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SCANNED AUG 17 2012

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

2011

Fo	r cal	lendar year 2011 or tax year beginnin	9					and endin	g		, 2	0
\neg	Name	of foundation THE GREENFIELD E	VER	YDAY	HERO	ES FO	UNDATION	, INC	A	Employer identifi		
(C/0	ANDREW GREENFIELD								06-159108	11	
-1	Numb	er and street (or P O box number if mail is not	teliver	ed to str	reet addres	is)		Room/suit	e E	Telephone number	er (see instructions)	
										(20	3) 221-041	.1
	12	SEASIDE PLACE								-		
_		r town, state, and ZIP code						<u> </u>	\top			
	, •								0	If exemption application pending, check here	ation is	▶
	NOR	WALK, CT 06855								pending, check here	· · · · · · · · · · ·	ل
_		ck all that apply: Initial return			Initial	return	of a former p	ublic char	, ,			▶ □
_		Final return		-	_	nded re	•	Lone Undir	·' '	 1. Foreign organizat 2. Foreign organizat 		ت ا
		Address chang	10	\vdash	⊣	e chang				85% test, check h	nere and attach	
	Cha	ck type of organization: X Section 5		-)(3) -					\dashv	computation .	'	
T	_	·· - —		$\overline{}$			roundation rivate founda	tion	E	If private foundation		_ [
+		ection 4947(a)(1) nonexempt charitable tru			method			rual)(1)(A), check here .	
ı			_	-			asii Acc	Judi	F		in a 60-month terminati	on [
	-	ear (from Part II, col. (c), line ► \$ 539,321. (Part II)			pecify) _	st he or	cash basis.)			unuer secuon 50/(D)(1)(B), check here 。	
	_	Analysis of Revenue and Expenses	<u> </u>	Joiuiii	Jaj ilia	J. 20 UI	. 54511 54313./	T			(d) Disbursem	ents
L	artt	total of amounts in columns (b), (c), and (d)			Revenue		(b) Net inve		(c)	Adjusted net	for charitab	
		may not necessarily equal the amounts in		e	xpenses (books	per	incon	ne [income	purposes	-h.a
_		column (a) (see instructions).)	\dashv				 				(cash basis o	піу)
	1	Contributions, gifts, grants, etc., received (attach schedule									 	
	2	Check ▶ attach Sch B	• • }				 					
	3	Interest on savings and temporary cash investmen	- [1 2	2,523	1	2,523.			AUCH 1	
	4	Dividends and interest from securities , .	·		12	., 523	1	2,323.			ATCH 1	
	5 a	Gross rents	٠٠,				 				 	
i		Net rental income or (loss)	∤			155	-				ļ	
9		Net gain or (loss) from sale of assets not on line 1				,155	!				ļ	
Revenue	þ	Gross sales price for all assets on line 6a 30, 4	<u> </u>				<u> </u>	2 155			ļ	
9	7	Capital gain net income (from Part IV, line 2	-				 	3,155.			ļ	
-	8	Net short-term capital gain					 	<u></u>				
	9	Income modifications · · · · · · · ·	$\cdot \cdot $				 				ļ	
	10 a	Gross sales less returns and allowances · · · ·					 				<u> </u>	
		Less Cost of goods sold ,										
	С	Gross profit or (loss) (attach schedule)					<u> </u>				ļ	
	11	Other income (attach schedule)			1 -	670					ļ	
_	12	Total. Add lines 1 through 11			15	,678.		5,678.			ļ	
	13	Compensation of officers, directors, trustees, etc.					 		_		 	
8	14	Other employee salaries and wages	٠٠)				ļ					
Se	15	Pension plans, employee benefits	╼╗╴┆									
be	16a	Legal fees (attach-schedule) [V	. ┡ ┡			252		2 252			ļ	
ă		Accounting fees (atlach schedule) ATCH 72	اادٍ		2	,250.		2,250.			 	
Operating and Administrative Expenses	С	Other professional fees (attach schedule) Interest . ATTACHMENTARS.	311				<u> </u>					
rat	17	Interest ATTACHMENTUBL	الزر			63.		63.				
ist	18	Taxes (attach schedule) (see instructions)	\$			132.	<u></u>	93.			ļ	
틝	19	Depreciation (attach-schedule) and depletic]. חכ			418.	ļ					
ğ	20	Occupancy					<u> </u>					
è	21	Travel, conferences, and meetings										
ā	22	Printing and publications		_								
ing	23	Other expenses (attach schedule) ATCH	5.		1	,336.						
rat	24	Total operating and administrative expens	3 08 .		-							
be		Add lines 13 through 23	- 1			,199.		2,406.				
0	25	Contributions, gifts, grants paid				,500.						,500.
	26	Total expenses and disbursements. Add lines 24 and	Г		41	,699.		2,406.		0	37	,500.
	27	Subtract line 26 from line 12										
	а	Excess of revenue over expenses and disbursements				,021.						
į	b	Net investment income (if negative, enter-	0-)				1	3,272.				
	1	Adjusted net income (if negative enter -0-)										

For Paperwork Reduction Act Notice, see instructions. E1410 1 000 CQB0YO K276

** ATCH 4

3405

	amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cook see interest become			1-7
1 2	Cash - non-interest-bearing			
-	Savings and temporary cash investments		13,634.	13,634
3	Accounts receivable			
	Less allowance for doubtful accounts ▶			
	Pledges receivable			
	Less: allowance for doubtful accounts ▶			
	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
- 1	disqualified persons (attach schedule) (see instructions)			
	Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts			
١				
-	Inventories for sale or use	I		
988	Prepaid expenses and deferred charges		·····	
∢ 10 a	Investments - U.S. and state government obligations (attach schedule),	572,762.	525,687.	525,687
ь	Investments - corporate stock (attach schedule) ATCH 6	512,102.	525,007.	323,667
11 0	Investments - corporate stock (attach schedule) Investments - land, buildings. 6,272.			
' '	Investments - land, buildings, and equipment basis			ATCH 7
	and equipment basis Less accumulated depreciation (attach schedule) 3,483.	3,207.	2,789.	
	Investments - mortgage loans			
13	Investments - other (attach schedule)			
	Land, buildings, and equipment: basis	į.		
	equipment: basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe)			
	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	587,300.	542,110.	539,321
-	Accounts payable and accrued expenses			· · · · · · · · · · · · · · · · · · ·
1	Grants payable			
	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons		**	
· :	Mortgages and other notes payable (attach schedule)			
3 22	Other liabilities (describe		· · · · · · · · · · · · · · · · · · ·	
22	Other habilities (describe			
23	Total liabilities (add lines 17 through 22)	o	٥	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
ισ.				
24	Unrestricted			
<u>ام</u> 25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117,	-		
뜨	check here and complete lines 27 through 31. $\blacktriangleright X$			
or Fund Balance	Capital stock, trust principal, or current funds			
공 28	Paid-in or capital surplus, or land, bldg, and equipment fund			
S 29	Retained earnings, accumulated income, endowment, or other funds	587,300.	542,110.	
Net Assets 30 31 38	Total net assets or fund balances (see instructions)	587,300.	542,110.	
Ž 31	Total liabilities and net assets/fund balances (see			
	instructions)	587,300.	542,110.	
Part II	Analysis of Changes in Net Assets or Fund I	Balances		
	net assets or fund balances at beginning of year - Part			
	of-year figure reported on prior year's return)			587,300
2 Enter	r amount from Part I, line 27a			-26,021
	- in-real parts and another than 10 (Anonyma) -		1 - 1	
			· 	561,279
5 Decr	lines 1, 2, and 3 eases not included in line 2 (itemize) ▶ATTACH	MENT 8	5	19,169
6 Total	net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II column /h)	, line 30 6	542,110

Page 3

· · · · · · · · · · · · · · · · · · ·	and Losses for Tax on Inv d describe the kind(s) of property sold		(b) How acquired	(c) Date	(d) Date sold
2-story b	rick warehouse; or common stock, 200		P-Purchase D-Donation	(mo., day, yr)	(mo , day, yr.)
a SEE PART IV SCHE	DULE				
b					
c				ļ	
d		· · · · · · · · · · · · · · · · · · ·			
θ			ļ		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (id (e) plus (f) mini	
a .			ļ		
<u>b</u>			 		
<u>c</u>			 		
<u>d</u>		· · · · · · · · · · · · · · · · · · ·	+		
6 Complete caby for accets	showing goin in column (h) and owner	ad by the foundation on 12/21/60	 		
Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) g (k), but not less	
(I) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Losses (from co	
a					
b					
<u>c</u>					
d		<u> </u>	ļ		
θ			<u> </u>		
Capital gain net income or	' (not cantal loce)	gain, also enter in Part I, line 7			
	("	ˈ(loss), enter -0- in Part I, line 7 🔝 🕽	2		3,155.
	n or (loss) as defined in sections 1				
_	rt I, line 8, column (c) (see inst				_
Part I, line 8		3	131		0
Part V Qualification to For optional use by domestic	Under Section 4940(e) for Re c private foundations subject to the	duced Tax on Net Investment I se section 4940(a) tax on net invest	ncome	me.)	
Part V Qualification to For optional use by domestic section 4940(d)(2) applies, was the foundation liable for	Under Section 4940(e) for Recommended in the control of the contro	duced Tax on Net Investment I le section 4940(a) tax on net invest putable amount of any year in the b	ncome ment inco	, 	
Part V Qualification It For optional use by domestic section 4940(d)(2) applies, vas the foundation liable for "Yes," the foundation does	Under Section 4940(e) for Recommended in the section 4942 tax on the distributed in the qualify under section 4940(e).	duced Tax on Net Investment I le section 4940(a) tax on net invest butable amount of any year in the b . Do not complete this part	ment inco	d?	
Part V Qualification to For optional use by domestic section 4940(d)(2) applies, vas the foundation liable for "Yes," the foundation does Enter the appropriate ame (a)	Under Section 4940(e) for Receptivate foundations subject to the leave this part blank the section 4942 tax on the distril not qualify under section 4940(e) ount in each column for each year	duced Tax on Net Investment I le section 4940(a) tax on net invest butable amount of any year in the b . Do not complete this part r, see the instructions before making	ment inco	d?	
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Part V Qualification of For optional use by domestic section 4940(d)(2) applies, was the foundation liable for "Yes," the foundation does in Enter the appropriate ame (a) Base pend years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 Total of line 1, column (d) Average distribution ration number of years the foundation in the	Under Section 4940(e) for Reconstruction of qualify under section 4940(e). Adjusted qualifying distributions 15,000. 35,001. 50,500. 53,700. 55,154. for the 5-year base period - divided dation has been in existence if less ancharitable-use assets for 2011 from the construction of	putable amount of any year in the bound amount of any year in the bound	ment inco	d? (d) Distribution re (col (b) divided by	Yes X No. (c)) 0.027293 0.065311 0.068463 0.108652 0.871559 1.141278 0.228256 553,281.
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Part V Qualification of For optional use by domestic from the section 4940(d)(2) applies, and the foundation liable for the section 4940(d)(2) applies, and the foundation does of the	Under Section 4940(e) for Reconstruction of part blank the section 4942 tax on the distributed qualify under section 4940(e). Adjusted qualifying distributions 15,000. 35,001. 50,500. 53,700. 55,154. for the 5-year base period - divided dation has been in existence if less incharitable-use assets for 2011 from the company of the c	butable amount of any year in the butabl	ment inco ase perior g any entr	d? (d) Distribution re (col (b) divided by	Yes X No. (c)) 0.027293 0.065311 0.068463 0.108652 0.871559 1.141278 0.228256 553,281.
Part V Qualification of For optional use by domestic from the section 4940(d)(2) applies, and the foundation liable for for the section 4940(d)(2) applies, and the section 4940(d)(2) applies, and the section 4940(d)(2) applies, and the section does are section does and the section does are section secti	Under Section 4940(e) for Reconstruction of private foundations subject to the leave this part blank the section 4942 tax on the distributed qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions 15,000. 35,001. 50,500. 53,700. 55,154. for the 5-year base period - divided dation has been in existence if less incharitable-use assets for 2011 from the income (1% of Part I, line 27b).	duced Tax on Net Investment I le section 4940(a) tax on net invest putable amount of any year in the biline Do not complete this part resee the instructions before making (c) Net value of nonchamable-use assets 549,600. 535,915. 737,627. 494,237. 63,282.	ment inco ase perior g any entr	d? (d) Distribution re (col (b) divided by	Yes X No. (c)) 0.027293 0.065311 0.068463 0.108652 0.871559 1.141278 0.228256 553,281. 126,290. 133.
Part V Qualification of For optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does in Enter the appropriate ame (a) Base period years Calendar year (or tax year beginning in) 2010 2009 2008 2007 2006 Total of line 1, column (d) Average distribution ration number of years the foundation in the	Under Section 4940(e) for Reconstruction of private foundations subject to the leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e), ount in each column for each year (b) Adjusted qualifying distributions 15,000. 35,001. 50,500. 53,700. 55,154. for the 5-year base period - divided dation has been in existence if less incharitable-use assets for 2011 from the incharitable of Part I, line 27b).	duced Tax on Net Investment I le section 4940(a) tax on net invest putable amount of any year in the bin Do not complete this part resee the instructions before making (c) Net value of nonchamiable-use assets 549,600. 535,915. 737,627. 494,237. 63,282.	ment inco ase perior g any entr	d? (d) Distribution re (col (b) divided by	Yes X No. (c)) 0.027293 0.065311 0.068463 0.108652 0.871559 1.141278 0.228256 553,281. 126,290. 133. 126,423. 37,500.

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC · 06-1591081

Form	990-PF (2011) THE GREENFIEL	D EVERYDAY H	EROES FOUNDAT	CION, INC. 06-	1591081	Page 6
Pai	t VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ilred (continued)		
5 a	During the year did the foundation pay or incur any amou	unt to:				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	. Yes X No	•	
	(2) Influence the outcome of any specific public ele	•		~ —		
	directly or indirectly, any voter registration drive?				>	
	(3) Provide a grant to an individual for travel, study, or of				,	
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (>	
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children				>	
р	If any answer is "Yes" to 5a(1)-(5), did any of the				ן ו י	
	Regulations section 53.4945 or in a current notice regard				<u>5b</u>	
	Organizations relying on a current notice regarding disas					
С	If the answer is "Yes" to question 5a(4), does the		•			
	because it maintained expenditure responsibility for the g		• • • • • • • • • • • •	. Yes No	'	
	If "Yes," attach the statement required by Regulations sec	• • •				
o a	Did the foundation, during the year, receive any fundon a personal benefit contract?					-
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly on a	nerennal benefit contra		1 1	x
_	If "Yes" to 6b, file Form 8870.	city of fridirectly, off a	personar benefit contra	cer	6b	
7 a	At any time during the tax year, was the foundation a pa	erty to a prohibited tax	shelter transaction?	Yes X No		
	If "Yes," did the foundation receive any proceeds or hav				76	x
	Information About Officers, Directors					
1	and Contractors List all officers, directors, trustees, foundation r	nanagers and thei	r compensation (see	instructions)		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter	(d) Contributions to	(e) Expense	eccount.
		devoted to position	(II not paid, enter	employee benefit plans	other allow	ances
		1	-0-)	and deferred compensation		
7 (7)	ma cumpum o		40-)	and deterred compensation		
AT	TACHMENT 9		4-)	and deferred compensation		0
AT	TACHMENT 9		(and deterred compensation		0
AT	TACHMENT 9		(and deterred compensation		0
<u>AT</u>	TACHMENT 9		(and deterred compensation		0
AT	TACHMENT 9		(and deterred compensation		0
<u>AT</u>	TACHMENT 9		(C		0
<u>AT'</u>			(C		0
<u>AT'</u>	TACHMENT 9 Compensation of five highest-paid employees "NONE."		(o 1 - see instruction		0
2	Compensation of five highest-paid employees "NONE."	(other than those (b) Title, and average	(e 1 - see instruction (d) Contributions to employee benefit	ons). If non	e, enter
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see instruction	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE."	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter
(a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week	se included on lin	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	e, enter

Form 990-PF (2011)

3 NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions

Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3ь

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 37,500. 4 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) 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 37.500.

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

Page 9

	rt XIII Undistributed Income (see instru	ictions)	····		rage o
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI, line 7	Corpus	Years prior to 2010	2010	2011 27,399.
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only				
b	Total for prior years 20 09 ,20 08 ,20 07				
3	Excess distributions carryover, if any, to 2011				
a	From 2006 53, 343. From 2007 32, 454. From 2008 14, 062.				
b	From 2007				
C	From 2008 14,062.	i			ł
d	From 2009				
0	From 2010	100 000			
	Total of lines 3a through e	108,203.			ļ
4	Qualifying distributions for 2011 from Part XII, line 4: ► \$ 37,500.				
а	Applied to 2010, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election required - see instructions)				
	Applied to 2011 distributable amount				27,399.
	Remaining amount distributed out of corpus	10,101.			
5					† · · · · · · · · · · · · · · · · · · ·
	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	118,304.			
b	Prior years' undistributed income. Subtract				
С	line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b Taxable	'			
е	amount - see instructions Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see Instructions				
f	Undistributed income for 2011. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
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	applied on line 5 or line 7 (see instructions)	53,343.			
9		64,961.			
	Subtract lines 7 and 8 from line 6a	04, 901.			
	Analysis of line 9: Excess from 2007 32, 454.)		
	Excess from 2007				
	Excess from 2009				
	Excess from 2009				
	Excess from 2011 10,101.				
_				· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2011)

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC.

06-1591081

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CQB0YO K276

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or Appr	oved for F	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
• •				
ATTACHMENT 10				
		1		
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	L			37 500
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	▶ 3a	37,500.
b Approved for future payment		}		
		ļ		
		ļ		
Total			> 3h	

	A Analysis of Income-Produ					(0)
·	amounts unless otherwise indicated.	(a) Business code	(b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
•	service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
				+		
_				 		
				 		
1				T		 ·
g Fees a	and contracts from government agencies					
-	ship dues and assessments					
	n savings and temporary cash investments					
Dividends	s and interest from securities			14	12,523.	
	al income or (loss) from real estate.				——————————————————————————————————————	
	financed property					
	ebt-financed property			- 		
	income or (loss) from personal property	<u> </u>				
	restment income			18	3,155.	· · · · · · · · · · · · · · · · · · ·
=	oss) from sales of assets other than inventory	-		10	3,135.	-
	me or (loss) from special events	 				
	ofit or (loss) from sales of inventory	<u> </u>				
	venue. a					
				 		
		<u> </u>				
						
e			i	1	1	
Total. Ad ee worksh art XVI-		ulations.) s to the Ac	complishment of E	kempt Purp	oses	15,6
Subtotal Total. Ad e worksh	ld line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calc	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad e worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad e worksh rrt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad e worksh rrt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad e worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad e worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad e worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad e worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad e worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad e worksh rt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad e worksh rrt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad e worksh rrt XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6
Subtotal Total. Ad e worksh art XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6° uted importantly to
Subtotal Total. Ad e worksh art XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6°
Subtotal Total. Ad ee worksh art XVI-	d line 12, columns (b), (d), and (e)	ulations.) s to the Active for whice	complishment of E	kempt Purp	oses e) of Part XVI-A contrib	15, 6° uted importantly to

Phone no 203-929-3535
Form **990-PF** (2011)

self-employed P00034531

Firm's EIN > 06-1308345

Check

Paid

Preparer

Use Only

Signature of officer or trustee

Firm's name

PrintyType preparer's name

STERCEALA

SHELTON,

DWORKEN HILLMAN

Firm's address ▶ FOUR CORPORATE DRIVE, SUITE 488

Preparer's signature

LAMORTE

06484

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC 06+1591081
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P		Description				61	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis	D	Gain or (loss)	
		TOTAL CAPIT					467.	
		VANGUARD ST		17.00		P	03/16/2009	06/30/2011
20,000.		PROPERTY TY 18,177.	PE: SECURIT	TES			1,823.	
10,000.		VANGUARD ST 9,135.	INVT GR				03/16/2009 865.	09/22/2011
rotal gain(L	oss)						3,155.	

06-1591081

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	6,653. 5,866. 2. 2.	12,523.
REVENUE AND EXPENSES PER BOOKS	6,653. 5,866. 2. 2.	12,523.
DESCRIPTION	DIVIDEND INCOME - FIDELITY AC# 143 DIVIDEND INCOME - FIDELITY AC# 754 INTEREST INCOME - FIDELITY AC# 143 INTEREST INCOME - FIDELITY AC# 754	TOTAL

06-1591081

FEES	
ACCOUNTING	
ı	
н	
PART	
990PF,	
FORM	

CHARITABLE		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	2,250.	2,250.
REVENUE AND EXPENSES PER BOOKS	2,250.	2,250.
		TOTALS
DESCRIPTION	PROFESSIONAL FEES	

ATTACHMENT 3

NET	INCOME	63.
REVENUE AND EXPENSES	PER BOOKS	63.
	DESCRIPTION	MARGIN INTEREST

TOTALS

3005

NET INVESTMENT INCOME	93.	93.
REVENUE AND EXPENSES PER BOOKS	93.	132.
		TOTALS
DESCRIPTION	FOREIGN TAX PAID FEDERAL TAXES	

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC. 06-1591081

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

OFFICE EXPENSE/MISCELLANEOUS

DESCRIPTION

PLAQUE EXPENSES

REVENUE

AND

EXPENSES

PER BOOKS

___561.

775.

TOTALS

1,336.

ATTACHMENT 6

STOCK	
CORPORATE	
ı	
II	
PART	
990PF,	
FORM	
	90PF, PART II - CORPORATE ST

ENDING FMV	264,678. 261,009.	525,687.
ENDING BOOK VALUE	264,678.	525,687.
		TOTALS
DESCRIPTION	FIDELITY AC# 143 FIDELITY AC# 754	

•]		
l II	1	ENDING	3,483.	3,483.
NT 7	ACCUMULATED DEPRECIATION DETAIL	ADDITIONS DISPOSALS		, ,,
ATTACHMENT 7	UMULATED DEPRI	ADDITIONS	418.	
	ACC	BEGINNING	3,065.	3,065.
QUIPMENT				
INVESTMENTS - LAND, BUILDINGS, EQUIPMENT		ENDING	6,272.	6.272.
MENTS - LAND,	FIXED ASSET DETAIL	DISPOSALS		
INVEST	FIXED AS	ADDITIONS		
		BEGINNING	6,272.	6.272.
		METHOD/ CLASS		
		ASSET DESCRIPTION	FEBSITE DESIGN	TOTALS

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC . 06-1591081

ATTACHMENT 8

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> AMOUNT

UNREALIZED LOSS RECOGNIZED FOR BOOK ONLY 19,169.

TOTAL 19,169.

ATTACHMENT 9

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

30PE

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
ANDREW S. GREENFIELD 119 GREGORY BLVD SUITE 45 NORWALK, CT 06855	PRESIDENT	0	0	O	
ANN M. ZELLER 3 SKYTOP ROAD NORWALK, CT 06855	DIRECTOR	0	0	0	
MICHAEL GREENFIELD 7 MAPLECREST ROAD DANBURY, CT 06810	DIRECTOR	0	0	0	•
HARRIET GREENFIELD 7 MAPLECREST ROAD DANBURY, CT 06810	DIRECTOR	0	0	o	
ANNE U. LANTZ C/O THE GREENFIELD COMPANIES, INC. 274 RIVERSIDE AVENUE WESTPORT, CT 06880	VICE PRESIDENT	0	0	0	
	GRAND TOTALS	0	0	0	

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

37,500.

AMOUNT

ATTACHMENT 10

VARIOUS SCHOLARSHIPS - SEE ATTACHED

RECIPIENT NAME AND ADDRESS

NOT RELATED
N/A

SCHOOL SCHOLARSHIPS

37,500.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 10

. . .

.....

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 6227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

2011

OMB No 1545-0092

Name of estate or trust

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC

Employer Identification number

06-1591081

C/O ANDREW GREENFIELD

Note: Form 5227 filers need to complete only Parts I and II

Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less		
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basi (see instructions)	s (f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a						
		 				
		-				
b	Enter the short-term gain or (loss), if any,	from Schedule D	9-1, line 1b			ь
2	Short-term capital gain or (loss) from Fore	ms 4684, 6252,	6781, and 882	.4	2	
3	Net short-term gain or (loss) from partner	ships, S corpora	tions, and othe	r estates or trusts		
4	Short-term capital loss carryover. Enter					
5	Carryover Worksheet	lines 1a throug	gh 4 in colum	nn (f) Enter here and	d on line 13,	
Par	column (3) on the back	sses - Assets	Held More T	han One Year	▶ 5	<u> </u>
_	(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6 a						
			<u> </u>			
					-	
b	Enter the long-term gain or (loss), if any, f	rom Schedule D-	1, line 6b		61	2,688.
7	Long-term capital gain or (loss) from Form	ns 2439, 4684, (6252, 6781, ai	nd 8824		
8	Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts	8	
9	Capital gain distributions				9	467.
0	Gain from Form 4797, Part I)
1	Long-term capital loss carryover Enter Carryover Worksheet					()
2	Net long-term gain or (loss). Combine li column (3) on the back	•		• •	· 1	3,155.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

Schedule D (Form 1041) 2011 Part III Summary of Parts I and II (1) Beneficiaries' (2) Estate's or trust's Caution: Read the instructions before completing this part. (see instr.) or trust's 13 Net short-term gain or (loss) 13 14 Net long-term gain or (loss): a Total for year 14a b Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b c 28% rate gain 14c 15 Total net gain or (loss). Combine lines 13 and 14a Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4e). If lines 14a and 15, columns, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet. Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000. Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover.	3,155. lumn (2), are net , as necessary
13 Net short-term gain or (loss) 14 Net long-term gain or (loss): a Total for year b Unrecaptured section 1250 gain (see line 18 of the wrksht) c 28% rate gain 15 Total net gain or (loss). Combine lines 13 and 14a Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, columns, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, a The loss on line 15, column (3) or b \$3,000. Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover	3,155. 3,155. Jumn (2), are net as necessary
14 Net long-term gain or (loss): a Total for year b Unrecaptured section 1250 gain (see line 18 of the wrksht) c 28% rate gain 15 Total net gain or (loss). Combine lines 13 and 14a Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover	3,155. lumn (2), are net , as necessary
a Total for year b Unrecaptured section 1250 gain (see line 18 of the wrksht) c 28% rate gain 14c 15 Total net gain or (loss). Combine lines 13 and 14a Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column, gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover	lumn (2), are net c, as necessary
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	3,155. Jumn (2), are net d, as necessary
c 28% rate gain 15 Total net gain or (loss). Combine lines 13 and 14a Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, columns, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover	lumn (2), are net c, as necessary
15 Total net gain or (loss). Combine lines 13 and 14a ▶ 15 Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000	lumn (2), are net c, as necessary
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Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000. Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover	, as necessary
Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover	· · · · · · · · · · · · · · · · · · ·
16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or b \$3,000. Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover.	the Capital Loss
a The loss on line 15, column (3) or b \$3,000. Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete Carryover Worksheet in the instructions to figure your capital loss carryover	the Capital Loss
Carryover Worksheet In the instructions to figure your capital loss carryover	the Capital Loss
Post V. Tay Computation Heing Maximum Capital Gains Peter	
Part V Tax Computation Using Maximum Capital Gains Rates	
Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part	or Part II and
there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero	
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:	
• Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or • Both Form 1041, line 3b/1), and Form 4053, line 4g am many than zero.	
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 200 T Awards. Complete this part only if both lines 14e and 15 are going as qualified dividends are included in the	nama in Dani I
Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in incoff Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the	
of either line 14b, col. (2) or line 14c, col. (2) is more than zero.	ie ilistructions
17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) 17 18 Enter the smaller of line 14a or 15 in column (2)	
but not less than zero	
from Form 1041, line 2b(2) (or enter the qualified	
dividends included in income in Part I of Form 990-T) . 19	
20 Add lines 18 and 19	
21 If the estate or trust is filing Form 4952, enter the	
amount from line 4g, otherwise, enter -0 ▶ 21	
22 Subtract line 21 from line 20 If zero or less, enter -0	
23 Subtract line 22 from line 17. If zero or less, enter -0-	
24 Enter the smaller of the amount on line 17 or \$2,300	
25 Is the amount on line 23 equal to or more than the amount on line 24?	
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box	
No. Enter the amount from line 23	
26 Subtract line 25 from line 24	
27 Are the amounts on lines 22 and 26 the same?	
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	
28 Enter the amount from line 26 (If line 26 is blank, enter -0-) 28	
29 Subtract line 28 from line 27	
30 Multiply line 29 by 15% (15)	
31 Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts	
(see the Schedule Ginstructions in the instructions for Form 1041)	
32 Add lines 30 and 31	
33 Figure the tax on the amount on line 17 Use the 2011 Tax Rate Schedule for Estates and Trusts	
(see the Schedule Ginstructions in the instructions for Form 1041)	
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule	
G, line 1a (or Form 990-T, line 36)	
	Form 1041) 2011

Employer identification number

Part II Long-Term Capital Gains a			n One Year	06-15910	81
	(b) Date	(c) Date sold		(e) Cost or other basis	(f) Gain or (loss)
(a) Description of property (Example. 100 sh 7% preferred of "Z" Co.)	acquired (mo , day, yr)	(mo , day, yr)	(d) Sales price	(see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a VANGUARD ST. INVT GR	03/16/2009	06/30/2011	20,000.	18,177.	1,823
VANGUARD ST INVT GR	03/16/2009	09/22/2011	10,000.	9,135.	8 6 5
			·		
	-				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>. </u>
			· · · · · · · · · · · · · · · · · · ·		
					
th Total Combine the empires in selim	in (f) Enter have and	on Sabadula D. Ka			2,688
b Total. Combine the amounts in colum	iii (i). ⊏nter nere and	on schedule D, line	9 OD		۷,000

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

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Ť
0
2

06-1591081

418. 418 Current-year depreciation Current-year amortization Current-year 179 expense ACRS CRS class class Lfe 15.000 Ę So So Me thod Accumulated Accumulated amortization amortization Code 3,483. A174 Beginning Ending Accumulated depreciation depreciation 3,483. 3,483. 3,065. 3,065. Basis for depreciation Basis Reduction 179 exp reduction in basis 8 % Unadjusted Cost or basis 6,272. 6,272. Cost basis Date placed in service Less Retired Assets Date placed in service 09/01/2003 AMORTIZATION Less Retired Assets . . . Asset description Description of Property GENERAL DEPRECIATION Asset description Subtotals DEPRECIATION Listed Property WEBSITE DESIGN TOTALS, ...

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC

*Assets Retired JSA 1x9024 1 000

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

THE GREENFIELD EVERYDAY HEROES FOUNDATION, INC

▶ Attach to your tax return.

Attachment Sequence No 179 Identifying number

Name(s) shown on return

06-1591081

Form 4562 (2011)

Jusi	Hoda or delivity to which this form foliates							
G	ENERAL DEPRECIATION							
Pa	rt I Election To Expense Ce Note: If you have any list				you compi	ete Part I.		
1	Maximum amount (see instructions)						1	
2	Total cost of section 179 property pla							
3	Threshold cost of section 179 proper						3	
4	Reduction in limitation Subtract line 3	3 from line 2 If zero o	or less, enter -0			 	4	
	Dollar limitation for tax year Subtract line 4 from separately, see instructions	 	-0- if married filling	<u></u>		 	5	
6	(a) Description	of property		(b) Cost (bu	isiness use onh	(c) Elect	ed cost	4
								
								<u> </u>
7	Listed property. Enter the amount from							
8	Total elected cost of section 179 prop							
9	Tentative deduction. Enter the smaller	r of line 5 or line 8					9	
10	Carryover of disallowed deduction from							
11			•		-	•	·	
12	Section 179 expense deduction Add	lines 9 and 10, but	do not enter m	ore than lit	ne 11 . <u></u>	<u> </u>	12	
13	Carryover of disallowed deduction to	2012 Add lines 9 at	nd 10, less line	12	. ▶ 13			<u> </u>
Not	e: Do not use Part II or Part III below for							
Рa	rt II Special Depreciation A	llowance and Of	her Deprec	lation (D	o not includ	le listed prope	erty.) (See i	nstructions.)
14	Special depreciation allowance for						1	
	during the tax year (see instructions)							
	Property subject to section 168(f)(1)							
16	Other depreciation (including ACRS)					· · · · · · · ·	16	L
Pa	rt III MACRS Depreciation (D	o not include liste	a property)	(See insti	ructions)			· · · · · · · · · · · · · · · · · · ·
				ion A				
17	MACRS deductions for assets placed							<u> </u>
18	If you are electing to group any a		-	-			al	
	asset accounts, check here							
	Section B - Assets	(b) Month and year	(c) Basis for d			General Dep	reciation 5	ystem
	(a) Classification of property	placed in service	(business/inve	stment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						ļ	
b	5-year property						<u> </u>	
	7-year property							
d	I 10-year property							
е	15-year property		ļ					
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Residential rental				27.5 yrs.	мм	S/L	
	property				27 5 yrs.	MM	S/L	
ı	Nonresidential real				39 угв	ММ	S/L	
	property			_		ММ	S/L	
	Section C - Assets P	laced in Service D	ouring 2011	Tax Year	Using the A	Alternative De	preciation	System
20a	Class life						S/L	
b	12-year				12 yrs		S/L	
	40-year				40 yrs	мм	S/L	
Pa	rt IV Summary (See instructio	ns.)						
21	Listed property Enter amount from lin	e 28					21	418
22	Total. Add amounts from line 12, lin	nes 14 through 17,	lines 19 and	20 ın colu	ımn (g), and	line 21 Enter	here	
_	and on the appropriate lines of your re	•				 	22	418
23	For assets shown above and place					ì		
	portion of the basis attributable to sec	tion 263A costs			23	1		

.	·· 4500 (004 Å)	. •									•	Q	6-159	1081	2
		operty (Include			certain	othe	r vehic	cles,	certain	com	outers,	and	prope	rty us	Page 2 ed fo
	Note: For a	nent, recreation, o any vehicle for wh	nch you are	using	g the st	andaro	i mileag	je rat	e or dec	ducting	lease	expen:	se, com	olete or	nty 24a
		ns (a) through (c) of											· · · · ·		
		- Depreciation and									•) S.)	
24a	Do you have eviden	ce to support the bus	,	nt use	claimed?	<u> </u>		No	24b f "Y	es," is t	he evide	nce wr	tten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	Cost	(d) or other ba		(e) sis for depre isiness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention		(h) reciation duction	Elected	i) I section cost
25	Special depreciation		lified listed p				vice duri	ing th		L		 			
		than 50% in a qualifie			nstruction	18)	• • • •	· · ·				<u> </u>		<u> </u>	
26	Property used more	than 50% in a qualifie							SI	EE LI	STED	PROF	PERTY	DETAI	<u>L</u>
			<u> </u>									ļ		ļ	
			%	↓								<u> </u>			
		<u> </u>	%	<u> </u>					<u></u>		_			<u></u>	
27	Property used 50%	or less in a qualified bu	isiness use:											·	
			%	+						S/L -		<u> </u>]	
			%				·			S/L -		<u> </u>			
			94	<u></u> _					<u> </u>	S/L -					
	Add amounts in colu												418	-	
29	Add amounts in colu	umn (i), line 26 Enter	r here and on li	ne 7, p	age 1		<u></u>		<u></u>	<u></u>	<u></u>		29	<u> </u>	
			Section	1 B -	Informa	tion o	on Use	of Ve	hicles						
	mplete this section fo												provided	vehicles	to you
emp	ployees, first answer th	he questions in Section	on C to see if yo	u mee	et an exce	ption to	o comple	ting th	nis section	for thos	e vehicle	9S.			
				_	a)		b)	l	(c)		d)	l	(e)		f)
30	Total business/inve	estment miles drive	en during	ven	icie 1	ven	ide 2	, v	ehicle 3	Ven	icle 4	V	shicle 5	Ven	icle 6
	the year (do not incl	ude commuting miles)							L					
3 1	Total commuting m	eles driven during the	eyear												
32	Total other pers	sonal (noncommutia	ng) miles		ļ							1			
	driven		L											<u></u>	
33	Total miles driven	during the year	Add lines							l				1	
	30 through 32									<u> </u>	,	<u> </u>		<u> </u>	
34	Was the vehicle	available for per-	sonal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours	?	L				ļ							<u></u>	
35	Was the vehicle	used primarily by	a more												
	than 5% owner or re	lated person?	上		<u> </u>						ļ				
36	Is another vehicuse?	cle available for													
		ection C - Question		love	re Who	Provi	ide Veh	مادامه	for Hee	by Th	eir Em	nlove	308	·	L
	swer these question are than 5% owners	ns to determine if	you meet an	exce						•				vho are	not
	Do you maintain				ohibite :	all nor	gonel		f vehicles	inol	dina c		ing by	Yes	No
, ,	•	a written policy		-							-	ommu.	ing, by		
8	Do you maintain a	written policy state	ement that pr	ohibit	s person	al use	of vehic	ies, e	xcept cor	nmuting	 . by yo	ur em	olovees?		
		for vehicles used by c													
39	Do you treat all use											• • •			
	Do you provide					, obta	ain info	 rmatio	n from	your e	 mployee	s abo	out the		
	-	and retain the informa			•					•					
11	Do you meet the re				obile dem	onstra	tion use	 7 (See	 instruction	ons.)					
		to 37, 38, 39, 40, or								•		• • • •			
Рa	art VI Amortizat	tion											**-		
			(b)		1						(ө)			
	(a) Description	of costs	Date amortiz	ation		(C)	amount		(d)	war.	Amortiz	zation	A *	(f)	
			begins			,, (12 aD16	лиочи	_ }	Code sec	MUIT	percer		Amortiza	tion for th	us year
2	Amortization of cos	its that begins durin	g your 2011	tax ye	ear (see i	nstruct	ions).								

Form 4562 (2011)

43

Amortization of costs that began before your 2011 tax year

Total. Add amounts in column (f) See the instructions for where to report

Form 8868

(Rev. January 2012)

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

	filing for an Automatic 3-Month Extension,				▶ [X]			
•	o filing for an Additional (Not Automatic) 3-M o D iete <i>Part II unle</i>ss you have already been gra							
•	iling (e-file). You can electronically file Form			•				
a corporatio	on required to file Form 990-T), or an addition	nal (not au	tomatic) 3-month extension of	time. You can electronical	ly file Form			
	quest an extension of time to file any of the							
	Transfers Associated With Certain Persona							
). For more details on the electronic filing of the				profits.			
	stomatic 3-Month Extension of Time. Or							
•	on required to file Form 990-T and requesting			•				
Part I only		· · · · · ·			▶ 🗀			
	rporations (including 1120-C filers), partnersh	прв, кемп		•				
to file income tax returns. Enter filer's identifying nu Name of exempt organization or other filer, see instructions. Employer identification								
Type or				Employer identification number (EIN) or				
print	THE GREENFIELD EVERYDAY HERC	X	06 1501001					
File by the	Number, street, and room or suite no. If a P.O. bo	v coe inetra	Al					
due date for	12 SEASIDE PLACE	A, 500 II ISU U) s	ocial security number (SSN)				
filing your return See	City, town or post office, state, and ZIP code. For	a foreign ag	drace see instructions	···-				
instructions.	NORWALK, CT 06855	a roroigir ac	G 636, 300 II SU UCUUIIS.					
Enter the B	eturn code for the return that this application	in for (file	separate application for each	nd cont	. 04			
Cilia tila Vi	eturi code for the return that this application	10 101 (1110 1	separate application for each	etuin,	. [4]			
Application		Return	Application		Return			
Is For		Code	ls For		Code			
Form 990		01	Form 990-T (corporation)		07			
Form 990-B	4	02	Form 1041-A		08			
Form 990-E		01	Form 4720		09			
Form 990-P		04	Form 5227	10				
	(sec. 401(a) or 408(a) trust)	05	Form 6069	11				
	(trust other than above)	06	Form 8870					
Telephon If the org. If this is for the whole a list with the	ts are in the care of ANNE LANTZ The No. 203 221-0411 The No. 203 221-0411 The name of the care of	business in ur digit Gro f it is for pa on is for.	up Exemption Number (GEN) _ int of the group, check this box	If thi				
until_ for the ►X		exempt org	anization return for the organiz	ation named above. The ex	tension is			
c	ax year entered in line 1 is for less than 12 m Change in accounting period			Final return				
	application is for Form 990-BL, 990-PF, 99 undable credits. See instructions.	0-T, 4720	, or 6069, enter the tentative	tax, less any	0			
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable					
	ted tax payments made. Include any prior yea			3ь \$	0			
	e due. Subtract line 3b from line 3a. Include		ent with this form, if required, b					
	onic Federal Tax Payment System). See instru			3c \$	0			
-	you are going to make an electronic fund w	vithdrawal	with this Form 8868, see Fo	rm 8453-EO and Form 88	79-EO for			
payment ins								
For Privacy A	Act and Paperwork Reduction Act Notice, see Instr	uctions.		Form 8868 (Rev 1-2012)			