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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

	tment of the Treasury		be able to use a copy of this		orting requirements.	ZU IU
	alendar year 2010, or tax			, and ending		.,l.
	heck all that apply:	Initial return	Initial return of a fo	ermer public charity	Final retur	n
	[Amended return	Address chang	· · · ·	Name change	
Nam	ne of foundation				A Employer identification	n number
N		CHER FOUNDATI		la	06-644481	6
Num	•	aber if mail is not delivered to street	address)	Room/suite	B Telephone number	070
City	or town, state, and ZIP co	HILL ROAD			203-453-0	
City	GUILFORD				C if exemption application is D 1. Foreign organization	· · ·
H C	heck type of organization:	X Section 501(c)(3) ex	cempt private foundation		2. Foreign organizations in check here and attach of	neeting the 85% test,
	Section 4947(a)(1) none		Other taxable private founda	ation	1	
I Fa	r market value of all assets			Accrual	E If private foundation st under section 507(b)(
(fre	om Part II, col. (c), line 1		ther (specify)		F If the foundation is in a	
_		19,284. (Part I, colu	mn (d) must be on cash l	basis)	under section 507(b)(
Pa	Analysis of Revenu (The total of amounts in necessarily equal the ar	e and Expenses columns (b), (c), and (d) may not nounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1 Contributions, gifts, g			` ,	N/A	S Carrier Comment
		ndation is not required to attach Sch. B		4	4	
	3 Interest on savings and t cash investments		16.	16.	,	STATEMENT 1
	4 Dividends and interes	st from securities	19,614.	19,614	•	STATEMENT 2
	5a Gross rents		<i>p</i> 2 2 2 1			1,500
	b Net rental income or (loss		-2,454.	<u> </u>	1	1 (
e	68 Net gain or (loss) from sa Gross sales price for all	74,059.	-2,454.		1	**************************************
Revenue	assets on line 6a		1.1	, 0	1	1
Re	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		- 1	^ ,	1	
	9 Income modifications	•		5, 7		1
	10a Gross sales less returns and allowances				12. 30.25	1 0,000
	b Less Cost of goods sold		ا کرر میا			
	c Gross profit or (loss)					` ` '
	11 Other income					, , , , ,
_	12 Total. Add lines 1 the		17,176.	19,630		1 - 1 - 1 - 1 - 2
	·	s, directors, trustees, etc	18,662.	0	•	0.
	14 Other employee salar		2,600.	0	•	0.
န္	15 Pension plane, empl 16a Legal fees	yee Delients			 	-
ens	b Accounting fees	STMT 3	3,600.	0		0
ξΣ	c Other professional fe		3,000			
ve	17 Interest	- 100				
and Administrative Expenses	18 Taxes	TOTA 4	2,139.	194	•	0.
nist	18 Taxes 19 Depreciation and dep	letion				5 6
ᇣ	20 Occupancy					
d A	21 Travel, conferences					
an	22 Printing and publicat		4 500			
ting	23 Other expenses	STMT 5	4,533.	0	•	0
Operating	24 Total operating and		21 524	194		_
Ō	expenses Add lines 25 Contributions, gifts,		31,534. 35,650.	194	•	35,650
	26 Total expenses and	- '	33,030.	, ,	·	33,030
	Add lines 24 and 25	are bure em em to	67,184.	194	_	35,650
	27 Subtract line 26 from	n line 12:	7,7101.	174		33,030
		expenses and disbursements	-50,008.		,* ,	
	b Net investment inco	· ·		19,436	•	
	c Adjusted net income	(if negative, enter -0-)	,		N/A	Form 990-PF (2010

Fori	n 99	0-PF (2010) JANE MARCHER FOUNDATION		06-6	5444816 Page 2
D.	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
F	art	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	49,285.	14,364.	14,364.
		Savings and temporary cash investments	66,575.	23,671.	14,364. 23,671.
		Accounts receivable ▶			
	٠	Less: allowance for doubtful accounts			
					
	4	Pledges receivable			
ļ		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	,		>
		Less: allowance for doubtful accounts ▶			
ι,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations STMT 6	335,671.	334,087.	334,497.
		Investments - corporate stock	333,0721	331/0071	332/23/1
		·			
		Investments - corporate bonds	,	, ,	
	111	Investments - land, buildings, and equipment basis			•
		Less accumulated depreciation			
	12	Investments - mortgage loans			444
	13	Investments - other STMT 7	104,878.	133,450.	146,752.
	14	Land, buildings, and equipment: basis ►			Same a Bout !
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	556,409.	505,572.	519,284.
	1	Accounts payable and accrued expenses	2,278.	505,572. 1,449.	
	18	Grants payable			* * * * * * * * * * * * * * * * * * * *
	19	Deferred revenue			
Liabilities	1	<u> </u>	•		estar men
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			*, '
			0 000	4 440	
_	23	Total liabilities (add lines 17 through 22)	2,278.	1,449.	,
	1	Foundations that follow SFAS 117, check here	•	•	·
		and complete lines 24 through 26 and lines 30 and 31.			A Company of the second
Fund Balances	24	Unrestricted			. · · · · · · · · · · · · · · · · · · ·
a	25	Temporarily restricted			
Ba	26	Permanently restricted			, , , , , , ,
밀		Foundations that do not follow SFAS 117, check here			
Ŀ	ļ	and complete lines 27 through 31.			, , ,
þ	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	1	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
155	28	Fig. 1			,
ž.	29	Retained earnings, accumulated income, endowment, or other funds	554,131.	504,123.	,
Net	30	Total net assets or fund balances	554,131.	504,123.	
	31	Total liabilities and net assets/fund balances	556,409.	<u>505,572.</u>	
Г	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
<u> </u>	art	The standard of the standard o			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	554,131.
2	•	er amount from Part I, line 27a		2	-50,008.
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	504,123.
_		reases not included in line 2 (itemize)			0.
5		· · · · · · · · · · · · · · · · · · ·	lumo (h) luno 20	5	504,123.
<u>6</u>	rota	il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30	6	
					Form 990-PF (2010)

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(a) List and describe	the kind(s) of property sold (e.g.	., real estate,	income	(b) H	low acq Purcha Donati	uired (case) Date a		(d) Date sold (mo., day, yr.)
1a	T4,059. Tor assets showing gain in column (h) and owned by the foundation on 12 (i) Adjusted basis as of 12/31/69 (l) Excess of over col. (j) Income or (net capital loss) Income or (net capital los) Income or (net capital loss) Income or (net capital loss) Income or (ne								
b SEE ATTACHED S	TATEMENT								
С									
d									
е									
(e) Gross sales price			t or other basis xpense of sale			(in or (loss (f) minus (
a									
b									
С									
d									
			76,51	.3.					-2,454.
Complete only for assets showing g	ain in column (h) and owned by t							ol. (h) gain	
(i) F.M.V. as of 12/31/69			cess of col. (1) col. (1), if any			col. (k	osses (ot less tha from col. (n -U-) or (h))
a									
b									
С									
d									
е									-2,454.
•	C if nam also enter	r in Part I line	7	7					•
2 Capital gain net income or (net capita	If (loss) enter -0	- in Part I line	, 7	•	2				-2,454
	•		•	7				,	
		10 (6):		۱۱					
If (loss), enter -0- in Part I, line 8	iiiii (C).			1	2			N/A	
Part V Qualification Und	er Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco	me	14/ 27	
Was the foundation liable for the section f "Yes," the foundation does not qualify	4942 tax on the distributable amunder section 4940(e). Do not co	omplete this pa	rt.						Yes X No
		uctions before	making any entri						74)
Base period years Calendar year (or tax year beginning i	A	stributions	Net value of no	(c) onchar		ise assets		Dıstrı col. (b) dı	(d) bution ratio vided by col. (c))
2009	2	2,550.			615	5,485.			.036638
2008	4	19,899.			958	3,930.			.052036
2007				1	,03	7,998.			.062692
2006	7	5,222.		1	,033	1,642.			.07291
2005						8,659.			.08136
2 Total of line 1, column (d)							2		.30564
• •	ear base period - divide the total	on line 2 by 5.	or by the number	r of ve	ars				
=		o.,o E by o,	or by the mambe	. 0. ,0			3		.06112
the foundation has been in existence	ii icoo tilali o yearo							<u> </u>	•00110
4 Enter the net value of noncharitable-	use assets for 2010 from Part X,	line 5					4	\ <u>\</u>	585,119
5 Multiply line 4 by line 3							5		35,768
6 Enter 1% of net investment income (1% of Part I, line 27b)						6		194
7 Add lines 5 and 6							7		35,962
8 Enter qualifying distributions from P	art XII, line 4						8		35,650
If line 8 is equal to or greater than lin See the Part VI instructions.	e 7, check the box in Part VI, line	e 1b, and comp	olete that part usi	ng a 1	% tax ra	ate.			

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	990-PF (2010) JANE MARCHER FOUNDATION		06-64	44816		age 4
Par	rt VI Excise Tax Based on Investment Income (Section 49	40(a), 4940(b), 4940(e), or 4	1948 - se	e instru	ction	ıs)
1a E	Exempt operating foundations described in section 4940(d)(2), check here and		1 1			
		ecessary-see instructions)			_	
Ы	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	_	38	<u>89.</u>
	of Part I, line 27b					
C /	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	4% of Part I, line 12, col. (b).				_
2	Tax under section 511 (domestic section $4947(a)(1)$ trusts and taxable foundations only.	Others enter -0-)	2			0.
3 /	Add lines 1 and 2		3		<u> </u>	89.
4 3	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		<u> </u>	<u>89.</u>
6	Credits/Payments:					
a i	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	1 1	•		
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	ͺͺͺͺͺͺͺͺͺͺͺ			ı.
	Total credits and payments. Add lines 6a through 6d		7			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	ttached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SE	EE STATEMENT 8 🕨	9		<u> 3</u>	<u>89.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	·	10			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded ►	11			
Par	rt VII-A Statements Regarding Activities			1		
	During the tax year, did the foundation attempt to influence any national, state, or local leg	gislation or did it participate or interven	e in	ļ	Yes	
	any political campaign?			<u>1a</u>	<u> </u>	<u>X</u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purp			1 <u>b</u>		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any materials publish	ed or			
	distributed by the foundation in connection with the activities.				1/2	`
	Did the foundation file Form 1120-POL for this year?			1c	 	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during] ' '	` '
	(1) On the foundation. > \$ 0 . (2) On foundation manage		<u>•</u>		, ±.	, ,
	Enter the reimbursement (if any) paid by the foundation during the year for political expe	nditure tax imposed on foundation				
	managers. ► \$0.			3.0	` >	,,
	Has the foundation engaged in any activities that have not previously been reported to the	e IRS?		2	 	X
	If "Yes," attach a detailed description of the activities					
	Has the foundation made any changes, not previously reported to the IRS, in its governing		or		. `	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chair			3_	\vdash	X
	1 Did the foundation have unrelated business gross income of \$1,000 or more during the	year?	NT / 7	4 <u>a</u>	\vdash	_
	olf "Yes," has it filed a tax return on Form 990-T for this year?	0	N/A		\vdash	x
-	Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ear		5	+	_
	If "Yes," attach the statement required by General Instruction T.	d sides in				
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	a either:			, ,	
	By language in the governing instrument, or	stame diversions that conflict with the of	to love		1	,
	By state legislation that effectively amends the governing instrument so that no manda	atory directions that conflict with the sta	ile iaw	_	x	ļ
_	remain in the governing instrument?			7	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?			- <u>'</u> -	+^	
	If "Yes," complete Part II, col. (c), and Part XV	otions)		[*	1 .	
ga	a Enter the states to which the foundation reports or with which it is registered (see instruc					
	Lifthe angular is "Ves" to line 7, has the foundation furnished a copy of Form 000. DE to the	ne Attorney General (or decignate)		—		, ,
D	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	is Automicy denicial (or designate)		8b	X	,
	of each state as required by General Instruction G? If "No," attach explanation	f contion 4042(1)(2) or 4042(1)(5) for o	landar	00	 ^	1
9	Is the foundation claiming status as a private operating foundation within the meaning of year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes,"		ιιστιυαί	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a set			10	+	X
10	- DIM BUY DOLOUID DECUME AUDOMINIS COMUNDUOLO UN INU UIC LAN YOU! IT "YES." ATTACN A SCI	neudio astalia (nea rames and addresses		1 10		, 41

 		<u>06-6444</u>	0 T 0	1 01	ge 6
Form 4720 May Be R	Required (continu	ued)	,		
				-	
n 4945(e))?	Ye	s X No		1	
or to carry on, directly or indire					
	Ye	s X No	ļ	1	
۶۲	☐ Ye	s X No		-	
n described in section					
	☐ Ye	s X No			
, or educational purposes, or f	or		,		
, , ,		s X No			
der the exceptions described i				1	
	ii riogalaliono	N/A	5b		
		▶ [- 32		
	nad		İ		
		а П Na	1		1
	/A	S NU			
' '					- 1
pay premiums on		. []	1	7	
	L Ye	s LAL No		-	V
personal benefit contract?			6b	+++	<u>X</u> _
			1		٠,
	Y€			 	
			7b	$\perp \perp$	
tees, Foundation Ma	nagers, Highly	<i>'</i>			
T"	(a) Compensation	(d) Contabutions	to	/- \ Evpor	
hours per week devoted	(If not paid,	employee benefit pla	ans a	e) Expensions, o	ther
to position	enter-0-)	compensation	_	allowanc	es
TRUSTEE					
1					
	18,662.	(2. _		0.
TRUSTEE					
0.00	0.		o .		0.
TRUSTEE					
0.00	0.		o.l		0.
1					
1					
cluded on line 1). If none,	enter "NONE."				
(b) Title, and average		(d) Contributions	to	(e) Exper	nșe
` 'hours per week	(c) Compensation	and deferred		account, c allowanr	otner Ces
dovoted to position		componation	-		
1					
	 	 	\dashv		
-	1				
<u> </u>					
-					
_	 	1			
_					
			-		
	or to carry on, directly or indirectly or to carry on, directly or indirectly on described in section, or educational purposes, or form the exceptions described in uctions)? There from the tax because it maintain to the transaction? It is a compensation or in the transaction? The compensation or in the transaction?	or to carry on, directly or indirectly, or to carry on, directly or indirectly, or described in section ye on described in section ye or educational purposes, or for ye der the exceptions described in Regulations actions)? here from the tax because it maintained N/A ye is-5(d) pay premiums on ye personal benefit contract? shelter transaction? witable to the transaction? tees, Foundation Managers, Highly compensation. (b) Title, and average hours per week devoted to position TRUSTEE 20.00 18,662. TRUSTEE 0.00 0. TRUSTEE 0.00 0. Cluded on line 1). If none, enter "NONE." (c) Compensation (f) Title, and average hours per week (c) Compensation (c) Compensation	reto carry on, directly or indirectly, Yes	in 4945(e))?	n 4945(e))? or to carry on, directly or indirectly, or educational purposes, or for yes X No N/A 5b or to A

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		. одго ризи на дово	2000	2010
line 7				28,867.
2 Undistributed income, if any, as of the end of 2010		•		20,001.
a Enter amount for 2009 only		ı	0.	
b Total for prior years:			- 0.	
	,	0.		,
3 Excess distributions carryover, if any, to 2010:			,	
a From 2005 32,521.	t	i		
b From 2006 27,953.		•	^ -	
c From 2007 13,381.	, .			9
d From 2008 1,952.	. '		* *	
e From 2009	r	,	ي مدار بد	
f Total of lines 3a through e	75,807.		,	* * * * * * * * * * * * * * * * * * * *
4 Qualifying distributions for 2010 from	1, 1		6 N	, , ,
Part XII, line 4: ►\$ 35,650.			(21)	* * * * * * * * * * * * * * * * * * * *
a Applied to 2009, but not more than line 2a	,		0.	, , ,
b Applied to undistributed income of prior	-		3, 3, 3,	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	``			1
(Election required - see instructions)	0.	1. 1. 1. 1.		
d Applied to 2010 distributable amount		, , , , , , , , , , , , , , , , , , , ,	\$ 40 500 6	28,867.
e Remaining amount distributed out of corpus	6,783.			40,007.
5 Excess distributions carryover applied to 2010	0,703.			
(If an amount appears in column (d), the same amount must be shown in column (a))	. , ,			<u> </u>
6 Enter the net total of each column as indicated below:				
3 Corpus Add lines 31, 4c, and 4e Subtract line 5	82,590.	, ,		
b Prior years' undistributed income. Subtract			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
line 4b from line 2b		0.		State of the second
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	1, Tares,			
assessed	The right of the second	0.		
d Subtract line 6c from line 6b. Taxable	m² + x x , , , , , , , , , , , , , , , , ,			
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line	*			2,1
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract	- Aig.		- k	
lines 4d and 5 from line 1. This amount must			_	
be distributed in 2011				0.
7 Amounts treated as distributions out of		. *	, `	1
corpus to satisfy requirements imposed by		, , , ,		
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005		34. V 3	,	
not applied on line 5 or line 7	32,521.	* * **	,	,,*
9 Excess distributions carryover to 2011.		, ',		, , , , , , , , , , , , , , , , , , ,
Subtract lines 7 and 8 from line 6a	50,069.			
O Analysis of line 9:		*,		
a Excess from 2006 27,953.		-		1
b Excess from 2007 13,381.	. ,			_
c Excess from 2008 1,952.		· · · · · ·		
d Excess from 2009	1	` ,		•
e Excess from 2010 6,783.	<u>, </u>	, ,		•
				5 000 DE (00 to)

Form 990-PF (2010) JANE MA	RCHER FOUND	ATION			44816 Page 10
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2010, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the found	ation is a private operatii	ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<u> </u>	
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:	ļ				
(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					Ì
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		T			
an exempt organization					<u> </u>
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info			y if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation where year (but only if they have contributed in the contributed in			ntributions received by the	ne foundation before the c	ose of any tax
NONE					
b List any managers of the foundation wi	no own 10% or more of t	the stock of a corporatio	n (or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation ha					. ,
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loai	n. Scholarship, etc.,	Programs:		
Check here ► X If the foundation				s not accept unsolicited re-	quests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber of the person to wh	om applications should	pe addressed:		
b The form in which applications should	be submitted and inform	ation and materials they	should include:		
c Any submission deadlines:	<u></u>				
d Any restrictions or limitations on award	is, such as by geographi	icai areas, charitable field	is, kinas ot institutions, d	or other factors:	

Part XV Supplementary Informati		- <u>-</u> -		
3 Grants and Contributions Paid During the	Year or Approved for Future P	ayment	1	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year SCHEDULE ATTACHED	NONE		SCHEDULE	35,650.
Total			▶ 3a	35,650
b Approved for future payment				
NONE				
Total 023611 12-07-10			<u>▶ 3b</u>	orm 990-PF (2010

Analysis of Income-Producing Activities Part XVI-A

nter gross amounts unless otherwise indicated.	Unrelated I	ousiness income	Excluded b	y section 512, 513, or 514	(e)
1 Program convoc revenue	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	ranount	
a b	-				
					
	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	16.	
4 Dividends and interest from securities			14	19,614.	
5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property	,		,	1	
5 Net rental income or (loss) from personal property					
7 Other investment income					
3 Gain or (loss) from sales of assets other than inventory			18	-2,454.	
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b	_				
c	_		<u> </u>		
d					
e	_				
2 Subtotal. Add columns (b), (d), and (e)	\$ 1000		0.	17,176.	
3 Total. Add line 12, columns (b), (d), and (e)				13	17,17
See worksheet in line 13 instructions to verify calculations.)				

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

023621 12-07-10

		N/A					
						,	
				*****			•
		r penalties of perjury, I declare that I have examine complete Declaration of preparer (other than taxpa					ge and belief, it is true, correct,
Here	5	Drenka Brock		Aug 31	2011	Trustee.	·-
		Signature of officer or trustee		Date		Title	
		Print/Type preparer's name	Preparer's signatur	re	Date	Check if	PTIN
Paid		EDWARD F. CLEARY	00		8/27/11	self- employed	
Prepai Use O		Firm's name ► T. M. BYXBE	EE COMPANY,	P.C.		Firm's ElN ▶	
		Firm's address ▶ P.O. BOX 1 HAMDEN, C1	L87169 C 06518			Phone no. (203)281-4933
							Form 990-PF (2010)

023622

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	<u> </u>
GUILFORD SAVINGS BANK - SAVIN	GS				,		16.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A				16.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUR	ITIES	STATEMENT	2
SOURCE		GROSS	TRUOMA		TAL GAINS	COLUMN (A	۲)
DEUTSCHE BANK ALEX. BROWN INVESTMENT ACCOUNTS			19,614.		0.	19,6	14.
TOTAL TO FM 990-PF, PART I, I	n 4	-	19,614.		0.	19,6	14.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS			(C) ADJUSTEI NET INCOM		
PROFESSIONAL FEES		3,600.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		3,600.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) ENSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTEI NET INCON		
PAYROLL TAXES EXCISE TAX		1,945. 194.		0. 194.			0.
TO FORM 990-PF, PG 1, LN 18		2,139.		194.			0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO					
OFFICE EXPENSE INSURANCE	628. 2,178.		0.	0.			
COMPUTER SUPPORT AND MAINTENANCE BANK FEES	1,548. 179.		0. 0.	0.			
TO FORM 990-PF, PG 1, LN 23	4,533.		0.	0.			
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLIGATIONS	STATEMENT 6			
DESCRIPTION	U.S GOV'		BOOK VALUE	FAIR MARKET VALUE			
\$100000 MA ST HLTH EDL FACS ABOND \$100000 NJ ST EDL FACS AUTH I \$100000 CT ST HLTH EDL FACS A	BOND	X X X	105,704. 100,000.	106,282. 94,716.			
BOND APPLE STOCK 10 SHARES GOOGLE 200 SHARES MICROSOFT 500 SHARES NEWS CORP		x x x x	102,354. 26,029. 0. 0.	101,243. 32,256. 0. 0.			
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	-					
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	GATIONS	334,087.	334,497.			
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	=	334,087.	334,497.			
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7			
DESCRIPTION		ALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE			
PIMCO REAL RETURN MUTUAL FUNKEELEY ALTERNATIVE VALUE FUNK		COST	108,450. 25,000.	122,466. 24,286.			
TOTAL TO FORM 990-PF, PART I	I, LINE 13	-	133,450.	146,752.			

Jane Marcher Foundation Grants - 2010

	cipient	Burnoss of Grant	Amount	
Name Name	Address	Purpose of Grant	Amount	
Audubon Ct/Guilford Salt Meadows	613 Riversille Rd, Greenwich Ct	General Support	250	
Arts Council of Greater New Haven	70 Audubon St, New Haven, CT	General Support	250	
Barrington Stage Company	30 Union Street, Pittsfield, MA	General Support	250	
Bridge House	880 Fairfield Ave, Bridgeport, CT	General Support	250	
Casa Otonal/Sylvan House	135 Sylvan Ave, New Haven, CT	General Support	1,000	
Chestnut Hill Concerts	PO Box 183, Guilford, CT	General Support	250	
Coalition for the Homeless	129 Fulton St, New York, NY	General Support	250	
Community Mediation	32 Elm St, New Haven, CT	General Support	600	
Connecticut Food Bank	PO Box 8686, New Haven, CT	General Support	500	
CT League of Conservation Voters	553 Farmington Ave, Hartford, CT	General Support	250	
Doctors Without Borders	333 Seventh Ave, New York, NY	General Support	500	
D Whitfield Historical Society	84 Boston St, Guilford, CT	General Support	100	
Elm Shakespeare Company	PO Box 206029, New Haven, CT	General Support	600	
Eugene O'Neill Theater Center	305 Great Neck Rd, Waterford, CT	General Support	250	
Family Scholar House	806 E Chestnut St, Louisville, KY	General Support	500	
Faulkener's Light Brigade	PO Box 444, Guilford, CT	General Support	600	
First Congregational Church	122 Broad St, Guilford, CT	General Support	500	
Foodbank for Westchester	358 Saw Mill River Rd, Millwood, NY	General Support	500	
Guilford ABC	PO Box 140, Guilford, CT	General Support	500	
Guilford Community Fund	PO Box 271, Guilford, CT	General Support	250	
Guilford Foundation	PO Box 35, Guilford, CT	General Support	250	
Guilford Free Library	67 Park ST, Guilford, CT	General Support	400	
Guilford Land Conservation Trust	PO Box 200, Guilford, CT	General Support	500	
Guilford Preservation Alliance	PO Box 199, Guilford, CT	General Support	250	
Guilford Social Services	263 Church St, Guilford, CT	General Support	350	
Hatıan Health Foundation	97 Sherman St, Norwich, CT	General Support	500	

Jane Marcher Foundation Grants - 2010

Re	ci	ini	6	nt

Recipient			
Address	Purpose of Grant	Amount	
PO Box 278, Ivorytown, CT	General Support	2,500	
360 Amity Road, Woodbridge, CT	General Support	3,500	
169 Grand Ave, New Haven, CT	General Support	350	
510 Barnum Ave, Bridgeport, CT	General Support	250	
907 Four Seasons Dr, Wayne, NJ	General Support	250	
1800 Diagonal Rd, Alexandria, VA	General Support	250	
1714 Franklin St, Oakland, CA	General Support	1,000	
PO Box 8936, New Haven, CT	General Support	250	
160 Varick Street, New York, NY	General Support	7,500	
PO Box 845578, Boston, MA	General Support	500	
1065 Creston Rd, Berkeley, CA	General Support	2,250	
725 Boston Post Rd, Guilford, CT	General Support	250	
PO Box 148, Branford, CT	General Support	250	
622 E Main St, Branford, CT	General Support	1,000	
One Gold ST, Hartford, CT	General Support	250	
127 W 26th St, New York, NY	General Support	500	
PO Box 5, Livingston, MT	General Support	150	
96 Fair St, Guilford, CT	General Support	250	
PO Box 208144, New Haven, CT	General Support	2,000	
PO Box 208271, New Haven, CT	General Support	2,000	
	Address PO Box 278, Ivorytown, CT 360 Amity Road, Woodbridge, CT 169 Grand Ave, New Haven, CT 510 Barnum Ave, Bridgeport, CT 907 Four Seasons Dr, Wayne, NJ 1800 Diagonal Rd, Alexandria, VA 1714 Franklin St, Oakland, CA PO Box 8936, New Haven, CT 160 Varick Street, New York, NY PO Box 845578, Boston, MA 1065 Creston Rd, Berkeley, CA 725 Boston Post Rd, Guilford, CT PO Box 148, Branford, CT 622 E Main St, Branford, CT One Gold ST, Hartford, CT 127 W 26th St, New York, NY PO Box 5, Livingston, MT 96 Fair St, Guilford, CT PO Box 208144, New Haven, CT	Purpose of Grant PO Box 278, Ivorytown, CT General Support Boo Diagonal Rd, Alexandria, VA General Support	

06-6444816 <u>JANE MARCHER FOUNDATION</u> PAGE Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. 1a APPLE 12/01/09|01/22/10 P 12/01/0901/22/10 b MICROSOFT P 12/01/0903/23/10 c GOOGLE P 01/26/1005/06/10 d APPLE Ρ <u> 12/01/09|05/06/10</u> e NEWS CORP 03/25/1012/17/10 f CVS_CAREMARK Ρ g h m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale -28<u>2.</u> 9,983. 10,265. -423. 6,055. 5,632. b <u>6,036</u>. -52<u>1.</u> 5,515. C 20,741.20,705. -36. d 6,005. 6,685 680. 25,539. 27,411. -1,872. g h m п 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -2<u>82.</u> a -42<u>3.</u> -521. C -36. đ 680. е -1,872. h 1 m n 0 { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 } -2,454. 2 Capital gain net income or (net capital loss) 2

023591 05-01-10

N/A

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6);

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box		•	X
	are filing for an Additional (Not Automatic) 3-Month Ex			form)	•	
	complete Part il unless you have already been granted a				m 8868.	
	ic filing (e-file). You can electronically file Form 8868 if y					oration
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 88	68 to request an e	xtension
-	o file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		, , , , , , , , , , , , , , , , , , , ,			
Part I	Automatic 3-Month Extension of Time	∋. Only su	bmit onginal (no copies needed).			
A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and com	plete		
Part I on	ly				. •	. 🔲
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or print	·			Empl	mployer identification number	
File by the	JANE MARCHER FOUNDATION			06-6444816		
due date for filing your return See	 Number, street, and room or suite no. If a P.O. box, s 194 SAM HILL ROAD 	ee instruc	tions.			
instructions	City, town or post office, state, and ZIP code For a for GUILFORD, CT 06437	oreign add	fress, see instructions			
Enter the	Beturn code for the return that this application is for (file	0 0 00D0r0	to application for each return)			0 4
	s neturn code for the return that this application is for fine	- a sepaia	te application for each return)			
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 99	0-EZ	03	Form 4720			09
Form 99	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	T.M. BYXBEE CO		· -	33.7	CM 06E10	
	books are in the care of \triangleright 2319 WHITNEY A	VENUE	<u> </u>	EN _	CT 06518	
•	hone No ▶ 203-281-4933	4b 1 le	FAX No.			
	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit			ue ie fo	r the whole group,	chack this
box >	. If it is for part of the group, check this box	-				
	equest an automatic 3-month (6 months for a corporation				ers trie exterision is	3 101
, ,,,	·	-	ation return for the organization named		The extension	
	for the organization's return for:	7. 07 gu. 1120				
	X calendar year 2010 or					
	tax year beginning	. ar	nd ending			
•			<u> </u>			
2 If 1	the tax year entered in line 1 is for less than 12 months, on the control of the	check reas	son. Initial return Fin	al retur	n	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nonrefundable credits See instructions. 3a \$			0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					Δ	
	stimated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	•				0.
	using EFTPS (Electronic Federal Tax Payment System) If you are going to make an electronic fund withdrawal			3c	FO for payment iss	
	i, if you are going to make an electronic lund withdrawar For Paperwork Reduction Act Notice, see Instruction		om coop, see I om o400-LO and Fom	. 0013	Form 8868 (F	
LHA	roi rapei work neduction Act Notice, see insulction:	J.			. 5 6666 (1	.5