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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 , and ending G Check all that apply. Initial return Initial return of a former public charity Final return Amended return X Address change Name change A Employer identification number Name of foundation ELEANOR & RAYMOND BRADLEY 06-6516193 FOUNDATION - C/O KEARNS & KEARNS Telephone number (see page 10 of the instructions) 860-979-0707 Number and street (or P O box number if mail is not delivered to street address) Room/suite 1121 NEW BRITAIN AVE If exemption application is pending, check here City or town, state, and ZIP code 1. Foreign organizations, check here WEST HARTFORD CT 06110 2. Foreign organizations meeting the H Check type of organization. | Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at J Accounting method. Cash Other (specify) end of year (from Part II, col. (c). If the foundation is in a 60-month termination 4,565,537 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here line 16) ▶ \$ (a) Revenue and Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (c) Adjusted net (b) Net investment expenses per for chantable amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions) ) (cash basis only) 4,023,276 Contributions, gifts, grants, etc., received (attach schedule) 2 If the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 805 805 805 21,569 21,569 21,569 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) SCANNED SEP 1 5 2011

Operating and Administrative Expenses STMT 1 9,251 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 133,749 6,554 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns & allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) 4,054,901 28,928 22,374 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc. Other employee salaries and wages Pension plans, employee benefits 8,000 8,000 SEE STMT 2 Legal fees (attach schedule) RECEIVED STMT 1,505 1,505 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 AUG 3 0 2011 Taxes (attach schedule) (see page 14 of the instructions) STMT 4 126 126 Depreciation (attach schedule) and depletion 19 OGDEN 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 6,463 6,463 23 Other expenses (att sch ) Total operating and administrative expenses. 16,094 16,094 0 Add lines 13 through 23 20,500 25 Contributions, gifts, grants paid 20,500 Total expenses and disbursements. Add lines 24 and 25 36,594 16,094 20,500 26 27 Subtract line 26 from line 12: 4,018,307 Excess of revenue over expenses and disbursements 12,834 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) 22,374

F	orm 990	PF (2010) ELEANOR & RAYMOND BRADLEY	00-021013	<u> </u>	Page :
	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_		should be for end-of-year amounts only (see instructions )	(a) Book Value	(b) Book Value.	(c) Fair Market Value
	1	Cash—non-interest-bearing	1,220		
	2	Savings and temporary cash investments	176,577	401,075	401,07
	3	Accounts receivable ▶ 1,344			
		Less allowance for doubtful accounts ▶	86	1,344	1,344
	4	Pledges receivable ▶	]		-
		Less allowance for doubtful accounts ▶			<del></del>
	5	Grants receivable	<u> </u>	<del></del>	
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
	,	Less allowance for doubtful accounts ▶ 0			<del></del>
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		<del></del>	
⋖	10a	Investments—U S and state government obligations (attach schedule) STMT 6	115,778	108,890	108,612
	b	Investments—corporate stock (attach schedule) SEE STMT 7	181,084	2,806,781	2,879,278
	C	Investments—corporate bonds (attach schedule) SEE STMT 8		1,173,985	1,175,228
	11	Investments—land, buildings, and equipment basis			
	l	Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			<del></del>
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers—see the	Ì		
_		instructions Also, see page 1, item I)	474,745	4,492,075	4,565,537
	17	Accounts payable and accrued expenses	750		
Š	18	Grants payable			
abilities	19	Deferred revenue	·		
₫	20	Loans from officers, directors, trustees, and other disqualified persons	<del></del>		
2		Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe ► )			
_	23	Total liabilities (add lines 17 through 22)	750	0	
	Į	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
9	۱	-			
ž	24	Unrestricted			
3a	25	Temporarily restricted	<del></del>		
Q	26	Permanently restricted  Foundations that do not follow SFAS 117, check here ▶	<del></del>		
ฉ		and complete lines 27 through 31.			
et Assets or Fund Balances	27	Capital stock, trust principal, or current funds			
Ó	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
eţ	29	Retained earnings, accumulated income, endowment, or other funds	473,995	4,492,075	
<b>SS</b>	30	Total net assets or fund balances (see page 17 of the			
χt		4,492,075			
ž	31	Instructions)  Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	474,745	4,492,075	
	Part II				
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must ag	ree with		
	end-o	f-year figure reported on prior year's return)		1	473,995
2	Enter	amount from Part I, line 27a		2	4,018,307
3	Other	ıncreases not included in line 2 (itemize) ▶		3	
		nes 1, 2, and 3		4	4,492,302
		eases not included in line 2 (itemize) ► SEE STATEMENT 9		5	227
c	Total	not accets or fund balances at end of year (line 4 minus line 5)—Part II, column (h), lin	a 30	اعا	4 492 075

If (loss), en	iter -0- in Part I, line 8		
Part V	Qualification Under Section 4940(e	for Reduced Tax on Ne	t Investment Income

If gain, also enter in Part I, line 7

If (loss), enter -0- in Part I, line 7

(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

2 Capital gain net income or (net capital loss)

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)

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

Yes X No

3

6,554

Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries (d) (b) (c) Distribution ratio (col (b) divided by col (c)) Base period years Adjusted qualifying distributions Net value of nonchantable-use assets Calendar year (or tax year beginning in) 10,000 444,969 0.022473 2009 55,794 477,364 0.116879 2008 524,390 0.071929 2007

2006 34,707		478,541		0.072527	
_	2005	34,000	497,249		0.068376
	Total of line 1, column (d)			2	0.352184
3	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				0.070437
4	Enter the net value of noncharitable-use assets for	2010 from Part X, line 5		4	1,053,403
5	Multiply line 4 by line 3			5	74,199
6	Enter 1% of net investment income (1% of Part I, Iir	ne 27b)		6	128
7	Add lines 5 and 6			7	74,327
8	Enter qualifying distributions from Part XII, line 4			8	20,500

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

е

F <u>or</u> n	1 990-PF (2010) ELEANOR & RAYMOND BRADLEY 06-6516193			Page		
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	 s)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1					
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ and enter 1% of Part I, line 27b					
С	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-)			(		
3	Add lines 1 and 2			257		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			(		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			257		
6	Credits/Payments:					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
b	Exempt foreign organizations—tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any penalty 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			257		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be Credited to 2011 estimated tax   Refunded 11					
Pa	rt 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		Yes	No		
	participate or intervene in any political campaign?	1a		X		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		1			
	of the 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.	-	1.	1 1		
С	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 ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$			1 .		
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			1		
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? If "Yes," attach a conformed copy of the changes	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?	5		X		
	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:	J	]	]		
	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	l		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X			
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			$\Box$		
	instructions) ► NONE					
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? If "No," attach explanation	8b_	x	<u>L</u>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		T			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV	9	<u></u>	X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses STMT 10	10	<u> </u>	<u> </u>		

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	art VII-A Statements Regarding Activities (continued)					ugu u
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			T	Γ.	Ī
	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	ļ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n?		13	X	
	Website address ► N/A					
14	The books are in care of ▶ KEARNS & KEARNS PC	phone no	<b>▶</b> 860-2	233-	128	1
	1121 NEW BRITAIN AVE					
	Located at ▶ WEST HARTFORD CT	ZIP+4 🕽	→ 0611	0		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	_				▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the year .	▶ [	15		_	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		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			<u> </u>		<u> </u>
_ <u>Pa</u>	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
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?	Yes	X No			Ì
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		_	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	ľ	•	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		==			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No		i	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	5	37/3	-		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N/A	1. 1	-	
	were not corrected before the first day of the tax year beginning in 2010?		N/A	1c		
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))					
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and	Yes	X No	[ [	ĺ	
	6e, Part XIII) for tax year(s) beginning before 2010?	res	MO NO	] ]	j	
L.	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			[		
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			] ]	- 1	
	all years listed, answer "No" and attach statement—see page 22 of the instructions.)		N/A	2b		
С	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.		-1,	<del></del> -		
·	► 20 , 20 , 20 , 20					
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			}		
va	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or		٠.٠٠		1	
~	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 )		N/A	3b	ŀ	
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		ľ			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010	2		4b		<u>X</u>

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Part VII-B Statements Regarding A	activities for Which Form	4720 May Be R	equired (conti	nued)		
5a During the year did the foundation pay or incur	any amount to.	-				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation (section 4	945(e))?		Yes X No		
(2) Influence the outcome of any specific publi	c election (see section 4955), or t	o carry on,			1 1	
directly or indirectly, any voter registration of	drive?			Yes X No		
(3) Provide a grant to an individual for travel, s	tudy, or other similar purposes?			Yes X No		
(4) Provide a grant to an organization other that	an a charitable, etc., organization	described in				
section 509(a)(1), (2), or (3), or section 494	40(d)(2)? (see page 22 of the instr	ructions)		Yes X No		
(5) Provide for any purpose other than religiou	s, charitable, scientific, literary, or	educational			1 1	
purposes, or for the prevention of cruelty to	children or animals?			Yes X No	1 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the	he transactions fail to qualify unde	r the exceptions des	scribed in			.
Regulations section 53 4945 or in a current noti	ce regarding disaster assistance	(see page 22 of the i	instructions)?	_N/A	5b	
Organizations relying on a current notice regard	ding disaster assistance check he	re		▶ 📗		
c If the answer is "Yes" to question 5a(4), does the	ne foundation claim exemption from	m the tax		_	1 1	
because it maintained expenditure responsibility	y for the grant?		N/A	Yes No		
If "Yes," attach the statement required by Regul	lations section 53.4945-5(d).				1	
6a Did the foundation, during the year, receive any	funds, directly or indirectly, to pay	y premiums			1 1	
on a personal benefit contract?				Yes X No	-	
b Did the foundation, during the year, pay premiur	ms, directly or indirectly, on a pers	sonal benefit contrac	t?	-	6b	X
If "Yes" to 6b, file Form 8870						ł
7a At any time during the tax year, was the foundar	tion a party to a prohibited tax she	elter transaction?		Yes X No		
b If Yes, did the foundation receive any proceeds				N/A	7b	
Part VIII Information About Officers	s, Directors, Trustees, Fo	undation Manag	gers, Highly P	aid Employee	s,	
and Contractors						
1 List all officers, directors, trustees, foundation	managers and their compensa	tion (see page 22 o	of the instructions	i)	<del>,</del> _	
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(2) 5	
(a) Name and address	5	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		ense account, allowances
			ļ	compensation	<u> </u>	
JOHN F. KEARNS III	WEST HARTFORD	TRUSTEE				
1221 NEW BRITAIN AVE	CT 06110	5.00	0	0	ـــــــــ	0
			İ			
<u>-</u>				<del></del>	├	——
		-				
		<del></del>	<del> </del>		<del> </del>	
		1	İ	}	1	
		. !! 4	00 - 641 14	4:	Щ	
2 Compensation of five highest-paid employee	es (other than those included of	1 line 1 — see page	23 of the instruc	tions).		
If none, enter "NONE."			<del></del>	(d) Contribut	<del></del>	
	d than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit-	(e) Expe	ense account,
(a) Name and address of each employee par	a more than \$50,000	devoted to position	(C) Compensation	plans and deferred compensation		allowances
	<del> </del>			compensation	<del></del>	
NONE		1	ļ		ĺ	
		<del></del>			<b>—</b> —	
					ł	
		<del> </del>		· · · · · · · · · · · · · · · · · · ·		
		1	[	l	ì	
		<del>   </del>	<del></del>			
		}				
Pakel and a state of the state	<del></del>					
Total number of other employees paid over \$50,000						0
				For	л <b>990-</b>	- <b>PF</b> (2010)

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Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid Emplo	
3 Five highest-paid independent contractors for professional services (see pag	e 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
NONE		
•		
		<del></del>
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1 SEE STATEMENT 11		
	_ <del></del>	ļ
2		
		<del> </del>
3		
4		
·		
Part IX-B Summary of Program-Related Investments (see page	ge 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on li	ines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		
3		

Total. Add lines 1 through 3

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fou	
	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		
а	Average monthly fair market value of securities	1a	779,294
b	Average of monthly cash balances	1b	290,151
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,069,445
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,069,445
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	16,042
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,053,403
6	Minimum investment return. Enter 5% of line 5	6	52,670
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operations	erating	
	foundations and certain foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	52,670
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	257
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	52,413
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	52,413
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	<u>52,413</u>
	A VIII O - Life in Dietaile tier - (and many OF of the instructions)		
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	20,500
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.		
а	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	20,500
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,500

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

32,338

Excess from 2007

Excess from 2008 Excess from 2009 Excess from 2010

	art XIV Private Operating For			ructions and Part \	// A guestion (1)	rage i
					VII-A, question 9)	
1a			•	y _		
L	foundation, and the ruling is effective for 2		=		042(1)(2) ==	40(2)(5)
р	Check box to indicate whether the foundation		ng toungation describe		942(J)(3) or 49	42(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	(-1) 0000	(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	<del> </del>
	investment return from Part X for					
_	each year listed		<del></del>	<del> </del>		
þ	85% of line 2a	· · ·		<del> </del>		<del> </del>
C	Qualifying distributions from Part XII,					
	line 4 for each year listed			<del> </del>		<del> </del>
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					ļ <u> </u>
6	Qualifying distributions made directly					1
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			ļ		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		<u></u>		·	
	(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					<u> </u>
C	"Support" alternative test—enter.					
	(1) Total support other than gross	,	!			
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)	<del></del>				<del> </del>
	(2) Support from general public and 5 or more exempt	-				
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Inform	•	•		\$5,000 or more i	n assets at
	any time during the ye	ar-see page 28 c	of the instruction	s.)		<del> </del>
1	Information Regarding Foundation Man					
a	List any managers of the foundation who h			•	ne foundation	-
	before the close of any tax year (but only it	f they have contributed	more than \$5,000). (Se	ee section 507(d)(2).)		050 116
	ELEANOR R. BRADLEY			<del></del>		1,258,116
b	List any managers of the foundation who o				tion of the	
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greater	interest		
	N/A				·	·
2	Information Regarding Contribution, Gr					
	Check here ► X if the foundation only					
	unsolicited requests for funds. If the founds			the instructions) to man	viduals or	
	organizations under other conditions, comp					
a	The name, address, and telephone number	r or the person to whom	applications should be	e addressed.		
	N/A					
<u> </u>	The form in which applications should be s	uhmitted and information	n and materials they s	porilq include.		
ь	N/A	aprimited and informatio	and materials they s	nosia moleuc		
	Any submission deadlines.			<del></del>		
	N/A				<del></del>	
ď	Any restrictions or limitations on awards, si	uch as by geographical	areas, chantable fields	, kınds of ınstitutions, o	r other	
	factors					
	NT / N					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year NONE 501(C)(3) ST. FRANCIS FOUNDATION SUPPORT HEALTHCARE 95 WOODLAND STREET 10,000 HARTFORD CT 06105 ECAD - ASST DISABILITIES NONE 501(C)(3) EDUCATING CANINES FOR SPECIAL NEEDS PO BOX 831 9,500 TORRINGTON CT 06790 NONE 501(C)(3) KLINBERG FAMILY CENTERS RESPITE CARE 370 LINWOOD ST PROGRAM 1,000 NEW BRITAIN CT 06052 ▶ 3a 20,500 Total **b** Approved for future payment N/A ▶ 3b Total

DAA

Form **990-PF** (2010)

Part AVI-A	Analysis of income-producing A	Ctivities			<del></del>	<del></del>
·	nounts unless otherwise indicated	Unrelated to (a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program se	ervice revenue					the instructions )
a						<del></del>
b		_	<del></del>			
c		_				
d		_				
е						
f	<del></del>	_				
	nd contracts from government agencies	<u> </u>				
	p dues and assessments	<del></del>		14	805	<del></del>
	savings and temporary cash investments	<del> </del>		14	21,569	
	and interest from securities	<del> -</del>		+	21,569	
	ncome or (loss) from real estate.			+		
	nanced property of-financed property	<del></del>	<u> </u>			
	ncome or (loss) from personal property			+		
7 Other inves				<del>                                     </del>		
	s) from sales of assets other than inventory	-		14	6,554	2,697
•	or (loss) from special events			++		
	t or (loss) from sales of inventory			11-	<del></del>	
	nue a					
		_		1 1		
e						
2 Subtotal Ad	dd columns (b), (d), and (e)		C		28,928	2,697
3 Total. Add I	ine 12, columns (b), (d), and (e)				13	31,625
See worksheet	in line 13 instructions on page 29 to verify calculation	ons.)				
Part XVI-B	Relationship of Activities to the A	Accomplishment	of Exempt Pu	rposes	<del> </del>	
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purp instructions.)					е
4	TRUST WILL DONATE THE N	ET INCOME	OF THE INT	VESTMEN	ITS TO	<del></del>
<del></del>	CHARITABLE ORGANIZATION					
<del></del>		<del></del>			<u> </u>	<del></del>
						- · · · · · · · · · · · · · · · · · · ·
					·	
					·	
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		<del>-</del>	<del></del>		<del>,</del>	<del></del>
						<del></del>
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	<u> </u>					<del></del>
			<del></del>			
<del></del>						<del></del>
						· · · · · · · · · · · · · · · · · · ·

Part	XVII	Information Reg Exempt Organiz	garding Transfe			ns and Relatio	nships Witl	n Noncharitable		<u> 1ge_13</u>
ın	d the organ	nization directly or inc 1(c) of the Code (oth	directly engage in a	-					Yes	No
a Tra	ansfers fro	m the reporting found	dation to a nonchar	ıtable exemp	ot organization of					
	Cash	note						1a(		X
	Other as:						•	1 <u>a(</u>	4	┾┺
		assets to a noncharit	able exempt organi	ızatıon				160	1)	x
		es of assets from a ne			on			1b(		X
٠.		facilities, equipment	•					1b(	_	X
(4)	Reimburs	sement arrangements	S					1b(	4)	X
(5)	Loans or	loan guarantees						1b(	5)	X
(6)	Performa	nce of services or m	embership or fundra	aising solicit	ations			<u> 16(</u>	3)	X
c Sh	aring of fac	cilities, equipment, ma	ailing lists, other as	sets, or paid	l employees			10		X
val val	ue of the g	to any of the above in oods, other assets, of ransaction or sharing	or services given by arrangement, show	the reporting the the reporting the the the the the the the the the the	ig foundation If to (d) the value of t	he foundation received the goods, other ass	ved less than fa sets, or services	ur market s received		
(a) Li	ne no	(b) Amount involved	(c) Name of non	ncharitable exe	empt organization	(d) Descript	ion of transfers, tr	ansactions, and sharing arrar	gements	
N/A		<del></del>	<del></del>			<del> </del>				
			<del> </del>				<u>-</u>			
			+		<del></del>	<del> </del>	<del></del>			
			1	<del></del>				·		
						<del></del>				—
		<del></del>	1			<del> </del>			<del></del>	
			1			1				
			T				<del>-</del>			
				<del>-</del>						
			<u> </u>							
						<u> </u>				
			<u> </u>			<u> </u>				
des	scribed in s	ion directly or indirect section 501(c) of the Collete the following sch	Code (other than se			. •	is		Yes X	No
	<u></u>	Name of organization		(b) Type of	organization		(c) Descrip	tion of relationship		
N/2	<u> </u>					<u> </u>				
						<del>                                     </del>				
				<del> </del>						
		·				<del></del>				
						<u> </u>	<del></del>			
		alties of perjury, adeclare rue, correct, and comple	that I have examined Declaration of prer	i this return, inc parer (other <u>t</u> ha	cluding accompany an taxpayer or fiduc	ing schedules and stat Hary) is based on all in	ements, and to th formation of which	e best of my knowledge and n preparer has any knowledge		
Sign		phase	ale	3 1/2	4 19	X 228 / 10	TRUS			
Here	Signat	ure of officer of trustee		- y vus	Dat	yer j	Title			
	Print/Tyn	e preparer's name			Preparer's signa	nture	<del></del>	Date		$\overline{\Box}$ .
Paid		- Proposition			2	7	0 1	2 1	Check self-em	j if ployed
Preparer	CHRIST	TINE M. SMITE	Ħ		Chart	mo 271	Smith	CPH 18/22/11		
Use Only				& VASQ	QUEZ, P.	c. 7			2754	
_	Firm's ad	dress ► 20 W	ATERSIDE D					Firm's EIN ▶ 06 - 10		
	-	FARMI	INGTON, CI	0603	32-1737			Phone no 860 - 6'	78 <b>-</b> 5:	160

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

Name of the organization

ELEANOR & RAYMOND BRADLEY

FOUNDATION - C/O KEARNS & KEARNS

Employer identification number

06-6516193

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						
	X 501(c)(3) taxable private foundation						
	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
_	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II						
Special Rules							
sections 509(a)(1) and 1	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 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.						
the year, aggregate conf	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						
the year, contributions for aggregate to more than year for an exclusively re	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 <b>General Rule</b> 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, 190-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 ine 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)							

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization
ELEANOR & RAYMOND BRADLEY

Employer identification number 06-6516193

Part I Contributors (see instructions) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 1 ELEANOR R. BRADLEY Person 730 ANDREWS STREET Payroll 3,534,620 X Noncash SOUTHINGTON CT 06489-2909 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 2 ELEANOR R. BRADLEY CRUT Person 1121 NEW BRITAIN AVE **Payroll** 488,656 X Noncash CT 06110 WEST HARTFORD (Complete Part II if there is a noncash contribution.) (c) (a) (b) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution.) (c) (a) (b) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (a) Aggregate contributions Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution.)

	(Form 990, 990-EZ, or 990-PF) (2010)  ganization  IOR & RAYMOND BRADLEY		Employer identification number 06 - 6516193
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
1	WELLS FARGO #5083 INVESTMENTS	s 766,275	11/17/10
		\$ 766,275	11/17/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	WELLS FARGO #6505 INVESTMENTS		
		\$ 2,485,662	12/14/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	WELLS FARGO #0563 INVESTMENTS		
		\$ 437,372	10/29/10
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
		\$	

91715 ELEANOR & RAYMOND BRADLEY 06-6516193 FYE: 12/31/2010

## **Federal Statements**

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

1	:		How				
De	Description		Received				
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
160 SHS ISHARES MSCI			PURCHASE				
	1/26/10	5/05/10 \$	8,338 \$	8,720 \$		₩.	\$ -382
13114 SHS FRANKLIN FDS	DS		PURCHASE				
	VARIOUS	VARIOUS	89,110	85,762			3,348
3358 SHS FRANKLIN INVS	VS		PURCHASE				
	VARIOUS	12/17/10	29,747	30,016			-269
TOTAL		ጭ	127,195 \$	124,498 \$	0	٥	\$ 2,697
		Statement 2 -	- Form 990-PF, Part I, Line 16a - Legal Fees	rt I, Line 16a - Le	egal Fees		
				Net	Adi	nsted	Charitable
Description			Total	Investment		Net	Purpose
LEGAL FEES		٠	\$ 000'8	8,000	₩	\$	
TOTAL		w	8,000 \$	8,000	ស	\$	0
	<u> </u>		1000	107			
		Statement 3 - P	Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees	Line 16b - Acc	unting Fees		

Description	ļ	Total	띡	Net ivestment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	₩	1,505	₩	1,505	\$	so.
TOTAL	ŧ/:	1,505	ŧ/.	1,505	e.	v.

# 91715 ELEANOR & RAYMOND BRADLEY 06-6516193 FYE: 12/31/2010

### Federal Statements

•	Charitable Purpose	w t			Charitable Purpose	₩		\$
	Adjusted Net				Adjusted Net			0
<u>xes</u>	∢	₩ ₹	γ. 	xbeuses	<b>∢</b> -	₩		<b>%</b>
Statement 4 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	126	126	e 23 - Other E	Net Investment		6,463	6,463
	<u></u>	w t	<i>γ</i> .	Part I, Lin	<u>ıl</u>	·		\$
	Total	126	126	Form 990-PF, Part I, Line 23 - Other Expenses	Total		6,463	6,463
Statemer		₩ .	n l	Statement 5 -		৵		w.
	Description	FOREIGN TAXES WITHHELD	TOTAL	<b>15</b>	Description	EXPENSES	INVESTMENT FEES WELLS FARGO	TOTAL

	Fair Market Value	\$ 83,526 25,086 \$ 108,612
int Investments	Basis of Valuation	COST MARKET MARKET
90-PF, Part II, Line 10a - US and State Government Investment	End of Year	83,145 25,745 108,890
US an	1	٠٠ س ا
ırt II, Line 10a -	Beginning of Year	115,778
-PF, Pa		w w
Statement 6 - Form 990-	Description	WELLS FARGO #2890 WELLS FARGO #6505 WELLS FARGO #0563 TOTAL

### Federal Statements

91715 ELEANOR & RAYMOND BRADLEY 06-6516193 FYE: 12/31/2010

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market	Value	\$ 71,106	322,163	279,596	465,513	1,023,187	160,409	131,096	176,432	249,776	\$ 2,879,278
Basis of	Valuation	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	MARKET	COST	COST	
End of	רמו	51,359	328,666	349,379	365,021	1,021,726	160,510	129,772	162,931	237,417	2,806,781
	l	ጭ								l	₩ ∥
Beginning of Year	o co								15,425	165,659	181,084
	1	₩									₩.
Description	Coordinate	WELLS FARGO #0563 SECURITIES	WELLS FARGO #0563 MUTUAL FUNDS		WELLS FARGO #5083 MUTUAL FUNDS	WELLS FARGO #6505 SECURITIES	WELLS FARGO #6505 PREF SECURITIES	WELLS FARGO #6505 MUTUAL FUNDS	WELLS FARGO #2890 SECURITIES	WELLS FARGO #2890 MUTUAL FUNDS	TOTAL

	Fair Market Value	\$ 30,987 51,246 1,092,995	\$ 1,175,228
vestments	Basis of Valuation	MARKET MARKET MARKET	
- Corporate Bond In	End of Year	\$ 31,602 51,875 1.090.508	\$ 1,173,985
Form 990-PF, Part II, Line 10c - Corporate Bond Investmen	Beginning of Year	w	\$
Statement 8 - For	Description	WELLS FARGO #0563 WELLS FARGO #5083 WELLS FARGO #6505	TOTAL

91715 ELEANOR & RAYMOND BRADLEY
06-6516193 Federal Statements

06-6516193

FYE: 12/31/2010

### Statement 9 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 unt
FEDERAL TAXES	\$ 227
TOTAL	\$ 227

91715 ELEANOR & RAYMOND BRADLEY 06-6516193

### **Federal Statements**

FYE: 12/31/2010

Statement 10 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, State, Zip

ELEANOR R. BRADLEY

730 ANDREWS STREET ELEANOR R. BRADLEY CRUT

1121 NEW BRITAIN AVE

SOUTHINGTON CT 06489

WEST HARTFORD CT 06110

91715 ELEANOR & RAYMOND BRADLEY

06-6516193

**Federal Statements** 

FYE: 12/31/2010

### Statement 11 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

### Description

THE FOUNDATION MADE CHARITABLE CONTRIBUTIONS TO QUALIFIED 501(C)(3) ORGANIZATIONS. THREE CONTRIBUTIONS TOTALING \$20,500 WERE MADE TO CHARITABLE ORGANIZATIONS IN 2010. SEE DETAILS OF SUMMARY OF DIRECT CHARITABLE ACTIVITIES IN SECTION PART IX-A.

### Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount
ELEANOR R. BRADLEY	\$	4,258,116
TOTAL	ş	4,258,116

Form **8868** (Rev January 2011)

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



Department of Internal Reven		► File	e a separate	e application for each return.	Ì		_		
		omatic 3-Month Extension, comple	te only Pari	t I and check this box			<b>■</b>		
• If you ar	e filing for an Add	litional (Not Automatic) 3-Month Ex	ctension, co	omplete only Part II (on page 2 of this for	m).				
Do not com	plete Part II unic	ss you have already been granted an	automatic 3	3-month extension on a previously filed Fo	orm 8868				
Electronic fi	ilıng (e-file). You	can electronically file Form 8868 if yo	ou need a 3-	month automatic extension of time to file	(6 months	s for			
a corporation	n required to file F	orm 990-T), or an additional (not auto	matic) 3-mo	onth extension of time. You can electronic	ally file F	orm			
8868 to requ	est an extension	of time to file any of the forms listed in	Part I or Pa	art II with the exception of Form 8870, Info	rmation				
Return for Tr	ansfers Associate	ed With Certain Personal Benefit Cont	tracts, which	must be sent to the IRS in paper format	(see				
instructions)	For more details	on the electronic filing of this form, vis	sit www.irs g	ov/efile and click on e-file for Charities &	Nonprofit	S			
Part I				omit original (no copies needed)					
A corporation	required to file F	orm 990-T and requesting an automa	tic 6-month	extension-check this box and complete					
Part I only							▶ [		
All other corp	orations (includin	g 1120-C filers), partnerships, REMIC	s, and trusts	s must use Form 7004 to request an exter	nsion of t	me	1		
to file income	tax returns	-							
Type or	Name of exen	npt organization			Emplo	yer identification	number		
print	ELEANO	& RAYMOND BRADLE	Y		,				
Fife by the	FOUNDAT	TION			06-	5516193			
due date for filing your	1	et, and room or suite no If a P.O box,	see instruct	ions			<del></del>		
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructions	WEST HA								
	WEST HA	KIFORD CI	06110	<u> </u>		<del></del>			
Enter the Retu	urn code for the re	eturn that this application is for (file a s	separate app	olication for each return)					
<del></del>		<del></del>	J 5	1			T		
Application	ו		Return	Application			Return		
ls For			Code	Is For		<del></del>	Code		
Form 990	<del></del>		01	Form 990-T (corporation)		<del></del>	07		
Form 990-B			02	Form 1041-A			08		
Form 990-E			03	Form 4720		<del></del>	09		
Form 990-P			04	Form 5227			10		
	(sec 401(a) or 4		05	Form 6069		<del></del>	11		
Form 990-1	(trust other than	above)	06	Form 8870			12		
<ul> <li>The books a</li> </ul>	are in the care of 🕨								
Telephone	e No ►		FAX No	<b>&gt;</b>			_		
<ul> <li>If the orga</li> </ul>	nization does not	have an office or place of business in	the United S	States, check this box			▶ 🗌		
<ul> <li>If this is fo</li> </ul>	r a Group Return,	enter the organization's four digit Gro			าเร เร				
for the whole g	group, check this l	pox ► ☐ If it is for part of t	he group, ch	neck this box	n				
		of all members the extension is for							
1 I reques		nonth (6 months for a corporation req							
until	•	to file the exempt organization return	for the organ	nization named above. The extension is					
for the o	rganization's retu	rn for.							
▶ 📙	calendar year	or							
▶ 📙	tax year beginnin	g , and ending							
2 1645		and the feet less than 12 months, shoot	k roasan	Destroy Employees					
· ·	k year entered in i nange in accountii	ine 1 is for less than 12 months, checting period	k reason	Initial return Final return					
3a If this ap	plication is for For	m 990-BL, 990-PF, 990-T, 4720, or 6	069, enter th	e tentative tax, less any	$\top$				
	idable credits. Se				3a	\$			
<b>b</b> If this ap	plication is for For	m 990-PF, 990-T, 4720, or 6069, ente	er any refund	lable credits and					
estimate	d tax payments m	ade Include any prior year overpaym	ent allowed	as a credit	3b	\$			
c Balance	due Subtract line	e 3b from line 3a include your payme	nt with this fo	orm, if required, by using EFTPS					
		yment System) See instructions			3c	\$			
Caution. If you	are going to mak	e an electronic fund withdrawal with th	nis Form 886	68, see Form 8453-EO and Form 8879-E0	) for	-			

	Rev 1-2011)		<del></del>	((		age
	e filing for an Additional (Not Automatic) 3-Mo			<b>\</b> -		<b>-</b> }
	omplete Part II if you have already been granted			filed Form 8868		· U
	e filing for an Automatic 3-Month Extension, c			lais al /as as as		<del></del>
Part II	Additional (Not Automatic) 3-Mor	ith Extension	of time. Only file the of			
Type or print	Name of exempt organization  ELEANOR & RAYMOND BRA	DLEY			•	ation number
File by the	FOUNDATION			06-	651619	3
extended due date for	Number, street, and room or suite no If a P 1121 NEW BRITAIN AVE	O box, see instruc	tions			
filing your return See	City, town or post office, state, and ZIP code	For a foreign addi	ress, see instructions	<del></del>		·····
instructions	WEST HARTFORD	CT 0611				
<del></del>			· · · · · · · · · · · · · · · · · · ·			
Enter the Ret	urn code for the return that this application is for	(file a separate ap	olication for each return)			0
Application	n	Return	Application		<del></del>	Return
<u>is For</u>		Code	Is For			Code
Form 990		01			<u> </u>	ودرا الحرائما الله
Form 990-E	BL	02	Form 1041-A			08
Form 990-E	<u>Z</u>	03	Form 4720		-	09
Form 990-F	<u>PF</u>	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
STOP! Do no	t complete Part II if you were not already gra	nted an automatic	3-month extension on a prev	viously filed Forn	1 8868.	
• If this is for for the whole of the whole of the with the nation of the whole of the whole of the whole of the tax of the tax of the whole of the	nization does not have an office or place of busing a Group Return, enter the organization's four digroup, check this box    If it is five the sand EINs of all members the extension is for the an additional 3-month extension of time until indar year 2010, or other tax year beging year entered in line 5 is for less than 12 months thange in accounting period detail why you need the extension ITEE DECEASED IN SEPTEMB	igit Group Exemption part of the group or 11/15/11 nning is, check reason	n Number (GEN) , check this box  , and ending Initial return Fina	If this is and attach a al return	ED TO O	PTA TAT
ACCU	RATE INFORMATION.				T	
	plication is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, enter tr	e tentative tax, less any	8a	s	_
	idable credits See instructions plication is for Form 990-PF, 990-T, 4720, or 606	SQ enter any refund	lable credits and	- Od	-	
•	d tax payments made Include any prior year over					
	paid previously with Form 8868	ipayment anowed	as a Grounding arry	8b	\$	
	Due Subtract line 8b from line 8a Include your	payment with this f	orm, if required, by using EFTP		<u> </u>	
	ic Federal Tax Payment System) See instruction	• •	, ···, ··, ··,	8c	\$	$\bigcirc$
		Signature and	d Verification		· · · · · · · · · · · · · · · · · · ·	
Under penalties o true, correct, and	f perjury, I declare that I have examined this form, included complete, and that I am authorized to prepare this form	_		best of my knowledge	e and belief, it is	
Signature •	houstone Memett	Title	► CPA		Date >	868 (Rev 1-2011)
	/				Form 8	<b>868</b> (Re√ 1-2011)