı	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?		. L Yo	es X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un	der the exceptions described	ın Regulations	4-		
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	_
Organizations relying on a current notice regarding disaster assistance check t	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		- /			
expenditure responsibility for the grant?		1/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53.494	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		ļ!	6b X	
If "Yes" to 6b, file Form 8870.			( <b>v</b> )		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	_
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Higni	y 		_
1 List all officers, directors, trustees, foundation managers and their	<del>,</del>	14.30	(4)		_
(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, othe allowances	r
JILL A. HANAU	TRUSTEE			1	
7 HILLTOP ROAD, WILSON POINT					
SOUTH NORWALK, CT 06854	0.00	0.	0.	0 .	•
		ļ			
					_
2 Compensation of five highest-paid employees (other than those inc	luded on line 4). If near	CONTROL II			_
2 Compensation of live nignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other	r
NONE	devoted to position		compensation	allowances	-
HONE	-				
		<del> </del>			
	1				
					-
	1				
					-
	1				
			-		-
Total number of other employees paid over \$50,000	·	<u></u>			0

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
1 N/A	,	
2		* 11 -
3		
4		
*		
· · · · · · · · · · · · · · · · · · ·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
3	,	
Total Add lines 1 through 3		0

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
. 1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	0. 1,611,172.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,611,172.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,611,172.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,168.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,587,004.
6	Minimum investment return. Enter 5% of line 5	6	79,350.
P	art XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here   and do not complete this part )	id certain	
1	Minimum investment return from Part X, line 6	1	79,350.
2a	'- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		· · · ·
b			
C	Add lines 2a and 2b	2c	35. 79,315.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	79,315.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	79,315.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	79,315.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		101 000
а		1a	101,000.
þ		1b	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		
	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	101,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<b>-</b> -
	income Enter 1% of Part I, line 27b	5	35. 100,965.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	100,965.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	001700	10010 prior (0 2000	2000	2000
line 7				79,315.
2 Undistributed income, if any, as of the end of 2009		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
a Enter amount for 2008 only			56,466.	
b Total for prior years				
<b>2</b>		0.		
3 Excess distributions carryover, if any, to 2009				······································
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from		, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· '.\n\.	<del></del>
Part XII, line 4 ► \$ 101,000.				
a Applied to 2008, but not more than line 2a			56,466.	
b Applied to undistributed income of prior			· · · · · · · · · · · · · · · · · · ·	***************************************
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				***************
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		······································		44,534.
e Remaining amount distributed out of corpus	0.	** <del>***********************************</del>		<del></del>
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b	· · · · · · · · · · · · · · · · · · ·	0.	· · · · · · · · · · · · · · · · · ·	<u>*********************************</u>
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable			· · · · · · · · · · · · · · · · · · ·	'H.'. :!
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line	* * *,* * ****			*
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract		11.	1 111 111 1111 1111	
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				34,781.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				······································
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.		<del>/</del>	<del>( ''                                  </del>	! [''   ''  '' ''   ''   ''   ''   ''
Subtract lines 7 and 8 from line 6a	0.			
IO Analysis of line 9		***************************************	**************************************	·····
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
<del>-</del>	<del></del>	<del></del>	<del></del>	Form <b>QQQ_DF</b> (2009)

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

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923611 02-02-10

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

Enter gross amounts unless otherwise indicated				ided by section 512, 513, or 514	(e)		
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
<u> </u>							
d				-			
e	<u> </u>	<del> </del>					
·							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash			١				
investments			14	7,729.			
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income		······					
8 Gain or (loss) from sales of assets other							
than inventory							
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue							
ā		<del></del>					
b							
<u> </u>		• • •					
ď				<del></del>			
e		0.		7 720	0.		
12 Subtotal Add columns (b), (d), and (e)	L	0.		7,729.	7,729.		
13 Total. Add line 12, columns (b), (d), and (e)	-			13_	7,729.		
(See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to	o the Acc	amplishment of Ex	omn	at Durnoses			
Line No. Explain below how each activity for which incor				·	nolishment of		
the foundation's exempt purposes (other than I			0011111	outed importantly to the door	ipioninicity of		
N/A	<del></del>				<del></del>		
		-			<del></del>		
				<del></del>			
				· · · · · · · · · · · · · · · · · · ·			
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		<del></del>	_	<u></u>			
			_				
					<del></del>		
923621 02-02-10					Form <b>990-PF</b> (2009)		

Form 990	<u>-PF (2009) HANAU</u>	FAMILY FOUNDA	TION	20-71	79376	Page <b>13</b>
Part X	Information Re Exempt Organ		and Transactions a	nd Relationships With Nonch		
1 Did	the organization directly or ind	rectly engage in any of the follow	ring with any other organizatio	n described in section 501(c) of	Yes	s No
the (	Code (other than section 501(c	c)(3) organizations) or in section	527, relating to political organi	zations?		
<b>a</b> Tran	sfers from the reporting found	lation to a noncharitable exempt (	organization of			
(1)	Cash	•			1a(1)	<u> </u>
(2)	Other assets				1a(2)	X
	er transactions					1
	Sales of assets to a nonchanta	· •			1b(1)	<u> </u>
• •		oncharitable exempt organization			1b(2)	X
	Rental of facilities, equipment,				1b(3)	X
	Reimbursement arrangements				1b(4)	X
	Loans or loan guarantees	embership or fundraising solicital	tions.		1b(5)	X
		ailing lists, other assets, or paid e			1b(6)	$+\frac{x}{x}$
				vays show the fair market value of the goods		
				e in any transaction or sharing arrangement		
		other assets, or services received		e in any transaction of snaming arrangement	, SHOW III	
(a) Line no	<del>,</del>	(c) Name of noncharitat		(d) Description of transfers, transactions, an	d shanng arranger	nents
<u> </u>		N/A				
			•			
					<del></del>	
-						
2a Icth	e foundation directly or indirec	tly affiliated with, or related to, or	a or more tay-exempt organiz	rations described		
		r than section 501(c)(3)) or in se		ations described	Yes 🖸	X No
	es," complete the following sch		VII.011 0 2 7	·	163	
	(a) Name of org		(b) Type of organization	(c) Description of relation	ıshıp	
	N/A					
		have examined this return, including ac er than taxpayer or fiduciary) is based o		ents, and to the best of my knowledge and belief, it i has any knowledge	s true, correct,	
	1 1 4	, , , , , , , , , , , , , , , , , , ,	1. 1.			
ء ا و	MICLATICAL CONTRACTOR	~	<u> </u>	- \		
Sign Here	Signature of officer or trustee	<i>a</i>	Date /	Title  Check if Prepa	arer's identifying nu	ımber
ري <u>اق</u>	Preparer's signature	bea R poyle		2 / self-	ser s identifying no	mbei
- <u>`</u>	BT.AT			employed ▶ L		
Prepare	Firm's name (or yours BLA1 if self-employed). P.O.	BOX 1214		EIN		
- ته	address, and ZIP code STAM	FORD, CT 06904	-1214	Phone no (203	3)327-23	333
			<del></del>		orm <b>990-PF</b>	
				'		,_555/

#### 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

**Employer identification number** 

2009

HA	ANAU FAMILY FOUNDATION	20-7179376
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
General Rule	•	
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in milete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri utions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	- ·
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not aggreed, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. By religious, charitable, etc.,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •
LHA For Privacy Act and		(Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

20-7179376

Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1		\$ 	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
2	JILL A. HANAU  7 HILLTOP ROAD, WILSON POINT  SOUTH NORWALK, CT 06854	\$\$.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

of Part II

Name of organization

Employer identification number

of

#### - HANAU FAMILY FOUNDATION

20-7179376

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2009)			Page of of Part III			
Name of org				Employer identification number			
				00 7170076			
	FAMILY FOUNDATION			20-7179376			
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing						
	Part III, enter the total of exclusively religion			organizations completing			
	\$1,000 or less for the year. (Enter this inf	ormation once. See instructions.	) ▶ \$				
(a) No.		4					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	) Description of how gift is held			
Ī		(e) Transfer of git	ft				
	(v) Italiaici vi giit						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			insferor to transferee			
<u> </u>	Hansieree S name, address, and Air T T		Tiolationomp of the	neiationship of transferor to transferee			
			<del> </del>				
ŀ							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Faiti							
			— I —				
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ŀ		(a) Transfer of all					
		(e) Transfer of gift					
	Transferrade nome address a	- J 7ID . 4	Deletienskip of two	andayay ta tuanafayaa			
}	Transferee's name, address, a	110 ZIF + 4	neiationship of tra	insferor to transferee			
j	<del></del>			<del></del>			
İ							
(a) No.				· · · · · · · · · · · · · · · · · · ·			
from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I	···						
ŀ							
	(e) Transfer of gift						
	Transferee's name, address, a	-d 7ID . 4	Deletienskip of tre	insferor to transferee			
}	transieree's name, address, a	III ZIF + 4	neiationship of tra	insteror to transferee			
		<del></del>		<del></del>			
		·····	<del></del>				
(a) No.		<b></b>	···· 1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Parti	<del>-</del> .						
				_			
			— I <del>-</del>				
	(a) Transfer of oils						
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
}	Transferee's name, address, a	10 LIP + 4	Helationship of tra	insieror to transieree			
i							
			Online de la la	B (Form 990, 990-EZ, or 990-PF) (2009)			
22454 02.01	1_10		2CDEUNIE :	a realli 990. 990°CZ. UL 990°FF1 (2009)			

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS S	STATEMENT	1
SOURCE				AMOUNT	
THRU MERRILL LYNCH #866-1163		7,729. 7,729.			
TOTAL TO FORM 990-PF, PART I	<del></del>				
FORM 990-PF	LEGAL FEES		8	STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
BLAIR & POTTS	4,125.	4,125.		<del></del>	0.
TO FM 990-PF, PG 1, LN 16A	4,125.	4,125.			0.
FORM 990-PF	OTHER EXPENSES		S	STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
CMA INITIAL ANNUAL FEE	125.	125.		-	0.
TO FORM 990-PF, PG 1, LN 23	125.	125.			0.