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Department of the Treasury Internal Revenue Service

Name of foundation

G Check all that apply:

For calendar year 2010, or tax year beginning

and disbursements

b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter 0-)

For Paperwork Reduction Act Notice, see the instructions.

Initial return

HOWARD K. ARCHDEACON FAMILY FOUNDATION,

Amended return

### **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

Address change

Initial Return of a former public charity

, 2010, and ending

Name change

Ā

OMB No. 1545-0052

Final return

Employer identification number 43-6870666

2010

Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) R (203) 304-1401 C/O J. ALBANESI 14 WATKINS DRIVE State ZIP code City or town If exemption application is pending, check here SANDY HOOK CT 06482 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust If private foundation status was terminated E Fair market value of all assets at end of year Accounting method Cash X Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination F (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here 1,304,822. Part | Analysis of Revenue and (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) 144,949. YAUM ONE HEALTH OF Contributions, gifts, grants, etc, received (att sch) ₹- 1€ 15, [2015] "在这个人,我们是不是 ASSESSED AND ASSESSED 2 Ck I if the foundn is not req to att Sch B · 1948年 1980年 Interest on savings and temporary cash investments 等等數本語 (a.g.) 33,298 Dividends and interest from securities 33,298 DE MANAGE 1 5a Gross rents 11.128 (1.11.12) **思想解析工作对象数数** b Net rental income or (loss) \*\*\* 2000年12日本第四日本於 (神化)是出生的 AND THE PARTY OF T 6a Net gain/(loss) from sale of assets not on line 10 REVENU KING STYPE **福州、福州州州 b** Gross sales price for all assets on line 6a 50 例,这小额大约翰 1. Tag 4 , 1 6 pa 3.78 a 1/2 **建筑的一种** 1,420. TAN LANGUAGE STREET Capital gain net income (from Part IV, line 2) **经验的**2000年1177年12 Net short-term capital gain ŧ, aAst 5 or fight in the AND PARKET AM 1 大学在1000年100万元 Income modifications 10a Gross sales less returns and allowances الله من المنظمة **b** Less Cost of goods sold 17 kg (80° ) 18° / -15 c Gross profit/(loss) (att sch) 11 Other income (attach schedule) RECEIVED 34,718. Total, Add lines 1 through 11 178,247. 22,000. 22,000. 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits က 16a Legal fees (attach schedule) 1,600. 1,600 b Accounting fees (attach sch) L-16b Stmt c Other prof fees (attach sch) 17 Interest 400. Taxes (attach schedule)(see instr.) FEDERAL TAX 12/09 Depreciation (attach sch) and depletion 20 Occupancy 184. 184 21 Travel, conferences, and meetings Printing and publications EXPEN Other expenses (attach schedule) 50 FILING FEES 50. 24 Total operating and administrative 24,234 23,834 expenses. Add lines 13 through 23 53,245. 25 Contributions, gifts, grants paid Total expenses and disbursements. 77,479 23,834 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses . .

100,768.

10,884

TEEA0301

07/23/10

Form 990-PF (2010)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6

Form	990-PF (2010) HOWARD K. A	ARCHDEACON FAMILY FOUND	ATION, INC.		4	3-6870666	Page <b>3</b>
Par		osses for Tax on Investmen		(b) How acc	uurad l	(c) Date acquired	(d) Date sold
•	2-story brick warehous	the kind(s) of property sold (e g , role, or common stock, 200 shares ML	eal estate, C Company)	P — Purch D — Dona	ase	(month, day, year)	(month, day, year)
	AMERICAN GENERAL BO	ND		P	_		12/15/10
	CITI BANK NOTE	·····		P			10/18/10
	SCWAB A/C FG 4172-2	848		P		01/01/05	12/31/10
d	<del></del>						
<u>e</u>				— т		4).0	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) m	inus (g)
<u>a</u> b	35,000. 80,000.			5,000.			0.
				0,000.			1,420.
 d				- 0.1			1,420.
e							
	<del></del>	ng gain in column (h) and owned by	the foundation on 12/31/69			(I) Gains (Coli	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(I) 1y	g tha	pain minus column (1 an -0-) <b>or</b> Losses (fi	<), but not less
							0.
b							0.
С							1,420.
d							
е							
2	Capital gain net income or (net	capital loss) - If gain, also If (loss), ent	enter in Part I, line 7 ler -0- in Part I, line 7		2		1,420.
3	Net short-term capital gain or (I	oss) as defined in sections 1222(5)	and (6).	ĺ			
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see the instructions)	. If (loss), enter -0-		3		
Par		Section 4940(e) for Reduce	d Tax on Net Investme	ent Inco	me	<u> </u>	
	s,' the foundation does not qual	tion 4942 tax on the distributable am ify under section 4940(e) Do not con n each column for each year, see the	mplete this part		es.	Yes	☐ No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use ass			<b>(d)</b> Distributio lumn (b) divided	n ratio i by column (c))
	2009	0.		0.			0.000000
	2008		89	3,465.			
	2007	0.		9,118.			0.000000
	2006	0.		1,258.			0.000000
	2005	24,400.	62	9,249.		<del>,                                     </del>	0.038776
2	Total of line 1, column (d)				2		0.038776
3	Average distribution ratio for th number of years the foundation	e 5-year base period – divide the to has been in existence if less than 5	tal on line 2 by 5, or by the 5 years		3		0.009694
4	·	table-use assets for 2010 from Part			4		0.
		table-use assets for 2010 from Fart	Λ, πιο 3				
5	Multiply line 4 by line 3				5		0.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6	<u> </u>	109.
7	Add lines 5 and 6				7		109.
8	Enter qualifying distributions from	om Part XII, line 4			_8_	1	0.
	If line 8 is equal to or greater to Part VI instructions.	nan line 7, check the box in Part VI,	line 1b, and complete that	part using	a 1%	tax rate See t	he 
BAA			<del></del>			Fo	rm <b>990-PF</b> (2010)

Form 990-PF (2010) HOWARD K. ARCHDEACON FAMILY FOUNDATIO	ON, INC.	43-68706	666 Page <b>4</b>
Part VI Excise Tax Based on Investment Income (Section 49	40(a), 4940(b), 4940(e), or	4948 - see the inst	tructions)
1'a Exempt operating foundations described in section 4940(d)(2), check here	and enter 'N/A' on line 1	7   1	<u> </u>
Date of ruling or determination letter $N/A$ (attach copy of letter if	necessary – see instr.)		
b Domestic foundations that meet the section 4940(e) requirements in Par-	tV,	<u>  1  </u>	218.
check here ► and enter 1% of Part I, line 27b			[ P
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	of Part I, line 12, column (b)		<b>新疆东西</b>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
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	218.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable to	oundations only Others er	nter -0-) 4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or		5	218.
6 Credits/Payments	,		A CONTRACTOR OF THE PARTY OF TH
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	6 a	163.	
<b>b</b> Exempt foreign organizations — tax withheld at source	. 6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	300.	
d Backup withholding erroneously withheld	6d		
· · · · · · · · · · · · · · · · · · ·	[ 04]	7	463.
<ul> <li>7 Total credits and payments Add lines 6a through 6d</li> <li>8 Enter any penalty for underpayment of estimated tax. Check here</li> </ul>	ıf Form 2220 ıs attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ii i oitii 2220 is attached	. ▶ 9	
		▶ 10	245.
_	245. Refun		
11 Enter the amount of line 10 to be Credited to 2011 estimated tax	Z4J.   Keluli	ueu   III	
Part VII-A   Statements Regarding Activities			Yes No
1 a During the tax year, did the foundation attempt to influence any national participate or intervene in any political campaign?	, state, or local legislation	or did it	1a X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly (see the instructions for definition)?	) for political purposes		1b X
If the answer is 'Yes' to <i>1a</i> or <i>1b</i> , attach a detailed description of the act or distributed by the foundation in connection with the activities	rivities and copies of any n	naterials published	
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955)	imposed during the year.		22 M S T 10 20 T A
(1) On the foundation ►\$ (2) On found	lation managers	\$	
e Enter the reimbursement (if any) paid by the foundation during the year	for political expenditure ta	x imposed on	
foundation managers \$			
2 Has the foundation engaged in any activities that have not previously be	een reported to the IRS?		2 X
If 'Yes,' attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IF of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach	RS, in its governing instrum a a conformed copy of the c	nent, articles changes	3 × X
4a Did the foundation have unrelated business gross income of \$1,000 or r			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			36 C 140
6 Are the requirements of section 508(e) (relating to sections 4941 through	h 4945) satisfied either:		
By language in the governing instrument, or	,		
<ul> <li>By state legislation that effectively amends the governing instrument with the state law remain in the governing instrument?</li> </ul>	so that no mandatory direc	tions that conflict	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' con	plete Part II, column (c), and Part		7 X
8a Enter the states to which the foundation reports or with which it is regis	tered (see the instructions)	) <b>&gt;</b>	
CT - Connecticut			2502.2
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanatio</i>	Attorney General		- 8b X
		4040(3/2) 4040(1	
9 Is the foundation claiming status as a private operating foundation with for calendar year 2010 or the taxable year beginning in 2010 (see instri-	in the meaning of section of the control of the con	+942(J)(3) or 4942(J es,' complete Part )	9 X
10 Did any persons become substantial contributors during the tax year? It and addresses	f 'Yes,' attach a schedule l	isting their names	10 X
BAA			Form <b>990-PF</b> (2010)

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 instructions)  12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  14 The books are in care of Indirect interest In any applicable insurance contract before August 17, 2008?  15 Section 4947(a)(1) nonexempt Albanesi Indirection requirements for its annual returns and exemption application?  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?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country P  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.
within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)  12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?  13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address  N/A  14 The books are in care of JOANNE ALBANESI  Located at L4 WATKINS DRIVE  SANDY HOOK  CT ZIP + 4 L 06482  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  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?  See 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
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Website address  In the books are in care of ► JOANNE ALBANESI  Located at ► 14 WATKINS DRIVE  SANDY HOOK  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 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?  See 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
Telephone no. ► (203) 304-1401  Located at ► 14 WATKINS DRIVE SANDY HOOK CT ZIP + 4 ► 06482  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  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?  See 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
Located at ► 14 WATKINS DRIVE SANDY HOOK CT ZIP + 4 ► 06482  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  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?  See 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
and enter the amount of tax-exempt interest received or accrued during the year  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?  See 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
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?  See 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
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?  See 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
See 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.
FO 1 . F. J 1
1 a 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
- Level Marie Land Control of the Co
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  (3) Furnish goods services or facilities to (or accept them from) a disqualified person?  Yes X No Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No Yes X
(4) Tay compensation to, or pay of reinfourse the expenses of, a disqualified person
(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)?
(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 )
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 the instructions)?
Organizations relying on a current notice regarding disaster assistance check here
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?
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?  Yes X No
If 'Yes,' list the years ► 20_ , 20_ , 20_ , 20
<u></u>
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions)
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
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No
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
4a Did the foundation invest during the year any amount in a manner that would jeopardize its
charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?
BAA Form 990-PF (2

Form 990-PF (2010) HOWARD K. ARCHDEACO			43-687	0666 Page <b>6</b>
Part VII-B   Statements Regarding Activities		4720 May Be Requ	uired (continued)	
5'a 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 X	No Page 1
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registrat	c election (see section 4 ion drive?	1955), or to carry	Yes X	No l
(3) Provide a grant to an individual for travel, s	study, or other similar pi	urposes?	Yes X	No la
(4) Provide a grant to an organization other that in section 509(a)(1), (2), or (3), or section	Yes X	No l		
(5) Provide for any purpose other than religious educational purposes, or for the prevention	s, charitable, scientific, of cruelty to children or	literary, or r animals?	Yes X	No Property of the No.
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	ne transactions fail to qua a current notice regardi	ualify under the exceptiong disaster assistance	ns	5b
Organizations relying on a current notice regard	ding disaster assistance	e check here	. ▶∐	
c If the answer is 'Yes' to question 5a(4), does th tax because it maintained expenditure respons	ne foundation claim exer ibility for the grant?	mption from the	Yes	No No
If 'Yes,' attach the statement required by Regul	lations section 53 4945-	5(d)		रा हैंसे ।
6a Did the foundation, during the year, receive any on a personal benefit contract?	•		Yes X	
<b>b</b> Did the foundation, during the year, pay premit If 'Yes' to 6b, file Form 8870	ıms, directly or indirectl	y, on a personal benefit	contract?	6b X
7a At any time during the tax year, was the foundation	ation a party to a prohib	uted tax shelter transact	ıon² ∏Yes X	No
<b>b</b> If yes, did the foundation receive any proceeds	, , ,			7b
Part VIII Information About Officers, D				mployees,
and Contractors		<del></del>		
1 List all officers, directors, trustees, foundation				(.) F
(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
JOANNE ALBANESI				
14 WATKINS DRIVE	PRES/AS NECESSARY	•		
SANDY HOOK CT 06482	8.00	22,000.	0.	0.
NANCY SIDARIO				1
314 ST JONS AVE	SECT/AS NECESSARY			
YONKERS NY 10704	1.00	0.	0.	0.
CHRISTINE HUNIHAN 213 COBBLER LANE	VICE PRES/NECESSARY			
SOUTHBRY CT 06488	1.00	0.	0.	0.
JEANNIE VARNUM				
33 ASHFORD LANE	TRES/AS NECESSARY			0
NEWTOWN CT 06470  2 Compensation of five highest-paid employee	1.00		0.	0.
2 Compensation of five highest-paid employee (a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	other allowances
NONE				
0				
0				
0	-			
0				
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·		•	110110
BAA	TEEA0306	07/23/10		Form <b>990-PF</b> (2010)

Form 990-PF (2010) HOWARD K. ARCHDEACON FAMILY FOUNDATION, INC. 43-6	870666	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	I Employe	es,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Co	mpensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>•</b>	None
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.	E	xpenses
1 NONE		
		0.
2		
3	_	
4		
Pårt IX-B <sup>2</sup> Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE		
		0.
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3	Form	None n <b>990-PF</b> (2010)
BAA	LOW	11 33 <b>0-FT</b> (2010)

	43-6870666	Page 8
Part X   Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign foundat	tions,
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	1 a	
<b>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private or	perating foundati	ions
and certain foreign organizations check here ► □ and do not complete this	part.)	
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2010 from Part VI, line 5	.8.	
b Income tax for 2010 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	218.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	0.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)		
1 Amounts need (including administrative expenses) to accomplish charitable, etc. purposes	E.E.	
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	
<b>b</b> Program-related investments — total from Part IX-B	1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
2. Amounts set acide for specific charitable projects that satisfy the		

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

4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)

Adjusted qualifying distributions. Subtract line 5 from line 4

**b** Cash distribution test (attach the required schedule)

BAA

Form **990-PF** (2010)

0.

<u>0.</u>

3a 3b

4

5

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2010 from Part XI, Inne? 2 Undistributed roces, fars, so fitte end di 2010 a Enter amount for 2009 only b Tall for price years 20 20 20 3 Excess distributans carryose, if any, to 2010 d From 2006	•			(a) Corpu	s	Years	(b) prior to	2009		( <b>c)</b> 2009			<b>(d)</b> 201	) D
a Enter amount for 2009 only b Total for prey syar 20 20 3 Essess destinations carryover, if any, to 2010 a From 2006 C From 2007 O	1 Distributable amount for 20 line 7	010 from Part XI,	* (#3 **	T.	. 15	,547	2.2	: Sky	- 10 V-100	- <del>, , , , , , , , , , , , , , , , , , ,</del>		_	<del></del>	
a Enter amount for 2009 only b Total for prey syar 20 20 3 Essess destinations carryover, if any, to 2010 a From 2006 C From 2007 O		f the end of 2010	~ ~g;\s		. 47 /	-	£ 80. ,	. \.		-		<del> </del>	,,,,	<u> </u>
b Total for print years 20 _ 20 _ 20 _ 3 Ceess distributions carryvers of any, to 2010 a From 2006			(A) 1	i, F		" " "	7/24 ·	1. 1			<u> </u>	: 380	13,00	· 海湖 ·
3 Euces distributions carryover, if any, to 2010 a From 2006	<b>b</b> Total for prior years 20 ,	20 , 20	· ~	4	•	<b></b> -	·		<u> </u>		0,	├─		
a From 2005	3 Excess distributions carryover, if a	iny, to 2010		.ee.	· .	1 1850	- W.	47 g cg	- 3	· · · · · · · · · · · · · · · · · · ·		<del> </del>	10	
c From 2009 0. d From 2009 0. f Total of lines 3a through e 0. A Qualifying distributions for 2010 from Part XII, tine 4 1 ≥ \$ 0. A Applied to 2009, but not more than line 2a b Applied to undistributed income of prory years (Election required – see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus (Election required – see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus (Election required – see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 bress distributions carpose applied to 2010 (ff an amount appears in column (a))  6 Enter the net total of each column as indicated below: a Corpus. Add lines 3, 4, and 4e. Subtract line 5 b Prior years' undistributed income Subtract line 6b from line 2b D Prior years' undistributed income Subtract line 6b from line 2b C Enter the memorit of prior years' undestributed has been issued, of on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount — see instructions  1 Undistributed income for 2010 Subtract lines did and 6 from face 6 transmit of the surface of the face of the fa		_ 1	-	>44			-		, , ,	````	,		• 1	., i.
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e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see 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 instructions)  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2006  b Excess from 2006  c Excess from 2008  d Excess from 2009  0.	d Subtract line 6c from line 6l	n Tayable		-,_						3.7		7		7.
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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 instructions)  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2006 b Excess from 2007 c Excess from 2008 d Excess from 2009 0.	e Undistributed income for 2009 Su	btract line 4a from	3	1.7°	120	1.	(*, * <u>*</u>	112 996				ŕ	18.6°	17.
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 instructions)  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2006  b Excess from 2007  c Excess from 2008  d Excess from 2009  0.	line 2a Taxable amount — see ins	tructions		<u>,                                    </u>			*	-4			0.	-		
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 instructions)  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2006  b Excess from 2006  c Excess from 2008  d Excess from 2009  0.	f Undistributed income for 20	10 Cultana tuna		N. W.	1	£ 3.	1.5.	1.6	· Barre	, 153.5	_ <u>\</u> \			
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2006  b Excess from 2007  c Excess from 2008  d Excess from 2009  0.	4d and 5 from line 1. This a	mount must be		<b>.</b>			in Milani Bilani					l		
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8			·	٠, ٠	_ ;	3, 0	医克森二	5.4	1 1 1 1	'	,			0.
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8	/ Amounts treated as distribution	tions out of			1			', 540°			,	44.	~ 4'	J. 75 14
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2006  b Excess from 2007  c Excess from 2008  d Excess from 2009  0.	by section 170(b)(1)(F) or 4	942(g)(3)						- 1	1.7	, ,				,
## applied on line 5 or line 7 (see instructions)  ## Excess distributions carryover to 2011.  ## Subtract lines 7 and 8 from line 6a  ## 10 Analysis of line 9:  ## Excess from 2006  ## DExcess from 2007  ## C Excess from 2008  ## DExcess from 2009  ## DExcess fro	(see instructions)					.5, *	<u> </u>	, 5, 4		2 y 3 70 3	: [			_ ′
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2006 b Excess from 2007 c Excess from 2008 d Excess from 2009  0.	8 Excess distributions carryov	er from 2005 not			[		•	_ [	*, *		- 1	, ,		•
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2006  b Excess from 2007  c Excess from 2008  d Excess from 2009  0.	applied on line 5 or line 7 (s	ee instructions)			0.		<u>-</u>		<u> </u>					
a Excess from 2006 0. b Excess from 2007 0. c Excess from 2008 0. d Excess from 2009 0.	9 Excess distributions carryo Subtract lines 7 and 8 from	over to 2011. line 6a			0.	٠, ٣٠ -	* w * s	- 1	3 1 3.	<i>;</i>		, •		
a Excess from 2006 0. b Excess from 2007 0. c Excess from 2008 0. d Excess from 2009 0.	10 Analysis of line 9:	<u> </u>					,			,	$\overline{}$			1.0
c Excess from 2008 0. d Excess from 2009 0.	a Excess from 2006	0.		'_	.~				,				,	
d Excess from 2009 0.		0.			Ì									-
d Excess from 2009 0.	c Excess from 2008	0.	7.	· -		-	;	, 1						ļ
e Excess from 2010 0.	d Excess from 2009	0.	~		1		•							}
	e Excess from 2010	0.									-			

Part XIV Private Operating Foundation				43-687066	N/A
1 a If the foundation has received a ruling or de	termination letter the				N/A
is effective for 2010, enter the date of the ri	uling			_	4949445
b Check box to indicate whether the foundation		ating foundation des I	scribed in section Prior 3 years	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 (a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities	_				
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter		Ì			Ì
(1) Value of all assets			<del> </del>	<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of				<u> </u>	
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(jX3)(BXIII)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income  Part XV <sup>2</sup> Supplementary Information		<u> </u>	<u></u>	<u> </u>	<u> </u>
assets at any time during th  Information Regarding Foundation Manag a List any managers of the foundation who h close of any tax year (but only if they have NONE  b List any managers of the foundation who o a partnership or other entity) of which the	ers: ave contributed mo contributed more to	re than 2% of the to han \$5,000) (See s	section 507(d)(2)) oration (or an equa		
NONE		J			
2 Information Regarding Contribution, Gran Check here X if the foundation only n requests for funds. If the foundation makes complete items 2a, b, c, and d	nakes contributions s gifts, grants, etc, (	to preselected char (see instructions) to	ritable organizations o individuals or orga	inizations under othe	
a The name, address, and telephone numbe	r of the person to w	hom applications s	hould be addressed	:	
<b>b</b> The form in which applications should be s	submitted and inform	mation and material	Is they should inclu	de	
c Any submission deadlines.					
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charital	ble fields, kinds of i	nstitutions, or other	factors <sup>.</sup>
BAA	т	EEA0310 02/16/11			Form <b>990-PF</b> (2010

Part XV | Supplementary Information (continued)

3 Grants and Contributions F	aid During the Ye	ar or Approved for Futu	re Payment		
. Recipient		If recipient is an individual, show any relationship to any foundation manager or	Foundation status of		Amount
Name and address (home	or business)	substantial contributor	recipient		
a Paid during the year				Ì	
REGIONAL HOSPICE OF	WESTERN CT			CONTRIBUTION	
405 MAIN ST			NONE		
DANBURY	CT 06810		Î		500.
NEWTOWN VISITIN NURS	ES			CONTRIBUTION	
45 MAIN ST			NONE		
NEWTOWN	CT 06470			1	750.
AMERICAN COLLEGIATE	FOUNDATION		1	CONTRIBUTION	
9591 WAPLES ST			NONE		
SAN DIEGO	CA 92191				500.
TBICO				CONTRIBUTION	
39 ROSE ST			NONE		
DANBURY	CT 06810				8,550.
MISCELLANEOUS (CYST)	C FIBRO)	}		CONTRIBUTION	1
VARIOUS			NONE		
DANBURY	CT 06810	ı.			300.
POMPERAUG SCHOOL FUN	1Ď		ŀ	CONTRIBUTION	
RTE 67			NONE		
SOUTHBURY	CT 06488				6,150.
MISCELLANEOUS UNDER	\$300			CONTRIBUTION	
MAIN ST	•		NONE		
DANBURY	CT 06810		1		2,145.
AMERICAN CANCER SOCI				CONTRIBUTION	
MAIN ST			NONE		
DANBURY	CT 06810	)			300.
FAITH FOOD PANTRY				CONTRIBUTION	ļ
WASHINGTON ST		İ			
SANDY HOOK	CT 06482	,	NONE		500.
See Line 3a statement	C1 0040		110112		
See Line 3a statement					
					33,550.
Total			·- <del></del> -	▶ 3	a 53,245.
<b>b</b> Approved for future payme	nt				
,,					
		ļ			
				1	
			1		
			1		
			1		
			1		
			1		1
		<u> </u>			
Total				<u> </u>	b

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
------------	-------------	------------------	-------------------

nter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)	
.  1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (see the instructions)	
	<del>                                     </del>		code_			
b						
С						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments			<u> </u>			
3 Interest on savings and temporary cash investments			514			
4 Dividends and interest from securities	14	33,298.	514	And And Service of March 19, 190 at a central of the	- no testina attante de la comp	
5 Net rental income or (loss) from real estate	The state of the s	The second second	19125 Jan	THE STATE OF THE S	1000 144 (4-14) 144 (4) 144 (4)	
a Debt-financed property			<del> </del>			
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal property</li></ul>	<del>                                     </del>					
7 Other investment income		··-	514		<del> </del>	
8 Gain or (loss) from sales of assets other than inventory	18		- J1 -			
9 Net income or (loss) from special events	10		<del> </del>		<del> </del>	
Gross profit or (loss) from sales of inventory					<b></b>	
1 Other revenue	31-545K####	A TOTAL CONTRACTOR	See A.		A THE CONTRACT	
a						
b						
c	_ I					
_						
c						
c d e 2 Subtotal Add columns (b), (d), and (e)		33,298.				
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	SANT THE PARTY OF	33,298.		13	33,298	
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculate.	ations )			13	33,298	
c d e 2 Subtotal Add columns (b), (d), and (e)	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 worksheet in line 13 instructions to verify calculated art: XVI-B  Relationship of Activities to the second columns (b).	ations )	shment of Exemp	t Purp	oses		

BAA

# Form 990-PF (2010) HOWARD K. ARCHDEACON FAMILY FOUNDATION, INC. 43-6870666 Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

					n filt	Yes No	0
1 Did the	organization directly	or indirectly en	gage in any of the following will er than section 501(c)(3) orgar	th any other organization		307 20 37 33	岡
relating	to political organizat	tions?	er than section 501(c)(5) organ	iizations) of in section 327,	133		
a Transfe	ers from the reporting	foundation to a	noncharitable exempt organiza	ation of:	1-35		
(1) Cas					1	a (1) X	<u></u>
(2) Oth	ner assets .				1	(2) X	
<b>b</b> Other tr	ransactions:					Se series	
(1) Sal	es of assets to a non	icharitable exen	npt organization			o (1) X	
			le exempt organization			(2) X	_
	ntal of facilities, equip		· -	• •		o (3) X	
	mbursement arrange	·	433613	•		(4) X	
• •	ans or loan guarantee		•			(5) X	
	-		o or fundraising solicitations			(6) X	_
			· ·				
C Sharing	or racinues, equipm	ent, mailing list	s, other assets, or paid employ	ees	. 10	·	<del>`</del>
<b>d</b> If the ar	nswer to any of the a	bove is 'Yes' d	omplete the following schedule.	Column (b) should always sl	now the fair market v	alue of	
the goo	ds, other assets, or s	services aiven b	v the reporting foundation, If th	e foundation received less th	an fair market value	in	
any trar		rrangement, sh	ow in column (d) the value of the	e goods, other assets, or ser	vices received.		
(a) Line no.	(b) Amount involved	(c) Name o	f noncharitable exempt organization	(d) Description of transfers	, transactions, and sharing	arrangements	
		<u> </u>					
		L					
		Ţ			<u> </u>		_
							_
		<del> </del>					_
				<del></del>			
		<del>                                     </del>					_
		<del> </del>		<del> </del> -	<del></del>		—
<del></del>		<del> </del>		<del></del>			—
		<del> </del>		<del></del>	<del></del>		—
<del></del>		<del> </del>		+			
		<del> </del>	<u></u>				
	<del></del>	<u></u>		<b>_</b>			
				<u> </u>	<del></del>		
				<u> </u>			
2a ls the fo	nundation directly or	indirectly affiliat	ted with, or related to, one or m	nore tay-exempt organizations	•		
describ	ed in section 501(c)	of the Code (oth	er than section 501(c)(3)) or in	section 527?	' Γ	Yes X No	
b If 'Yes,'	complete the followi	ng schedule.			_		
	a) Name of organizat		(b) Type of organizatio	n <b>(c)</b> De	escription of relations	hip	_
	<u></u>		(ay type at a games	-	1	<u> </u>	_
	<del></del>						_
	<del></del>			<del></del>			—
				<del></del>		<del></del>	—
	<del></del>						
			<del></del>	<del></del>	<del></del>		
Under	penalties of perjury, I decta t, and complete Declaration	ire that I have examin of preparer (other t	ned this return, including accompanying han taxpayer or fiduciary) is based on al	schedules and statements, and to the I information of which preparer has an	best of my knowledge and y knowledge	pelief, it is true,	
Sign	(/4/	TOB		<b>→</b>		1	
Here	10 (1110)	[[ 00]		18-1-11	PADION	BRI 1	
	ignature of officer or trustee	ace	11	Date	Title	<u> </u>	
—— <i>[/</i>	Print/Type preparer's na		Prender's signature //	Date Date	<del></del>		-
_			Preparer's signature	1111u	Cueck ii Elii		
Paid	Joseph DeMa		Joseph DeMaria	07/26/11	self-employed	1/ 2250	_
Preparer		Joseph DeM		Firm	's EIN ► 66 - /C	18 ASKX	—
Use Only	Firm's address	36 Mill Pl	ain RdV Suite 202				
		Danbury		CT 06811 Pho	ne no (203) 7	44-6621	_
BAA	- <del></del>	<u>-</u>		11. 4	I (On 122 For	m <b>990-PF</b> (201	10)
				A 100	/-Y0-523° <sup>FOT</sup>		

#### 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		Employer identification number
HOWARD K. ARCHDEACON FAMI	LY FOUNDATION, INC.	43-6870666
Organization type (check one).	· · · · · · · · · · · · · · · · · · ·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiz	zation
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust	treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by t	the <b>General Rule</b> or a <b>Special Rule</b> (b) organization can check boxes for both the Gene	eral Rule and a Special Rule. See instructions.
Note: Only a section 501(c)(7), (8), or (10	of diganization can check boxes for both the dent	crai riule and a opecial riule dee moduculoris.
General Rule		
X For an organization filing Form 990, 9 contributor. (Complete Parts I and II)	i90-EZ, or 990-PF that received, during the year,	\$5,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and re	iling Form 990 or 990-EZ, that met the 33-1/3% s eceived from any one contributor, during the year ), Part VIII, line 1h or (ii) Form 990-EZ, line 1 Co	. a contribution of the greater of (1) \$5,000 or
aggregate contributions of more than	rganızatıon filing Form 990 or 990-EZ, that receiv \$1,000 for use <i>exclusively</i> for religious, charitable or animals Complete Parts I, II, and III	red from any one contributor, during the year, e, scientific, literary, or educational purposes, or
contributions for use exclusively for re	rganization filing Form 990 or 990-EZ, that receive eligious, charitable, etc, purposes, but these contr total contributions that were received during the y parts unless the <b>General Rule</b> applies to this orga	ributions did not aggregate to more than \$1,000 year for an exclusively religious, charitable, etc,
religious, charitable, etc, contribution		<b>►</b> \$
Caution: An organization that is not cove	ered by the General Rule and/or the Special Rules	ine H of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Not 990EZ, or 990-PF.	ice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010

Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)		ge 1	of 1	of Part I
•	OK. ARCHDEACON FAMILY FOUNDATION, INC.	1		identification numb	ier
	Contributors (see instructions )				
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ıs	(d) Type of cor	
	THE ARCHDEACON CHARITABLE LEAD TRUST ANNUITY  14 WATKINS DRIVE  SANDY HOOK CT 06482	\$ <u>1,424</u> ,	074.	Person X Payroll Noncash (Complete Pais a noncash)	art II if there
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns_	(d) Type of co	
		\$		Person Payroll Noncash (Complete Poss a noncash	art II if there contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	าร	(d Type of co	
		\$		Person Payroll Noncash (Complete Pis a noncash	art II if there contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns	(d Type of co	
		\$		Person Payroll Noncash (Complete Fis a noncash	Part II if there contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	e ns	Type of co	
		\$		is a noncash	Part II if there contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	e ns		d) ontribution
		\$		Person Payroll Noncash (Complete Fis a noncash	Part II if there

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

	_			
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year NEWTOWN POLICE FUND MAIN ST		 	CONTIBUTION	Person or Business X
NEWTOWN CT 06470		NONE		500.
WSCU FOUNDATION		MONE	CONTIBUTION	Person or
MAIN ST				Business X
DANBURY CT 06810		NONE		1,850.
NEWTOWN VISTING NURSES			CONTRIBUTION	Person or
45 MAINB ST				Business X
NEWTOWN MD 06470		NONE		500.
NEWTOWN UNITED 12 LAKE RD			CONTRIBUTION	Person or Business X
NEWTOWN CT 06470		NONE		300.
BROOKFIELD BOARD OF EDUCATION			CONTRIBUTION	Person or
PO_BOX_5047				Business X
BROOKFIELD CT 06804		NONE		3,000.
SOMERVILLE RESCUE SQUAD MIAN ST			CONTRIBUTION	Person or Business X
SOMERVILLE NJ 08876		NONE		300.
CANINE ASSOCIATION OF NEWTOWN			CONTRIBUTION	Person or
MAIN ST				Business X
NEWTOWN CT 06470		NONE		1,600.
AMERICAN HEART ASSOCIATION			CONTRIBUTION	Person or
7272 GREENVILLE AVE				Business X
DALLAS TX 75231		NONE		300.
PEO SISTERHOODCHAPTER G			CONTRIBUTION	Person or
88 ARMAND RD				Business X
RIDGEFIELD CT 06877		NONE	<u> </u>	3,100.
FAITH FOOD PANTRY		.]	CONTRIBUTION	Person or
WASHINGTON ST		.	.	Business X
SANDY HOOK CT 06482		NONE		500.
AMERICAN DIABETES			CONTRIBUTION	Person or
BROOKFIELD COMMONS		.		Business X
BROOKFIELD CT 06804	ļ	NONE		200.
NEWTOWN WOMEN'S CLUB		.	CONTRIBUTION	Person or
EDMONDS TOWN HALL		· - <u></u> -		Business X
NEWTOWN CT 06470		NONE	COLUMN TRUMTOU	3,700.
DRACC		.	CONTRIBUTION	Person or
MAIN ST				Business X
DANBURY CT 06810	<u> </u>	NONE	COMPRIDITION	2,800.
THE LAMP FOR HAITI ORG			CONTRIBUTION	Business X
PO 39703		NONE		1,000.
PHILADELPHIA PA 19106		NONE	CONTRIBUTION	Person or
CHASE COLLEGIATE SCHOOL FUND 565 CHASE PARKWAY		-		Business X
WATERBURY CT 06708		NONE		3,000.
	J		<u> </u>	

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

Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
	manager or substantial contributor			
a Paid during the year  NEWTOWN CONRESSIONAL CHURCH  14 WEST ST  NEWTOWN CT 06470		 NONE	CONTRIBUTION	Person or Business X
SANDY HOOK FIRE DEPT RIVERSIDE RD			CONTRIBUTION	Person or Business X
SANDY HOOK CT 06482  ST ROSE LIMA CHURCHILL RD NEWTOWN CT 06470		NONE	CONTRIBUTION	Person or Business X
CHRIST KING CHURCH			CONTRIBUTION	Person or Business X
NEWTOWN CT 06470 SALVATION ARMY 15 FOSTER ST		NONE	CONTRIBUTION	Person or Business X
DANBURY CT 06810 ANDREA GRACE SOTER-SIMOMSEN MEMORIAL		NONE	CONTRIBUTION	500. Person or
1746-FS_VICTORIA_#382 VENTURA CA93003		NONE		Business X 500.
NEWTWON AMBULANCE 75 MAIN ST			CONTRIBUTION	Person or Business X
NEWTOAN CT 06470 BUILDING HOPE, C/O YONJERS DEPT OF PARK		NONE	CONTRIBUTION	Person or Business X
YONKERS NY 10701		NONE	COMPARIMON	Business X 5,000. Person or
CAHSE PARENTS ASSOCIATION 565 CHASE PARKWAY			CONTRIBUTION	Business X
WATERBURY CT 06708 Y.A.I. (NAT'L INST FOR AUTISM)		NONE	CONTRIBUTION	Person or
177 FALMOUTH RD SCARSDALE NY 10583		NONE		Business X 500.

Total

33<u>,550.</u>

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Joseph DeMaria Assoc	Accounting	1,600.	1,600.		l <u></u>

Total <u>1,600.</u> <u>1,600.</u>

Form 990-PF, Page 2, Part II, Line 10a L-10a Stmt

	End o	f Year	End o	f Year
Line 10a - Investments - US and State Government Obligations:	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
FED'L HOME LN 5.625% DUE 11/15/11			14,587.	15,684.
FED'L HOME LN 5.625% DUE 3/15/11			15,660.	16,173.
FRENSNO CNTY 6.45% DUE 8/15/14			15,075.	16,211.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of	Year
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value
CITADEL BROADCASTING 22SH	0.	0.
DELMONTE FOODS 75 SH	681.	1,410.
DISNEY WALT 295 SH	7,074.	11,065.
EMERSON ELECTRIC 220SH	7,085.	12,577.
FANNIE MAE 89 SH	7,036.	27.
FORD MOTOR CORP 430SH	7,074.	7,219.
HEINZ J. H. 169 SH	6,363.	8,359.
MCDONALDS CORP 245 SH	7,029.	18,806.
PFIZER 176 SH	7,056.	3,082.
ARTIO INT'L EQUITY 2588.325 SH	22,000.	32,068.
DODGE & COX BALANCE 526 SH	35,000.	83,726.
DODGE & COX BALANCE 330.12 SH	25,100.	0.
DODGE & COX REINVESTED \$534+\$2846 (36.753SH)	3,380.	0.
DODGE & COX REINVESTED \$5097 (58.96SH)12/06	5,097.	0.
DODGE & COX REINVESTED \$2859 (35.36SH) 12/05	2,859.	0.
DODGE & COX REINVESTED \$7708 (92.833SH)12/07	7,708.	0.
DODGE & COX REINVESTED \$3606 (53.763SH)12/08	3,606.	0.
DODGE & COX REINVESTED \$1731 (31.413SH)12/09	1,731.	0.
DODGE & COX REINVESTED \$\$1787 (27014SH)12/10	1,787.	0.
GAMBELLI SMALL CAP 626.37	20,000.	28,732.
GAMBELLI SMALL CAP SOLD -505.902 (608.458) BAL 102.556	3,623.	0.
GAMBELLI SMALL CAP REINVEST 2007 59.731 SH	1,908.	0.
GAMBELLI SMALL CAP REINVEST\$1130 (57.709SH) 2008	1,130.	0.
GAMBELLI SMALL CAP REINVEST\$18 (.7SH) 2009	18.	0.
GAMBELLI SMALL CAP REINVEST \$47 (.3.532SH) 2010	47.	0.
HARBOUR INTERNATIONAL 156.446SH	10,000.	9,387.
JANUS GROWTH & INCOME 769.468SH	25,000.	23,515.
MANNING & NAPIER WORLD 1083.42SH	10,000.	71,888.
MANNING & NAPIER WORLD 4198.477 (2009)	22,000.	0.
MANNING & NAPIER WORLD \$ 25,000 (3067.485SH(2010)	25,000.	0.
MANNING & NAPIER EQUITY \$ 25,000 (1402.131SH(2010)	25,000.	27,019.
PERKINS MID CAP \$25,000 (1197.892SH 2010)	25,000.	27,036.
PERKINS SMALL CAP \$25,000 (1117.568SH 2010)	25,000.	26,788.
ROYCE VALUE PLUS 1041.607-SOLD 1041.607	0.	0.
ROYCE VALUE PLUS 1333.333 SOLD 126.617 BAL1206.716	17,822.	18,366.
ROYCE VALUE PLUS REINVEST 2007 126.6 SH	1,785.	0.
ROYCE VALUE PLUS REINVEST \$233.47 (31.679SH) 2008	233.	0.
SCHWAB MKTTRK GROWTH 1645.82 SH	25,000.	27,864.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

Continued

<b>!</b>	End of	Year
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value
SCWAB S&P 500 INDEX 6191.374 SH	75,000.	121,165.
VANGUARD BALANCED INDEX 1482.737 SH	25,100.	71,155.
VANGUARD BALANCED REINVESTED SH (39.995+41.864) \$352+\$749+\$815	1,916.	0.
VANGUARD BALANCED REINVESTED SH 46.404 \$949.28 12/06	949.	0.
VANGUARD BALANCED REINVESTED 48.762 SH 12/07	1,075.	0.
VANGUARD BALANCED REINVESTED \$1011.92 (5.576SH) 2008	1,012.	0.
VANGUARD BALANCED REINVESTED \$890.65 (50.137SH) 2008	891.	0.
VANGUARD BALANCED REINVESTED \$1571.1 (77.627SH) 2010	1,571.	0.
VANGUARD BALANCED REINVESTED \$30049.95 (1487.57SH) 2010	30,050.	0.
ING GROEP 500 SH	12,973.	10,250.
ROYAL BANK 500SH	12,533.	<u>8,715.</u>
SCHWAB DIVIDEND EQUTY 3542.623	44,177.	98,078.
SCHWAB DIVIDEND EQUTY 4041.57 (2009)	35,000.	0.
SSGA INT'L STOCK 1167.64 SH	14,000.	<u>52,577.</u>
SSGA INT'L STOCK 1231.408 SH	17,500.	0.
SSGA INT'L STOCK 2017.485 SH	30,000.	0.
SSGA INT'L STOCK 794.281	10,000.	0.
SCHWAB VALUE ADVANTAGE	49,436.	49,436.
Total	<u>759,415.</u>	850,310.

Form 990-PF, Page 2, Part II, Line 10c

#### L- 10c Stmt

	End of Year		
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value	
CITIGROUP 6% 02/21/12	14,681.	15,741.	
MCDONALD CORP	15,440.	16,873.	
GOLDMAN SSACHS BK 4.75% 3/19/18	50,000.	57,244.	
CREDIT SUISSE 6% 2/15/18	25,733.	26,870.	
MORGAN STANLEY 6% 2/15/18	25,000.	24,977.	
Total	130,854.	141,705.	

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

	End of	Year
Line 13 - Investments - Other:	Book Value	Fair Market Value
CITIBANK 3.25%CD FDIC DUE 03/25/13 CAPMARK BANK 1.85% CD FDIC DUE 08/12/11 SAEHAN BANK CD FDIC DUE 03/27/14	50,000. 20,000. 50,000.	52,050. 20,161. 52,625.
Total	120,000.	124,836.

#### **Supporting Statement of:**

Form 990-PF, pl/Line 1(a)

Description	Amount
THE ARCHDEACON CHARITABLE LEAD TRUST ANNUITY	144,949.
Total	144,949.

#### **Supporting Statement of:**

Form 990-PF,p12/Line 4 Column (b)

Description	Amount
CORP. BOND INTEREST	7,538.
CERTIFICATE OF DEPOSITS	9,489.
GOV'T OBLIGATIONS	1,744.
MONEY MARKET DIVIDENDS	52.
CASH DIVIDENNDS FROM STOCK PORTFOLIO	14,475.
Total	33,298.

#### **Supporting Statement of:**

Sch. B, page 2 (Copy 1)/Contribution amount-1

Description	Amount
2001	119,533.
2002	144,949.
2003	144,949.
2004	144,949.
2005	144,949.
2006	144,949.
2007	144,949.
2008	144,949.
2009	144,949.
2010	144,949.
<b></b>	

Total \_\_\_\_1,424,074.

## 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	e filing for an Automatic 3-Month Extension, o	complete o	nly Part I and check this box .			. 🕨 🗸		
	e filing for an Additional (Not Automatic) 3-Mo							
Do not co	<b>mplete Part II unless</b> you have already been g	granted an a	automatic 3-month extension on a p	previously fil	led Form	n 8868.		
Electronic	filing (e-file). You can electronically file Form	8868 if you	u need a 3-month automatic extens	sion of time	to file (6	months for		
	ion required to file Form 990-T), or an addition							
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information								
	Transfers Associated With Certain Persona							
	s) For more details on the electronic filing of the				ties & N	onprofits.		
Part I								
	ation required to file Form 990-T and reque	sting an ai	utomatic 6-month extension—che	eck this bo	x and c	complete		
						. ▶ 🗆		
	orporations (including 1120-C filers), partnersh	nps, REMIC	s, and trusts must use Form 7004	to request a	an exten	ision of time		
	me tax returns.							
Type or	Name of exempt organization Employer identific							
print	HOWARD K ARCHDEACON FAMILY FOUNDA			4	3-687066	i6 		
File by the due date for	Number, street, and room or suite no If a P O b	ox, see instru	uctions					
filing your	C/O J. ALBANESI 14 WATKINS DRIVE		<del></del>					
return See	City, town or post office, state, and ZIP code Fo	or a foreign a	ddress, see instructions					
instructions	SANDY HOOK, CT 06848							
<b>.</b>								
Enter the I	Return code for the return that this application	is for (file a	separate application for each retur	n)		0 4		
Applicat	ion	Return	Application	<del></del>	~	Return		
Is For	1011	Code	Is For			Code		
Form 990	)	01	Form 990-T (corporation)			07		
Form 990	The second secon	02	Form 1041-A		08			
Form 990		03	Form 4720		09			
Form 990	· · · · · · · · · · · · · · · · · ·	04	Form 5227		10			
	0-T (sec. 401(a) or 408(a) trust)		Form 6069					
	O-T (trust other than above)	05 06	Form 8870					
7 0111 330	5-1 (trust other than above)	1 00	Politi 6670			12		
• The boo	ks are in the care of JOANNE ALBANESI							
1110 000	AS are in the care of P JOANNE ALDANES!				-			
Telepho	ne No. ► 203-304-1401	F	FAX No. ▶					
	ganization does not have an office or place of l					. ▶□		
	for a Group Return, enter the organization's fo					this is		
	iole group, check this box ▶ 🔲 . If							
	the names and EINs of all members the extens	•	or the group, encourant was					
	equest an automatic 3-month (6 months for a c		required to file Form 990-T) extens	sion of time				
un					e. The e	xtension is		
for	the organization's return for:		C					
<b>&gt;</b>	☑ calendar year 20 10 or							
	tax year beginning	, 20	, and ending		, 2	0 .		
	, , , , , , , , , , , , , , , , , , , ,							
2 If t	the tax year entered in line 1 is for less than 12	months, ch	neck reason 🔲 Initial return 🔲	Fınal return				
	Change in accounting period							
	•							
3a If t	this application is for Form 990-BL, 990-PF, 9	90-T, 4720,	or 6069, enter the tentative tax, le	ss any				
no	nrefundable credits. See instructions			38	\$	300		
b If	this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable credi					
es	timated tax payments made. Include any prior	year overp	ayment allowed as a credit	3t	\$			
c Ba	lance due. Subtract line 3b from line 3a Include	your paymer	nt with this form, if required, by using	EFTPS				
	ectronic Federal Tax Payment System) See instru			30	\$	300		
Caution.	If you are going to make an electronic fund	withdrawa	with this Form 8868, see Form	8453-EO ar	nd Form	1 8879-EO for		

payment instructions.

Form 886	68 (Rev	1-2011)					Page 2	
• If you	ı are fı	ling for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II and cl	neck this box		. ▶ 🗌	
		omplete Part II if you have already been gran						
		ling for an Automatic 3-Month Extension, o			-			
Part		Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original (n	o copies ne	eded).		
Type o	or	Name of exempt organization			Employer ide	ntıficatio	n number	
print	-							
File by th		Number, street, and room or suite no. If a P O. box, see instructions						
extended due date								
filing you return So		City, town or post office, state, and ZIP code. For a foreign address, see instructions						
instruction								
Enter t	the Re	turn code for the return that this application i	s for (file a	separate application for each retui	m)			
			•					
Appli	Application Ret		Return	Application			Return	
ls For	r		Code	Is For			Code	
Form	990		01	and the second second		***	LINE.	
Form	990-E	BL .	02	Form 1041-A			08	
Form	990-E	Z	03	Form 4720			09	
Form	990-F	PF	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	
		ot complete Part II if you were not already gr				d Form	8868.	
• The l	books	are in the care of ▶						
Telep	phone	No. ▶	FAX	No. ►				
		nization does not have an office or place of b	ousiness in				▶ 🗆	
• If this	s is foi	r a Group Return, enter the organization's foi	ur digit Gro	up Exemption Number (GEN)		If th	ns is	
for the	whole	e group, check this box $ ightharpoonup$ . If	it is for par	t of the group, check this box .	▶ [	and a	ttach a	
list wit	th the i	names and EINs of all members the extension	n is for.					
4	Trequ	uest an additional 3-month extension of time	until		20			
5	For c	alendar year , or other tax year beginni	ng	, 20 , and endin	g		, 20	
6	If the	tax year entered in line 5 is for less than 12	months, ch	eck reason:	Final retu	rn		
		nange in accounting period						
7	State	in detail why you need the extension						
8a		s application is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tentative tax, le				
		efundable credits. See instructions.			8a	\$		
b		s application is for Form 990-PF, 990-T,				Ê		
		nated tax payments made. Include any pri	or year ov	erpayment allowed as a credit ai				
		unt paid previously with Form 8868.			8b	\$		
С		nce due. Subtract line 8b from line 8a. Include y		nt with this form, if required, by using				
	(Elect	ronic Federal Tax Payment System). See instrui			8c	\$	·	
		•		d Verification				
		s of perjury, I declare that I have examined this form, inc ad complete, and that I am authorized to prepare this form		panying schedules and statements, and to	tne best of my	knowledge	and belief, it i	
_					<b>.</b>			
Signatui	re ►		Title	<u></u>	Date ►		<u> </u>	
						Form <b>886</b>	<b>8</b> (Rev 1-2011	