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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning

, 2010, and ending

, 20

G Check all that apply: ☒ Initial return ☐ Initial return of a former public charity ☒ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation Gibbons Foundation		A Employer identification number 06-11884833
Number and street (or P.O. box number if mail is not delivered to street address) 27 Sunset Road	Room/suite	B Telephone number (see page 10 of the instructions) 203-637-0059
City or town, state, and ZIP code Old Greenwich, CT 06870		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 427,689	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	29,038			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	19	19	19	
	4 Dividends and interest from securities	10,681	10,681	10,681	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain, net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	39,738	10,700			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	218	218		218
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	35	35		35
	24 Total operating and administrative expenses. Add lines 13 through 23	253	253		253
	25 Contributions, gifts, grants paid	20,630			20,630
26 Total expenses and disbursements. Add lines 24 and 25	20,883	253		20,883	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	18,855				
b Net investment income (if negative, enter -0-)		10,447			
c Adjusted net income (if negative, enter -0-)					

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

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Form **990-PF** (2010)

SCANNED MAY 19 2011

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing		67,335	524	524
	2	Savings and temporary cash investments		3,563	5,064	5,064
	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 page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)		220,716	239,901	330,904
	c	Investments—corporate bonds (attach schedule)		24,000	89,000	91,197
	11	Investments—land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments—mortgage loans					
13	Investments—other (attach schedule)					
14	Land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		315,634	334,489	427,689	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)					
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see page 17 of the instructions)				
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)					

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	315,634
2	Enter amount from Part I, line 27a	2	18,855
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	334,489
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	334,489

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	{ }		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	19,666	318,583	.0617
2008	24,194	354,820	.0672
2007	26,071	401,510	.0649
2006	27,206	360,665	.0754
2005	15,348	304,096	.0505
2 Total of line 1, column (d)			2 0.3197
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .0639
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4 382,950
5 Multiply line 4 by line 3			5 24,470
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 104
7 Add lines 5 and 6			7 24,574
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.			8 20,833

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	-	
3	Add lines 1 and 2	3	209	-
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	-	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	209	-
6	Credits/Payments:			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	209	-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

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 it participate or intervene in any political campaign?	Yes	No
1a			X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?		X
	<i>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.</i>		
c	Did the foundation file Form 1120-POL for this year?		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>	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 there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	X
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	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	7	X
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ <u>CT</u>		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	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 year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	9	X
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶				
14	The books are in care of ▶ <i>Lile Gibbons</i> Telephone no. ▶ <i>203-637-0055</i>			
	Located at ▶ <i>27 Sunset Rd, Old Greenwich, CT 06870</i> ZIP+4 ▶ <i>06870</i>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶				

Part 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
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b 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 page 22 of the instructions)?	1b	
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ▶ 20 , 20 , 20 , 20		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b	X
c If 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		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2010 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 2010.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to:
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ Yes ☒ No
Organizations relying on a current notice regarding disaster assistance check here ☐
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(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
Mike R. Gibbons 27 Sunset Rd, Old Greenwich, CT 06870	Manager 40 hrs./week	- 0 -	- 0 -	- 0 -
John A. Gibbons 27 Sunset Rd, Old Greenwich, CT 06870	CFO 40 hrs./week	- 0 -	- 0 -	- 0 -

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "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 account, other allowances
None				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
.....		
<i>none</i>		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

1		
2	<i>none</i>	
3		
4		

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1		
2	<i>none</i>	
3	All other program-related investments. See page 24 of the instructions.	
Total. Add lines 1 through 3 ▶		

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	366,624
b	Average of monthly cash balances	1b	22,158
c	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	388,782
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	388,782
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	5,832
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	382,950
6	Minimum investment return. Enter 5% of line 5	6	19,148

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6		1	19,148
2a	Tax on investment income for 2010 from Part VI, line 5	2a	209	
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b	2c	209	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,939	
4	Recoveries of amounts treated as qualifying distributions	4	—	
5	Add lines 3 and 4	5	—	
6	Deduction from distributable amount (see page 25 of the instructions)	6		
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,939	

Part XII Qualifying Distributions (see page 25 of the 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	20,883
b	Program-related investments—total from Part IX-B	1b	—
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)	3b	—
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,883
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 page 26 of the instructions)	5	—
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,883

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.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				18,939
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2010:				
a From 2005	281			
b From 2006	9350			
c From 2007	6367			
d From 2008	8271			
e From 2009	3889			
f Total of lines 3a through e	28,158			
4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 20,883				
a Applied to 2009, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	1944			
d Applied to 2010 distributable amount				—
e Remaining amount distributed out of corpus	0			—
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	30,102			
b Prior years' undistributed income. Subtract line 4b from line 2b		—		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		—		
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions		—		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			—	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				—
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	281			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	29,821			
10 Analysis of line 9:				
a Excess from 2006	9350			
b Excess from 2007	6367			
c Excess from 2008	8271			
d Excess from 2009	3889			
e Excess from 2010	1944			

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling N/A

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2010	(b) 2009	(c) 2008	(d) 2007	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
3 Complete 3a, b, or c for the alternative test relied upon:				
a "Assets" alternative test—enter:				
(1) Value of all assets				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
c "Support" alternative test—enter:				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- Liz R. Giblin + John A. Giblin*
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a** The name, address, and telephone number of the person to whom applications should be addressed:
- b** The form in which applications should be submitted and information and materials they should include:
- c** Any submission deadlines:
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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	Amount
a Paid during the year <div style="text-align: center; font-size: 2em; font-family: cursive;">see attached</div>				
Total				3a
b Approved for future payment <div style="text-align: center; font-size: 2em; font-family: cursive;">None</div>				
Total				3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					19
4	Dividends and interest from securities					10,681
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: a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)					10,700
13	Total. Add line 12, columns (b), (d), and (e)					

(See worksheet in line 13 instructions on page 29 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

- | 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|---|--|-----|----|
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | | | X |
| (2) Other assets | | | X |
| b Other transactions: | | | |
| (1) Sales of assets to a noncharitable exempt organization | | | X |
| (2) Purchases of assets from a noncharitable exempt organization | | | X |
| (3) Rental of facilities, equipment, or other assets | | | X |
| (4) Reimbursement arrangements | | | X |
| (5) Loans or loan guarantees | | | X |
| (6) Performance of services or membership or fundraising solicitations | | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | | X |
| 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 received. | | | |

[illegible]

- 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? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date _____

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ►

Firm's address ►

Phone no.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2010

Name of the organization

Gibbons Foundation

Employer identification number

06-118843

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special RulesFor a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Lile R. Gibbons 27 Sunset Road Old Greenwich, CT 06870	\$ 19,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	John A. Gibbons 27 Sunset Rd. Old Greenwich, CT 06870	1000 - cash 8538 - non-cash	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Part 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
2	250 sqm. Crucell NV	\$ 8538	10/13/11
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

*Gibbons Foundation**NIA*

Employer identification number

*06-118843***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* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

The Gibbons Foundation
27 Sunset Road
Old Greenwich, CT 06870

ID #06-1188483
Form 990-PF
Year ending 12/31/10

Part I-Line 1

Lile R. Gibbons:	\$20,000.00 (cash)
John A. Gibbons	\$ 1,000.00 (cash)
	\$ 8,038.00 (securities)

Line 18

Taxes paid for 2009	\$ 152
Withholding, foreign taxes	\$ 66

Line 22

Fee for newspaper ad	\$ 35
----------------------	-------

Part VII-A

Line 10

Lile R. Gibbons
27 Sunset Road
Old Greenwich, CT 06870

John A. Gibbons
27 Sunset Road
Old Greenwich, CT 06870

27 Sunset Road
Old Greenwich, CT 06870

Form 990-PF
Year ending 12/31/10

Part II, Line 10a

	<u>Book Value</u> <u>1/1/10</u>	<u>Book Value</u> <u>12/31/10</u>	<u>FM Value</u> <u>12/31/10</u>
1,071 shrs. A. O. Smith (st. dvd. 714. shrs.-2010)	\$ 6,712	\$ 6,712	\$40,784
500 shrs. Aqua America	\$11,155	\$11,155	\$11,240
900 shrs. Artesian Res. Corp. "A"	\$12,800	\$12,800	\$17,055
476 shrs. Baxter	\$ 9,128	\$ 9,128	\$24,095
200 shrs. Boeing	\$ 8,900	\$ 8,900	\$13,052
800 shrs. Burnham	\$14,885	\$14,885	\$12,392
87 shrs. Cardinal Health	\$ 588	\$ 588	\$ 3,333
43 shrs. Carefusion	\$ 295	\$ 295	\$ 1,105
68 shrs. CVS Caremark	\$ 784	\$ 784	\$ 2,364
500 shrs. Chartwell	\$ 7,500	\$ 7,500	\$ 2,136
80 shrs. Colgate-Palmolive	\$ 1,265	\$ 1,265	\$ 6,430
250 shrs. Crucell (Gifted 10/13/10)	-----	\$ 8,538	\$ 7,831
47 shrs. Edward Lifesciences (st. dvd. 47 shrs.-2010)	\$ 412	\$ 412	\$7,599
800 shrs. GE	\$30,821	\$30,821	\$14,632
62 shrs. JDS Uniphase	\$45,873	\$45,873	\$ 898
1,000 shrs. Luxottica	\$ 5,213	\$ 5,213	\$30,620
2,200 shrs. McGrath Rentcorp	\$23,133	\$23,133	\$57,684
700 Shrs. Middlesex Water (B. 6/8/10)	-----	\$10,647	\$12,845
120 shrs. Monsanto	\$ 398	\$ 398	\$ 8,357
1,265 shrs. Neopharm	\$14,123	\$14,123	\$ 342

400 shrs. Occidental Petroleum	\$ 5,870	\$ 5,870	\$39,240
499 shrs. Pfizer	\$ 7,954	\$ 7,954	\$ 8,737
28 PNC	\$6,780	\$ 6,780	\$1,700
100 shrs. Procter & Gamble	\$6,127	\$ 6,127	<u>\$6,433</u>

Sub totals	<u>\$220,716</u>	<u>\$239,901</u>	<u>\$330,904</u>
------------	------------------	------------------	------------------

Part II. Line10-c			
\$25,000 GE 5.625% 5/1/18	\$24,000	\$24,000	\$27,263
\$30,000 FNMA 3.1% 12/21/18 (b. 5/25/10)	-----	\$30,000	\$30,161
\$35,000 FFCB 3% 6/8/20 (b. 9/14/10)	-----	\$35,000	\$33,773

Sub totals	<u>\$24,000</u>	<u>\$89,000</u>	<u>\$91,197</u>
------------	-----------------	-----------------	-----------------

Totals	\$244,716	\$328,901	\$422,101
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The Gibbons Foundation
27 Sunset Road
Old Greenwich, CT 06870

ID #06-1188483
Form 990-PF
Year ending 12/31/10

Part XV

Grants and Contributions Paid During the Year

<u>Name and address</u>	<u>Relationship to Foundation Manager, if any</u>	<u>Fd. Status</u>	<u>Purpose of grant</u>	<u>Amount</u>
1. Julian Curtis PTA 180 E. Elm Street Greenwich, CT 06830	n/a	501-C-3	scholarships	\$7,630
2. Colby Sawyer College 541 Maine Street New London, NH 03257	n/a	501-C-3	scholarships	\$1,000
3 Greenwich Campership Fund 101 Field Point. Road Greenwich, CT 06830	n/a	501-C-3	education	\$1,000
4. Harlem Childrens' Zone 1916 Park Ave., Suite 212 New York, NY 10037	n/a	501-C-3	scholarships	\$2,000
5. Brian Gibbons Scholarship Fund c/o WOMR, P.O. Box 975 Provincetown, MA 02657	n/a	501-C-3	scholarships	\$1,500
6. Greenwich Scholarship Association 22 Baldwin Farm South Greenwich, CT 06831	n/a	501-C-3	scholarships	\$1,500
7. GEMS 111 E. Putnam Avenue Riverside, CT 06878	n/a	501-C-3	annual fund	\$1,500
8. Deerfield Academy The Street Deerfield, MA 01342	n/a	501-C-3	scholarships	\$1,000
9. The Carpenter Boat Shop 440 Old Country Road Pemaquid, ME 04558	n/a	501-C-3	education	\$1,500
10. Greenwich HS Student Loan Fund P.O. Box 646 Old Greenwich, CT 06870	n/a	501-C-3	scholarships	\$1,000
11. Bowdoin College Main Street Brunswick, ME 04011	n/a	501-C-3	scholarships	\$1,000
Total				\$20,630

Greenwich Time

Classified

SOUTHERNCTJOBS.

monster

Toll-Free: 877-542-6052 | classified@scni.com | Hours: 8:30 a.m. - 5:30 p.m., M-F | Major Credit Cards Accepted

Public Notices

LEGAL NOTICE

Sealed bids must be received by the Purchasing Department, Town Hall, 101 Field Point Road, Greenwich, CT 06830.

BY: 5/20/11

FOR: Boiler Service

DEADLINE: 3:00 PM BID #6786

Request For Bids/Proposals may be obtained by logging onto our website at the following address:

<http://greenwichct.virtualltownhall.net/>

Public_Documents/GreenwichCT_purchase/post

or may be picked up at the Purchasing Department. It is the responsibility of the prospective bidder to check the website for any addenda issued up to 48 hours prior to the bid opening.

OR FURTHER INFORMATION -

CALL (203) 622-7881.

LEGAL NOTICE

The annual report of The Gibbons Foundation is available at the address noted below for inspection during normal business hours by any citizen who so requests within 180 days after publication of the notice of its availability.

The Gibbons Foundation
27 Sunset Road
Old Greenwich, CT 06870

General Help Wanted

AUTOMOTIVE
Sales Greeter / Receptionist / Sales Assistant
needed. Great phone skills, personality, high energy and work ethic. Must be courteous and good with people. Must have a clean driving record. Great benefits and compensation for the right candidate. Send resume to Mark: MarkD@newcountry.com or call 203-302-1400

DENTAL ASSISTANT
Dental Associates of CT is hiring a Dental Assistant to work in our New Milford office. Medical/Dental office experience is preferred. Email your resume to geena@dentalassocia.com or call 203-302-1400

AUTOMOTIVE TECHNICIANS

Needed for day or night shifts. Audi certified masters technicians (\$7500. where you can feel proud of your work & be recognized for your efforts! 4 days, Exc. benefits, con-art equipment, paid training. A factory training. A clean driving record is a must. We are one of the largest Audi dealers in North America and have enough work available that you can decide if you want to make \$60,000 or \$100,000 plus plan (12 months). Exp. Qualified technicians w/ Macintosh and PC only please send re-

General Help Wanted

GRANITE COUNTERTOP
Fabricator
Bridgesaw cutter, template, exp'd. Call 203-502-2040.

HELP DESK TECHNICIAN

Hearst Media Services is looking for a part time help desk technicians.

The ideal candidates will be responsible for the day to day technical support of computer workstations and systems in our Stamford, Greenwich and New Canaan offices. These systems are on both the Macintosh and Windows platforms.

DENTAL ASSISTANT

Exp'd., to join our positive, fee for service Greenwiche office where you can feel proud of your work & be recognized for your efforts! 4 days, Exc. benefits, con-art equipment, paid training. A factory training. A clean driving record is a must. We are one of the largest Audi dealers in North America and have enough work available that you can decide if you want to make \$60,000 or \$100,000 plus plan (12 months). Exp. Qualified technicians w/ Macintosh and PC only please send re-

DISTRICT NETWORK TECHNICIAN

New Canaan Public Schools seeks a District Network Technician (\$60,000 plus plan (12 months). Exp. Qualified technicians w/ Macintosh and PC only please send re-

General Help Wanted

LANDSCAPE FOREMAN
Min 5yrs exp. Supervisor position. Exp w/John Deere mowers, plantings, tree work, clean drivers lic, drug & background check. Call 203-924-4272

Line Crew/ Detailer

needed for full service wash located in Newtown. Experience preferred, English speaking and must be able to drive standards and work own transportation to and from work. Call 203-426-1333 or stop by at Newtown Car wash, 1 Simm lane Newtown, Ct 06457. 25 miles south of the flagpole

LOCAL SALES COMPANY NOW HIRING

Part time/full time available
Opportunity for advancement
Average commission \$700-1100

General Help Wanted

OPTICAL SALES ASSOCIATE
Immediate full-time/part-time opening w/ JC Penney Optical. No exp. necessary. Great salary, commissions, benefits, & 401k. Call Matt (Tue-Fri) at 203-796-5494. EOE

OUTSIDE SALES

Energetic person for outside sales position with large local moving company to promote vide in home estimates. Exp. preferred. Candidate must have computer skills and have great customer skills. We will train the right person. Own vehicle a must. Salary is commission based with a fuel allowance. Please email resume: frank@allmysons.com

PT CHILD CARE

summer, May-Aug. Westport, family 3 children, 1 w/Cerebral Palsy. Must have exp. with spec. ed. & clean driving rec. Must speak English & be able to travel. Pays well w/m for growth. 203-984-0880

PUBLIC SAFETY

203-984-0880

General Help Wanted

RESTAURANT JOBS!
No Resume? No Problem!
Monster Match assigns a professional to hand-match each job seeker with each employer
This is a FREE service!

SKILLED TRADES JOBS!

No Resume? No Problem!
Monster Match assigns a professional to hand-match each job seeker with each employer
This is a FREE service!

CREATE YOUR PROFILE NOW BY PHONE OR WEB FREE!

Call Today, Sunday, or any day!!
Use Job Code 371
1-866-241-2034

CREATE YOUR PROFILE NOW BY PHONE OR WEB FREE!

Call Today, Sunday, or any day!!
Use Job Code 371
1-866-241-2034

General Help Wanted

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Call Today, Sunday, or any day!!
Use Job Code 371
1-866-241-2034

Health Care Employment

Director of Community Rel Home Care.
Home Care. hours/week, become F.T. C ate Referrals means of com field visits to ex & potential n sources; parti in networking tions; meet wit ferral sources. I resumeshomeca yahoo.com

HHAS

Personalized Care, Ltd. has caring for familie Individuals in the State Area for than 30 years. I share our com ment to prov quality, person care to clients in homes, we can you a flexible schedule, the o tunity to work where you live, & petitive pay & t fts, & strong sup sory support fro

CREATE YOUR PROFILE NOW BY PHONE OR WEB FREE!

Call Today, Sunday, or any day!!
Use Job Code 371
1-866-241-2034